Formulary File 19295, Version 11

This formulary was updated on May 1, 2019. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.com.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Choice (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of May 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.
What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Choice (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.)

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of May 1, 2019. To get updated information about the drugs covered by SilverScript Choice (PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained from our website or by calling us. Our contact information appears on the front and back cover pages.
How do I use the Formulary?

There are two ways to find your drug within the formulary:

**Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 47. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

**What are generic drugs?**

SilverScript Choice (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

**Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

**Prior Authorization (PA)**

SilverScript Choice (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

**Quantity Limits (QL)**

For certain drugs, SilverScript Choice (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST)**

In some cases, SilverScript Choice (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript formulary?” on page iii for information about how to request an exception.

**What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that SilverScript Choice (PDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.
How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SilverScript Choice (PDP) will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we’ll allow refills to provide up to a maximum 30-day supply of medication.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.
For more information

For more detailed information about your SilverScript Choice (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit https://www.medicare.gov.

SilverScript Choice (PDP)’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 47.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., levothyroxine).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

**PA** – Prior authorization.

**QL** – Drug has quantity limit.

**ST** – Step therapy required.

**NM** – Not available at our mail-order pharmacies.

**NDS** – Non-extended day supply. Not available for an extended (long-term) supply.

**LA** – Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

**HR** – High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

**B/D** – This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug’s cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier.

**Initial Coverage Stage Copayment / Coinsurance Levels**  
Preferred Retail/Mail-Order and Standard Retail/Mail-Order cost-sharing (in-network) (Up to a 30-day supply)

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<th>State</th>
<th>Pharmacy Type (Retail &amp; Mail)</th>
<th>Tier 1 (Preferred Generic)</th>
<th>Tier 2 (Generic)</th>
<th>Tier 3 (Preferred Brand)</th>
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<th>Tier 5 (Specialty Tier)</th>
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Tier 1 (Preferred Generic) includes low cost preferred generic drugs
Tier 2 (Generic) includes preferred generic and some preferred brand drugs
Tier 3 (Preferred Brand) includes preferred brand and non-preferred generic drugs
Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs
Tier 5 (Specialty Tier) includes high cost brand and generic drugs

You can find complete cost-sharing information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your Evidence of Coverage.
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply  **HR** - High Risk Medication
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<tr>
<td>QL (180 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>hydrocodone-acetaminophen 7.5-325 mg/15ml</strong></td>
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<tr>
<td>QL (2700 mL / 30 days)</td>
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<tr>
<td><strong>hydrocodone-ibuprofen 7.5-200mg</strong></td>
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<tr>
<td>QL (150 tabs / 30 days)</td>
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<tr>
<td><strong>hydromorphone hcl (generic of DILAUDID)</strong></td>
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<tr>
<td>LIQD (600 mL / 30 days)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td><strong>hydromorphone hcl SOLN</strong></td>
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<tr>
<td>10mg/ml, 50mg/5ml, 500mg/50ml</td>
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<tr>
<td><strong>hydromorphone hcl (generic of DILAUDID) TABS</strong></td>
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<tr>
<td>QL (180 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>HYSINGLA ER</strong></td>
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<tr>
<td>QL (30 tabs / 30 days)</td>
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</tr>
<tr>
<td><strong>lorcet hd tab 10-325mg (generic of NORCO)</strong></td>
<td></td>
</tr>
<tr>
<td>QL (180 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>lorcet plus tab 7.5-325 (generic of NORCO)</strong></td>
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<tr>
<td>QL (180 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>lorcet tab 5-325mg (generic of NORCO)</strong></td>
<td></td>
</tr>
<tr>
<td>QL (240 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>methadone hcl SOLN 5mg/5ml</strong></td>
<td></td>
</tr>
<tr>
<td>QL (450 mL / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>methadone hcl 5mg (generic of DOLOPHINE)</strong></td>
<td></td>
</tr>
<tr>
<td>QL (90 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>methadone hcl 10mg (generic of DOLOPHINE)</strong></td>
<td></td>
</tr>
<tr>
<td>QL (90 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>methadone hcl intensol (generic of METHADOSE)</strong></td>
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<td>QL (90 mL / 30 days)</td>
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<tr>
<td><strong>methadone hcl soln 10 mg/5ml</strong></td>
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<tr>
<td>QL (450 mL / 30 days)</td>
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<tr>
<td><strong>morphine ext-rel tab (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg</strong></td>
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<tr>
<td>QL (90 tabs / 30 days)</td>
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</tr>
<tr>
<td><strong>morphine ext-rel tab (generic of MS CONTIN) 200mg</strong></td>
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<td>QL (60 tabs / 30 days)</td>
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<tr>
<td><strong>morphine sul inj 1mg/ml</strong></td>
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<td>4B/D</td>
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<tr>
<td><strong>MORPHINE SUL INJ 2MG/ML</strong></td>
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<td>4B/D</td>
<td></td>
</tr>
<tr>
<td><strong>MORPHINE SUL INJ 4MG/ML</strong></td>
<td></td>
</tr>
<tr>
<td>4B/D</td>
<td></td>
</tr>
<tr>
<td><strong>morphine sul inj 10mg/ml</strong></td>
<td></td>
</tr>
<tr>
<td>4B/D</td>
<td></td>
</tr>
<tr>
<td><strong>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml</strong></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
<th>Limits</th>
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<tbody>
<tr>
<td>morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml</td>
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<td>B/D</td>
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<tr>
<td>morphine sulfate 8mg/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>morphine sulfate TABS 15mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate TABS 30mg</td>
<td>3</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate oral soln 10mg/5ml</td>
<td>3</td>
<td>QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>morphine sulfate oral soln 20mg/5ml</td>
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<td>QL (750 mL / 30 days)</td>
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<tr>
<td>morphine sulfate oral soln 100mg/5ml</td>
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<td>QL (180 mL / 30 days)</td>
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<tr>
<td>NUCYNTA ER 50mg</td>
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<td>QL PA</td>
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<tr>
<td>NUCYNTA ER 150mg</td>
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<td>QL PA</td>
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<tr>
<td>oxycodone hcl SOLN</td>
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<td>QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl TABS 10mg, 20mg</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET)</td>
<td>3</td>
<td>QL (360 tabs / 30 days)</td>
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<tr>
<td>oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET)</td>
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<td>QL (360 tabs / 30 days)</td>
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<td>oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET)</td>
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<td>QL (240 tabs / 30 days)</td>
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<tr>
<td>morphine sulfate</td>
<td>4</td>
<td>B/D</td>
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<tr>
<td>oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET)</td>
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<td>QL</td>
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<tr>
<td>OXYCONTIN</td>
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<td>QL PA</td>
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**ANESTHETICS**

**LOCAL ANESTHETICS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tbody>
<tr>
<td>lidocaine hcl (local anesth.)</td>
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<tr>
<td>lidocaine hcl (local anesth.) (generic of XYLOCAINE)</td>
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<td>lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF)</td>
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<tr>
<td>lidocaine inj 0.5% (generic of XYLOCAINE)</td>
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<td>B/D</td>
</tr>
<tr>
<td>lidocaine inj 1% (generic of XYLOCAINE)</td>
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<td>B/D</td>
</tr>
<tr>
<td>lidocaine inj 1.5% preservative</td>
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**ANXIETY - MISCELLANEOUS**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tbody>
<tr>
<td>alprazolam</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>alprazolam (generic of ALPRAZOLAM)</td>
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<td>QL</td>
</tr>
<tr>
<td>oxazepam</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>oxazepam (generic of MAVIK)</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>diazepam</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>diazepam (generic of VALIUM)</td>
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<td>QL</td>
</tr>
<tr>
<td>lorazepam</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>lorazepam (generic of ATIVAN)</td>
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<td>QL</td>
</tr>
<tr>
<td>temazepam</td>
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<td>QL</td>
</tr>
<tr>
<td>temazepam (generic of SIGMADORM)</td>
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<td>QL</td>
</tr>
<tr>
<td>zolpidem</td>
<td>3</td>
<td>QL</td>
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<tr>
<td>zolpidem (generic of AMBIENE)</td>
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<td>QL</td>
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<tr>
<td>zolpidem (generic of CENTREX)</td>
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**ANTI-INFECTIVES - MISCELLANEOUS**

<table>
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<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tbody>
<tr>
<td>amikacin sulfate SOLN</td>
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<tr>
<td>gentamicin in saline</td>
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<td>gentamicin sulfate SOLN</td>
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<td>neomycin sulfate TABS</td>
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<td>paromomycin sulfate CAPS</td>
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<tr>
<td>streptomycin sulfate SOLR</td>
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<td>NDS</td>
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<td>SULFADIAZINE TABS</td>
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<td>tobramycin (generic of KITABIS PAK) NEBU</td>
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<td>tobramycin inj 1.2 gm/30ml</td>
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<td>tobramycin inj 1.2g</td>
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<td>NDS</td>
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<td>tobramycin inj 10mg/ml</td>
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<td>tobramycin inj 40mg/ml</td>
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<td>tobramycin inj 80mg/2ml</td>
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<td>ALBENDAZOLE TABS</td>
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<td>NDS</td>
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<td>ALINIA</td>
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<td>atovaquone (generic of MEPRON) SUSP</td>
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<td>NDS</td>
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<tr>
<td>ALBENDAZOLE (generic of ALBENZA) TABS</td>
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<td>NDS</td>
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<td>ALINIA</td>
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<td>atovaquone (generic of MEPRON) SUSP</td>
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<td>AZACTAM/DEX INJ</td>
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<td>Drug Name</td>
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<td>Limit</td>
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<td>aztreonam (generic of AZACTAM)</td>
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<td>CAYSTON</td>
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<td>clindamycin cap 75mg (generic of CLEOCIN)</td>
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<td>clindamycin cap 300mg (generic of CLEOCIN)</td>
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<td>clindamycin phosphate in d5w</td>
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<td>CLINDAMYCIN PHOSPHATE IN NACL</td>
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<td>clindamycin phosphate inj (generic of CLEOCIN PHOSPHATE)</td>
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<td>clindamycin soln 75mg/5ml (generic of CLEOCIN PEDIATRIC GRANULE)</td>
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<td>EMVERM</td>
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<td>ertapenem sodium (generic of INVANZ)</td>
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<td>imipenem-cilastatin</td>
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<td>imipenem-cilastatin (generic of PRIMAXIN IV)</td>
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<td>ivermectin (generic of STROMECTOL) TABS</td>
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<td>linezolid (generic of ZYVOX) SOLN; TABS</td>
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<td>linezolid (generic of ZYVOX) SUSR</td>
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<td>linezolid in sodium chloride</td>
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<td>meropenem (generic of MERREM)</td>
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<td>methenamine hippurate (generic of HIPREX)</td>
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<td>metronidazole (generic of FLAGYL) TABS</td>
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<td>metronidazole in nacl</td>
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<td>NEBUPENT</td>
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<td>nitrofurantoin macrocrystal (generic of MACRODANTIN) 50mg, 100mg</td>
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<td>nitrofurantoin monohydrate macro (generic of MACROBID)</td>
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<td>praziquantel (generic of BILTRICIDE) TABS</td>
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<td>SYNERCID</td>
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<td>NDS</td>
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<td>trimethoprim TABS</td>
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<td>vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg</td>
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<td>vancomycin hcl (generic of VANCOCIN HCL) CAPS 250mg</td>
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<td>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</td>
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<td>VANCOCIN IN NACL</td>
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<td>ABELCET</td>
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<td>AMBISOME</td>
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<td>amphotericin b SOLR</td>
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<td>caspofungin acetate (generic of CANDIDAS)</td>
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<tr>
<td>fluconazole (generic of DIFLUCAN) SUSR</td>
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</tbody>
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<tbody>
<tr>
<td>fluconazole (generic of DIFLUCAN)</td>
<td>TABS 2</td>
<td>atazanavir sulfate (generic of REYATAZ)</td>
<td>NDS 5</td>
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<tr>
<td>fluconazole in dextrose</td>
<td>4</td>
<td>CRIXIVAN</td>
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<td>fluconazole inj nacl 200</td>
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<td>didanosine (generic of VIDEX EC)</td>
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<td>fluconazole inj nacl 400</td>
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<td>flucytosine (generic of ANCOBON)</td>
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<td>efavirenz (generic of SUSTIVA) CAPS 50mg</td>
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<td>griseofulvin microsize</td>
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<td>efavirenz (generic of SUSTIVA) CAPS 200mg</td>
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<tr>
<td>griseofulvin microsize</td>
<td>TABS 4</td>
<td>efavirenz (generic of SUSTIVA) TABS 5</td>
<td>NDS</td>
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<td>griseofulvin ultramicrosize</td>
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<td>itraconazole (generic of SPORANOX)</td>
<td>CAPS 4 PA</td>
<td>fosamprenavir tab 700 mg (generic of LEXIVA)</td>
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<td>ketoconazole TABS</td>
<td>3 PA</td>
<td>FUZEON</td>
<td>5 NDS NM</td>
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<td>MYCAMINE</td>
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<td>INTELENCE 25mg</td>
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<tr>
<td>NOXAFIL SUSP QL (630 mL / 30 days)</td>
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<td>INTELENCE 100mg, 200mg</td>
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<td>NOXAFIL TBEC QL (93 tabs / 30 days)</td>
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<td>INVRASE</td>
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<td>nystatin TABS</td>
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<td>ISENTRESS CHEW 25mg</td>
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<td>terbinafine hcl (generic of LAMISIL)</td>
<td>TABS 2</td>
<td>ISENTRESS CHEW 100mg</td>
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<td>nystatin TABS</td>
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**Notes:**
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- **QL** - Quantity Limits
- **ST** - Step Therapy
- **NM** - Not available at mail-order
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<td>SELZENTRY TABS 75mg, 150mg, 300mg</td>
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<td>VIDEX PEDIATRIC</td>
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**CEPHALOSPORINS**

**ERYTHROMYCINS/MACROLIDES**

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<td>tazicef SOLR</td>
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**FLUOROQUINOLONES**

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**PENICILLINS**

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<td>NAFCILLIN SODIUM FOR INJ 10GM</td>
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<tr>
<td>oxacillin sodium 1gm, 2gm</td>
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<td>oxacillin sodium 10gm</td>
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<td>PENICILLIN G POT IN DEXTROSE 2MU</td>
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<tr>
<td>PENICILLIN G POT IN DEXTROSE 3MU</td>
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<td>PENICILLIN G PROCaine</td>
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<td>penicillin g sodium</td>
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<td>penicillin gk inj 20mu</td>
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<td>pfizerpen-g inj 5mu</td>
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<td>pfizerpen-g inj 20mu</td>
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<tr>
<td>piper/tazoba inj 2-0.25gm (generic of ZOSYN)</td>
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<td>piper/tazoba inj 3-0.375gm (generic of ZOSYN)</td>
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<td>piper/tazoba inj 4-0.5gm (generic of ZOSYN)</td>
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<td>PIPER/TAZOB INJ 12-1.5GM</td>
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<tr>
<td>piper/tazoba inj 36-4.5gm (generic of ZOSYN)</td>
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**TETRACYCLINES**

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<td>Drug Name</td>
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<tr>
<td>doxycycline (monohydrate)</td>
<td>CAPS 50mg, 100mg</td>
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<td>doxycycline (monohydrate)</td>
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<tr>
<td>doxycycline hyclate</td>
<td>CAPS 50mg</td>
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<tr>
<td>doxycycline hyclate (generic of VIBRAMYCIN)</td>
<td>CAPS 100mg</td>
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<td>doxycycline hyclate</td>
<td>SOLR 4</td>
</tr>
<tr>
<td>doxycycline hyclate</td>
<td>TABS 3</td>
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<tr>
<td>minocycline hcl (generic of MINOCIN)</td>
<td>CAPS 50mg, 100mg</td>
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<tr>
<td>minocycline hcl</td>
<td>CAPS 75mg 3</td>
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<tr>
<td>mandoxyne nl cap</td>
<td>100mg 2</td>
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<tr>
<td>morgidox cap</td>
<td>1x50mg 3</td>
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<td>tetracycline hcl</td>
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**ANTINEOPLASTIC AGENTS**

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<tr>
<td>BENDEKA</td>
<td>5 NDS B/D NM</td>
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<tr>
<td>cyclophosphamide (generic of CYCLOPHOSPHAMIDE)</td>
<td>CAPS 4 B/D</td>
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<tr>
<td>cyclophosphamide</td>
<td>SOLR 5 NDS B/D</td>
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<tr>
<td>dacarbazine</td>
<td>100mg 3 B/D</td>
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<td>EMCYT</td>
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<td>GLEOSTINE</td>
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<tr>
<td>IFEX</td>
<td>3gm 4 B/D</td>
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<td>ifosfamide inj 1gm/20ml</td>
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<tr>
<td>IFOSFAMIDE INJ 3GM</td>
<td>4 B/D</td>
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<tr>
<td>ifosfamide inj 3gm/60ml</td>
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<td>LEUKERAN</td>
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**ANTHRACYCLINES**

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<thead>
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<tr>
<td>adriamycin</td>
<td>SOLN 4 B/D</td>
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<tr>
<td>doxorubicin hcl</td>
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<tr>
<td>doxorubicin hcl liposomal (generic of DOXIL)</td>
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<td>epirubicin hcl (generic of ELLENCE)</td>
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**BIOLOGIC RESPONSE MODIFIERS**

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<tr>
<td>AVASTIN</td>
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<td>BORTEZOMIB</td>
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<tr>
<td>DAURISMO</td>
<td>5 NDS NM LA</td>
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<td>ERIVEDGE</td>
<td>5 NDS NM LA</td>
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<td>FARYDAK</td>
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<td>HERCEPTIN</td>
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**ANTIBIOTICS**

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<tr>
<td>bleomycin sulfate</td>
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<td>mitomycin</td>
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**ANTIMITOTIC, TAXOIDS**

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<tr>
<td>ABRAXANE</td>
<td>5 NDS B/D</td>
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<tr>
<td>docetaxel (generic of TAXOTERE)</td>
<td>CONC 20mg/ml, 80mg/4ml</td>
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<td>DOCETAXEL</td>
<td>CONC 5 NDS B/D 80mg/4ml, 160mg/8ml, 200mg/10ml</td>
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<tr>
<td>docetaxel (generic of DOCETAXEL)</td>
<td>SOLN 5 NDS B/D</td>
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<tr>
<td>paclitaxel</td>
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<td>TAXOTERE</td>
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**ANTIMITOTIC, VINCA ALKALOIDS**

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<td>vinblastine sulfate</td>
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<td>vincasar pfs</td>
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<tr>
<td>vincristine sulfate</td>
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<tr>
<td>vinorelbine tartrate (generic of NAVELBINE)</td>
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**ANTIMETABOLITES**

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<td>ALIMTA</td>
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<td>azacitidine (generic of VIDAZA)</td>
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<tr>
<td>cytarabine</td>
<td>20mg/ml 4 B/D</td>
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<tr>
<td>fluorouracil</td>
<td>SOLN 4 B/D</td>
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<td>gemcitabine inj soln</td>
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<td>gemcitabine inj solr</td>
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<td>mercaptopurine</td>
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<tr>
<td>methotrexate sodium inj</td>
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<td>PURIXAN</td>
<td>5 NDS NM</td>
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<td>TABLOID</td>
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**QL** - Quantity Limits   **ST** - Step Therapy   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **NDS** - Non-Extended

Days Supply   **HR** - High Risk Medication
<table>
<thead>
<tr>
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<td>HORMONAL ANTINEOPLASTIC AGENTS</td>
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<td>LUPRON DEPOT INJ 11.25MG (3-MONTH)</td>
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**IMMUNOMODULATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
<th>Tier</th>
<th>Limit</th>
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<tbody>
<tr>
<td>POMALYST CAP 1MG</td>
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<td>POMALYST CAP 3MG</td>
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<tr>
<td>REVLIMID</td>
<td>QL (28 caps / 28 days) NDS QL NM LA PA</td>
<td>imatinib mesylate (generic of GLEEVEC) 400mg QL (60 tabs / 30 days) NDS QL NM LA PA</td>
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<tr>
<td>THALOMID 50mg, 100mg</td>
<td>QL (30 caps / 30 days) NDS QL NM PA</td>
<td>IMBRUVICA</td>
<td>NDS NM LA PA</td>
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<td>THALOMID 150mg, 200mg</td>
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<td>INLYTA 1mg</td>
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<td>INLYTA 5mg</td>
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<td>IRESSA</td>
<td>NDS NM LA PA</td>
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<td>JAKAFI</td>
<td>NDS QL NM PA</td>
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<td>LENVIMA 4 MG DAILY DOSE</td>
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<td>LENVIMA 8 MG DAILY DOSE</td>
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<td>LENVIMA 12 MG DAILY DOSE</td>
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<td>LENVIMA 14 MG DAILY DOSE</td>
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<td>LENVIMA 18 MG DAILY DOSE</td>
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<td>LENVIMA 20 MG DAILY DOSE</td>
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<td>LORBRENA</td>
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<td>TAFINLAR</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>TAGRISSO</td>
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<tr>
<td>TARCEVA</td>
<td>25mg NDS QL NM LA PA</td>
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<tr>
<td>TARCEVA</td>
<td>100mg, 150mg NDS QL NM LA PA</td>
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<td>TASIGNA</td>
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<td>TYKERB</td>
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<td>VITRAKVI</td>
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<td>VIZIMPRO</td>
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<td>XALKORI</td>
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<td>XOSPATA</td>
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<td>ZELBORAF</td>
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<td>ZYDELI</td>
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<td>ZYKADIA</td>
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**MISCELLANEOUS**

- bexarotene (generic of TARGRETIN) 5 NDS NM PA
- hydroxyurea (generic of HYDREA) CAPS 2
- LONSURF 5 NDS NM PA
- MATULANE 5 NDS LA
- SYLATRON KIT 200MCG 5 NDS NM PA
- SYLATRON KIT 300MCG 5 NDS NM PA
- SYLATRON KIT 600MCG 5 NDS NM PA
- SYNRIBO 5 NDS NM PA
- tretinoin (chemotherapy) 5 NDS

**PLATINUM-BASED AGENTS**

- carboplatin 4 B/D
- cisplatin 3 B/D
- oxaliplatin inj 50mg 5 NDS B/D
- oxaliplatin inj 50mg/10ml 4 B/D
- oxaliplatin inj 100mg 5 NDS B/D
- oxaliplatin inj 100mg/20ml 4 B/D

**PROTECTIVE AGENTS**

- dextrazoxane hcl (generic of ZINECARD) 5 NDS B/D
- leucovorin calcium SOLR 4 B/D
- leucovorin calcium TABS 3
- MESNEX TABS 5 NDS

**TOPOISOMERASE INHIBITORS**

- etoposide SOLN 3 B/D
- irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml 4 B/D
- irinotecan hcl 500mg/25ml 4 B/D
- toposar 3 B/D
- topotecan hcl (generic of TOPOTECAN HCL) 5 NDS B/D
- TOPOTECAN INJ 4MG/4ML 5 NDS B/D

**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

- amlodipine besylate-benazepril hcl cap 2.5-10 mg 2
- amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) 2
- amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL) 2
- amlodipine besylate-benazepril hcl cap 5-40 mg 2
- amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) 2
- amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL) 2
- benazepril & hydrochlorothiazide 3
- benazepril & hydrochlorothiazide (generic of LOTENSIN HCT) 3
- enalapril maleate & hydrochlorothiazide 2
## Drug Requirements/Tier/Limits

### ACE INHIBITORS

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Limits</th>
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<tr>
<td>enalapril maleate &amp; hydrochlorothiazide (generic of VASERETIC)</td>
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<td>fosinopril sodium &amp; hydrochlorothiazide</td>
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<td>lisinopril &amp; hydrochlorothiazide (generic of ZESTORETIC)</td>
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<td>moexipril-hydrochlorothiazide</td>
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<td>quinapril-hydrochlorothiazide (generic of ACCURETIC)</td>
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### ALDOSTERONE RECEPTOR ANTAGONISTS

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<td>spironolactone (generic of ALDACTONE)</td>
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### ALPHA BLOCKERS

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<tr>
<td>doxazosin mesylate (generic of CARDURA)</td>
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<td>prazosin hcl (generic of MINIPRESS)</td>
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### ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

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<td>medoxomil (generic of AZOR)</td>
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<td>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</td>
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<td>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</td>
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<tr>
<td>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</td>
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<td>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</td>
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<td>ENTRESTO</td>
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<td>irbesartan-hydrochlorothiazide (generic of AVALIDE)</td>
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<td>losartan potassium &amp; hctz tab 50-12.5 mg (generic of HYZAAR)</td>
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<td>olmesartan medoxomil-hydrochlorothiazide (generic of BENICAR HCT)</td>
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### ANGIOTENSIN II RECEPTOR ANTAGONISTS

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</table>

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<td>amiodarone tab 400mg</td>
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<td>simvastatin (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)</td>
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<td>cholestyramine light PACK</td>
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<td>cholestyramine light (generic of QUESTRAN LIGHT) POWD</td>
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<tr>
<td>colestipol hcl gran (generic of COLESTID)</td>
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<td>colestipol hcl pack (generic of COLESTID)</td>
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<td>colestipol hcl tabs (generic of COLESTID)</td>
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<td>fenofibrate (generic of TRICOR) TABS 48mg, 145mg</td>
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<td><strong>BETA-BLOCKER/DIURETIC COMBINATIONS</strong></td>
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<td>bisoprolol &amp; hydrochlorothiazide (generic of ZIAC)</td>
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<td>metoprolol &amp; hydrochlorothiazide</td>
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<td>Drug Requirements/Tier Limits</td>
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**DIGITALIS GLYCOSIDES**

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<tr>
<td>digitek (generic of LANOXIN)</td>
<td>.25mg 3 PA</td>
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<tr>
<td>digitek (generic of LANOXIN)</td>
<td>.125mg 3 PA if 70 years and older; PA if 70 years and older; HR 3</td>
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<tr>
<td>digox (generic of LANOXIN)</td>
<td>125mcg 3 QL</td>
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<tr>
<td>digox (generic of LANOXIN)</td>
<td>250mcg 3 PA if 70 years and older; HR 3</td>
</tr>
<tr>
<td>digoxin (generic of LANOXIN)</td>
<td>TABS 125mcg 3 QL</td>
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<tr>
<td>digoxin (generic of LANOXIN)</td>
<td>TABS 250mcg 3 PA if 70 years and older; HR 3</td>
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<td>digoxin inj (generic of LANOXIN)</td>
<td>HR 4</td>
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<tr>
<td>digoxin sol 50mcg/ml</td>
<td>HR 4</td>
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**DIRECT RENIN INHIBITORS/COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEKTURNA</td>
<td>4</td>
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<tr>
<td>TEKTURNA HCT</td>
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**DIURETICS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier Limits</th>
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<tbody>
<tr>
<td>acetazolamide</td>
<td>CP12 4</td>
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<td>acetazolamide</td>
<td>TABS 3</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier Limits</th>
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<tbody>
<tr>
<td>amiloride &amp; hydrochlorothiazide</td>
<td>2</td>
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<tr>
<td>amiloride hcl</td>
<td>TABS 3</td>
</tr>
<tr>
<td>bumetanide SOLN</td>
<td>4</td>
</tr>
<tr>
<td>bumetanide (generic of BUMEX)</td>
<td>TABS 3</td>
</tr>
<tr>
<td>chlorothiazide tabs</td>
<td>3</td>
</tr>
<tr>
<td>chlorthalidone</td>
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<tr>
<td>furosemide SOLN</td>
<td>2</td>
</tr>
<tr>
<td>furosemide (generic of LASIX)</td>
<td>1 TABS</td>
</tr>
<tr>
<td>furosemide inj</td>
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<tr>
<td>hydrochlorothiazide CAPS; TABS</td>
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<tr>
<td>indapamide</td>
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<td>methazolamide</td>
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<tr>
<td>methyclothiazide</td>
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<tr>
<td>metolazone</td>
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<tr>
<td>spironolactone &amp; hydrochlorothiazide (generic of ALDACTAZIDE)</td>
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<tr>
<td>torsemide tabs</td>
<td>5mg, 20mg, 100mg 2</td>
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<td>torsemide tabs (generic of DEMADEX)</td>
<td>10mg 2</td>
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<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (generic of DYAZIDE)</td>
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<td>triamterene &amp; hydrochlorothiazide tabs (generic of MAXZIDE)</td>
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<td>triamterene &amp; hydrochlorothiazide tabs (generic of MAXZIDE-25)</td>
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**MISCELLANEOUS**

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<tr>
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<tbody>
<tr>
<td>clonidine hcl (generic of CATAPRES)</td>
<td>TABS 2</td>
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<tr>
<td>clonidine hcl ptwk (generic of CATAPRES-TTS-1)</td>
<td>.1mg/24hr 4</td>
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<tr>
<td>clonidine hcl ptwk (generic of CATAPRES-TTS-2)</td>
<td>.2mg/24hr 4</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
NM - Not available at mail-order  
B/D - Covered under Medicare B or D  
LA - Limited Access  
NDS - Non-Extended Days Supply  
HR - High Risk Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Tier</th>
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</thead>
<tbody>
<tr>
<td><strong>clonidine hcl ptwk (generic of CATAPRES-TTS-3)</strong> .3mg/24hr</td>
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<td>CORLANOR</td>
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<td>DEMSER</td>
<td>5</td>
<td>NDS PA</td>
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<td>hydralazine hcl SOLN</td>
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<td>hydralazine hcl TABS</td>
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<td>midodrine hcl</td>
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<td>minoxidil TABS</td>
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<td>NORTHERA</td>
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<td>ranolazine (generic of RANEXA)</td>
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<td><strong>NITROSTAT</strong></td>
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<td>NITRO-BID</td>
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<td>NITRO-DUR DIS 0.3MG/HR</td>
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<td>NITRO-DUR DIS 0.8MG/HR</td>
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<td>nitroglycerin td patch .1mg/hr/3</td>
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<td>nitroglycerin td patch (generic of NITRO-DUR) .2mg/hr,.4mg/hr,.6mg/hr</td>
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<td><strong>PULMONARY ARTERIAL HYPERTENSION</strong></td>
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<tr>
<td>ADEMPAS</td>
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<td>QL (90 tabs / 30 days)</td>
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<td>LETAIRIS</td>
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<td>REMODULIN</td>
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<td>QL (90 tabs / 30 days)</td>
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<td>sildenafil citrate tab 20 mg (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Tier</th>
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<tbody>
<tr>
<td><strong>TRACLEER</strong> TABS 62.5mg QL (120 tabs / 30 days)</td>
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<td>NDS QL NM LA PA</td>
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<td><strong>TRACLEER</strong> TABS 125mg QL (60 tabs / 30 days)</td>
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<td>VENTAVIS</td>
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<td>alprazolam tab 0.25mg (generic of XANAX) QL (150 tabs / 30 days)</td>
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<td>alprazolam tab 1mg (generic of XANAX) QL (150 tabs / 30 days)</td>
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<td>alprazolam tab 2 mg (generic of XANAX) QL (150 tabs / 30 days)</td>
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<td>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</td>
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<td>buspirone hcl TABS 30mg</td>
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<td>fluvoxamine maleate TABS</td>
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<td>lorazepam (generic of ATIVAN) SOLN</td>
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<td>lorazepam (generic of ATIVAN) TABS</td>
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<td><strong>ANTICONVULSANTS</strong></td>
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<td>APTIOm 200mg (generic of APTIOm) QL (180 tabs / 30 days)</td>
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<td>APTIOm 400mg (generic of APTIOm) QL (90 tabs / 30 days)</td>
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<td>APTIOm 600mg, 800mg (generic of APTIOm) QL (60 tabs / 30 days)</td>
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<tr>
<td>BANZEL SUS 40MG/ML</td>
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<td>BRIVIACT SOL 10MG/ML</td>
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<tr>
<td>BRIVIACT TAB 100MG</td>
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<td>carbamazepine CHEW</td>
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<td>carbamazepine (generic of CARBATROL) CP12</td>
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<td>carbamazepine (generic of TEGRETOL) SUSP</td>
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<td>carbamazepine (generic of TEGRETOL) TABS</td>
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<tr>
<td>carbamazepine (generic of TEGRETOL-XR) TB12</td>
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<td>CELONTIN</td>
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<td>clobazam (generic of ONFI)</td>
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<td>clonazepam (generic of KLOPON) TABS 2mg</td>
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<td>clonazepam (generic of KLOPON) TABS .5mg, 1mg</td>
<td>Tier 2, QL</td>
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<tr>
<td>clonazepam (generic of KLOPON) TBDP 2mg</td>
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<tr>
<td>clonazepam (generic of KLOPON) TBDP .125mg, .25mg, .5mg, 1mg</td>
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<td>clorazepate dipotassium</td>
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<td>DIASTAT ACUDIAL</td>
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<td>DIASTAT PEDIATRIC</td>
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<tr>
<td>diazepam (generic of VALIUM) TABS</td>
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<td>diazepam gel</td>
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<tr>
<td>diazepam inj</td>
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<td>diazepam intensol</td>
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<td>diazepam oral soln 1 mg/ml</td>
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<tr>
<td>DILANTIN CAP 30MG</td>
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<tr>
<td>DILANTIN CAP 100MG</td>
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<tr>
<td>DILANTIN CHEW TAB 50MG</td>
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<td>DILANTIN-125 SUSP</td>
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<tr>
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<tr>
<td>divalproex sodium (generic of DEPAKOTE SPRINKLES)</td>
<td>Tier 4</td>
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<td>divalproex sodium (generic of DEPAKOTE ER)</td>
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<tr>
<td>divalproex sodium (generic of DEPAKOTE)</td>
<td>Tier 3</td>
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<tr>
<td>EPIDIOLEX</td>
<td>Tier 5, NDS, QL, NM, LA, PA</td>
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<tr>
<td>epitol (generic of TEGRETOL)</td>
<td>Tier 3</td>
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<tr>
<td>ethosuximide (generic of ZARONTIN)</td>
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<tr>
<td>felbamate (generic of FELBATO) SUSP</td>
<td>Tier 5, NDS</td>
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<td>felbamate (generic of FELBATO) TABS</td>
<td>Tier 4</td>
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<tr>
<td>FYCOMPA SUSP</td>
<td>Tier 4, QL PA</td>
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<tr>
<td>FYCOMPA TABS 2mg, 4mg, 6mg</td>
<td>Tier 4, QL PA</td>
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<tr>
<td>FYCOMPA TABS 8mg, 10mg, 12mg</td>
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<tr>
<td>lamotrigine (generic of LAMICHTAL CHEWABLE DISPER)</td>
<td>Tier 3</td>
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</table>

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<tr>
<th>Drug Name</th>
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<tr>
<td>lamotrigine (generic of LAMICTAL) TABS</td>
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<tr>
<td>levetiracetam (generic of KEPPRA) SOLN</td>
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<td>levetiracetam (generic of KEPPRA XR) TB24</td>
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<td>levetiracetam in sodium chloride (generic of LEVETIRACETAM)</td>
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<td>levetiracetam sol 100mg/ml (generic of KEPPRA)</td>
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<td>LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)</td>
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<td>LYRICA CAPS 200mg QL (90 caps / 30 days)</td>
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<td>LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)</td>
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<td>LYRICA SOLN QL (946 mL / 30 days)</td>
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<td>phenobarbital TABS PA if 70 years and older; HR</td>
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<td>PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older; HR</td>
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<td>phenobarbital sodium SOLN 130mg/ml PA if 70 years and older; HR</td>
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<td>phenytoin (generic of DILANTIN INFATABS) CHEW</td>
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<td>phenytoin (generic of DILANTIN-125) SUSP</td>
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<td>phenytoin sodium extended (generic of DILANTIN) 100mg</td>
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<td>phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg</td>
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<td>phenytoin sodium inj 50mg/ml</td>
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<td>primidone (generic of MYSOLINE) TABS</td>
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<td>SYMPAZAN 5mg PA</td>
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<td>SYMPAZAN 10mg, 20mg NDS PA</td>
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<td>tiagabine hcl (generic of GABITRIL)</td>
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<tr>
<td>topiramate (generic of TOPAMAX SPRINKLE) CPSP</td>
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<tr>
<td>topiramate (generic of TOPAMAX) TABS</td>
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<tr>
<td>valproate sodium (generic of DEPACON) SOLN</td>
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<tr>
<td>valproate sodium oral soln (generic of DEPAKENE)</td>
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<tr>
<td>valproic acid (generic of DEPAKENE) CAPS</td>
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<tr>
<td>vigabatrin powd pack 500mg (generic of SABRIL) QL (180 packets / 30 days)</td>
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<tr>
<td>vigabatrin tab 500mg (generic of SABRIL) QL (180 tabs / 30 days)</td>
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<tr>
<td>vigadron (generic of SABRIL) QL (180 packets / 30 days)</td>
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<tr>
<td>VIMPAT 50mg QL</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at
mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended
Days Supply   HR - High Risk Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
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<tbody>
<tr>
<td>VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)</td>
<td>4 QL</td>
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<tr>
<td>VIMPAT INJ 200MG/20ML</td>
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<tr>
<td>VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)</td>
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<td>zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg</td>
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<td>zonisamide CAPS 50mg</td>
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<td><strong>ANTIDEMENTIA</strong></td>
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<tr>
<td>donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)</td>
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<tr>
<td>donepezil hydrochloride (generic of ARICEPT) TABS 10mg</td>
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<td>donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)</td>
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<tr>
<td>donepezil hydrochloride TBDP 10mg</td>
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</tr>
<tr>
<td>EXELON PATCHES QL (30 patches / 30 days)</td>
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<tr>
<td>galantamine hydrobromide SOLN</td>
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<tr>
<td>galantamine hydrobromide (generic of RAZADYNE) TABS QL (60 tabs / 30 days)</td>
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<tr>
<td>galantamine hydrobromide er (generic of RAZADYNE ER) QL (30 caps / 30 days)</td>
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<tr>
<td>memantine hcl cp24 (generic of NAMENDA XR) PA if &lt; 30 yrs</td>
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<tr>
<td>memantine soln PA if &lt; 30 yrs</td>
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<tr>
<td>memantine tabs (generic of NAMENDA) PA if &lt; 30 yrs</td>
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<td>NAMZARIC</td>
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<td>rivastigmine tartrate caps 1.5mg, 3mg QL (90 caps / 30 days)</td>
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<tr>
<td>rivastigmine tartrate caps 4.5mg, 6mg QL (60 caps / 30 days)</td>
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<td><strong>ANTIDEPRESSANTS</strong></td>
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<tr>
<td>amitriptyline hcl TABS HR</td>
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<tr>
<td>amoxapine</td>
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<td>bupropion hcl TABS</td>
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<tr>
<td>bupropion hcl (generic of WELLBUTRIN SR) TB12</td>
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<tr>
<td>bupropion hcl (generic of WELLBUTRIN XL) TB24</td>
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<tr>
<td>citalopram hydrobromide SOLN</td>
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<td>citalopram hydrobromide (generic of CELEXA) TABS</td>
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<td>clomipramine hcl (generic of ANAFRANIL) CAPS</td>
<td>4 PA</td>
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<td>desipramine hcl (generic of NORTIMIN) TABS 10mg, 25mg HR</td>
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<tr>
<td>desipramine hcl TABS 50mg, 75mg, 100mg, 150mg HR</td>
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<tr>
<td>desvenlafaxine succinate (generic of PRISTIQ) QL (30 tabs / 30 days)</td>
<td>4 QL PA</td>
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<td>doxepin hcl CAPS; CONC HR</td>
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<tr>
<td>duloxetine hcl (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)</td>
<td>3 QL</td>
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<tr>
<td>duloxetine hcl (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)</td>
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<td>duloxetine hcl (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)</td>
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<tr>
<td>EMSAM QL (30 patches / 30 days)</td>
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<tr>
<td>escitalopram oxalate SOLN</td>
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<tr>
<td>Drug Name</td>
<td>Drug Requirements/ Limits</td>
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<tr>
<td>escitalopram oxalate (generic of LEXAPRO) TABS</td>
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<tr>
<td>FETZIMA 20mg QL (180 caps / 30 days)</td>
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<tr>
<td>FETZIMA 40mg QL (90 caps / 30 days)</td>
<td>4 QL PA</td>
</tr>
<tr>
<td>FETZIMA 80mg, 120mg QL (30 caps / 30 days)</td>
<td>4 QL PA</td>
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<tr>
<td>FETZIMA TITRATION PACK</td>
<td>4 PA</td>
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<tr>
<td>fluoxetine cap 10mg (generic of PROZAC)</td>
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<tr>
<td>fluoxetine cap 20mg (generic of PROZAC)</td>
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<tr>
<td>fluoxetine cap 40mg (generic of PROZAC)</td>
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<tr>
<td>fluoxetine hcl SOLN</td>
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<tr>
<td>imipramine hcl (generic of TOFRANIL) TABS</td>
<td>3 HR</td>
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<tr>
<td>maprotiline hcl</td>
<td>4</td>
</tr>
<tr>
<td>MARPLAN TAB 10MG QL (180 tabs / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td>mirtazapine TABS 7.5mg, 45mg</td>
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<tr>
<td>mirtazapine (generic of REMERON) TABS 15mg, 30mg</td>
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<td>mirtazapine (generic of REMERON SOLTAB) TBDP</td>
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<tr>
<td>nefazodone hcl</td>
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<tr>
<td>nortriptyline hcl (generic of PAMELOR) CAPS</td>
<td>2 HR</td>
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<tr>
<td>nortriptyline hcl SOLN</td>
<td>4 HR</td>
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<tr>
<td>paroxetine hcl (generic of PAXIL) TABS</td>
<td>2 HR</td>
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<tr>
<td>PAXIL SUSP QL (900 mL / 30 days)</td>
<td>4 QL HR</td>
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<tr>
<td>phenelzine sulfate (generic of NARDIL) TABS</td>
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<tr>
<td>protriptyline hcl</td>
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<tr>
<td>sertraline hcl CONC</td>
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<td>sertraline hcl (generic of ZOLOFT) TABS</td>
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<tr>
<td>tranylcypromine sulfate (generic of PARNATE)</td>
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<td>trazodone hcl TABS 50mg, 100mg</td>
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<td>trazodone tab 150mg</td>
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<tr>
<td>trimipramine maleate (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days) HR</td>
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<tr>
<td>trimipramine maleate (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days) HR</td>
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<td>trimipramine maleate (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) HR</td>
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<tr>
<td>TRINTELLIX 5mg QL (120 tabs / 30 days)</td>
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<tr>
<td>TRINTELLIX 10mg QL (60 tabs / 30 days)</td>
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<tr>
<td>TRINTELLIX 20mg QL (30 tabs / 30 days)</td>
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<tr>
<td>venlafaxine hcl (generic of EFFEXOR XR) CP24</td>
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<td>venlafaxine hcl TABS</td>
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<tr>
<td>VIIBRYD STARTER PACK</td>
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<tr>
<td>VIIBRYD TAB QL (30 tabs / 30 days)</td>
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**ANTIPARKINSONIAN AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
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<tbody>
<tr>
<td>amantadine hcl CAPS QL (120 caps / 30 days)</td>
<td>3 QL</td>
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<tr>
<td>amantadine hcl SYRP</td>
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<tr>
<td>amantadine hcl TABS</td>
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<tr>
<td>APOKYN QL (20 cartridges / 30 days)</td>
<td>5 NDS QL NM LA PA</td>
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<tr>
<td>benztpine mesylate inj (generic of COGENTIN)</td>
<td>4</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
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<tbody>
<tr>
<td>benztrpine mesylate tab 0.5mg</td>
<td>PA if 70 years and older; HR</td>
</tr>
<tr>
<td>benztrpine mesylate tab 1mg</td>
<td>PA if 70 years and older; HR</td>
</tr>
<tr>
<td>benztrpine mesylate tab 2mg</td>
<td>PA if 70 years and older; HR</td>
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<tr>
<td>bromocriptine mesylate (generic of PARLODEL)</td>
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<tr>
<td>carbidopa-levodopa (generic of SINEMET) TABS</td>
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<td>carbidopa-levodopa (generic of SINEMET CR) TBCR</td>
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<td>carbidopa-levodopa TBDP</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 50)</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 75)</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 100)</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 125)</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 150)</td>
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<td>carbidopa/levodopa/entacapone (generic of STALEVO 200)</td>
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<td>entacapone (generic of COMTAN)</td>
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<td>NEUPRO</td>
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<td>pramipexole tab 0.5mg (generic of MIRAPEX)</td>
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<td>pramipexole tab 0.25mg (generic of MIRAPEX)</td>
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<tr>
<td>pramipexole tab 0.75mg (generic of MIRAPEX)</td>
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<tr>
<td>pramipexole tab 0.125mg (generic of MIRAPEX)</td>
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<td>rasagiline mesylate (generic of AZILECT) TABS</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
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<td>ropinirole tab 0.5mg (generic of REQUIP)</td>
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<td>ropinirole tab 0.25mg</td>
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<td>ropinirole tab 1mg</td>
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<td>ropinirole tab 2mg</td>
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<tr>
<td>ropinirole tab 3mg</td>
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<td>ropinirole tab 4mg</td>
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<td>ropinirole tab 5mg</td>
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<tr>
<td>selegiline hcl CAPS; TABS</td>
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<td>trihexyphenidyl hcl</td>
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**ANTIPSYCHOTICS**

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<td>ARIPOSTADA</td>
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<td>ARIPOSTADA INITIO</td>
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<tr>
<td>chlorpromazine hcl TABS</td>
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<td>CHLORPROMAZINE INJ</td>
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<td>clozapine odt (generic of FAZACLO)</td>
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<tr>
<td>clozapine tab 25mg (generic of CLOZARIL)</td>
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<td>clozapine tab 50mg</td>
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<tr>
<td>clozapine tab 100mg (generic of CLOZARIL)</td>
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<td>clozapine tab 200mg</td>
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<tr>
<td>FANAPT</td>
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<tr>
<td>FANAPT TITRATION PACK</td>
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<tr>
<td>Drug Name</td>
<td>Drug Requirements/Tier</td>
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<tr>
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<tr>
<td>fluphenazine decanoate SOLN</td>
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<td>fluphenazine hcl</td>
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<td>GEODON SOLR 6mL (3 days)</td>
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<td>haloperidol TABS</td>
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<td>haloperidol conc 2mg/ml</td>
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<td>haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml</td>
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<td>haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml</td>
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<tr>
<td>haloperidol lactate inj 5mg/ml (generic of HALDOL)</td>
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<td>INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)</td>
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<tr>
<td>INVEGA 6mg QL (60 tabs / 30 days)</td>
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<tr>
<td>INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)</td>
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<td>INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)</td>
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<td>INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)</td>
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<tr>
<td>INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)</td>
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<td>INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)</td>
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<tr>
<td>INVEGA TRINZA QL (1 injection / 90 days)</td>
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<tr>
<td>LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tbody>
<tr>
<td>LATUDA 40mg, 120mg QL (30 tabs / 30 days)</td>
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<td>QL</td>
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<td>loxapine succinate</td>
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<td>molindone hcl</td>
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<td>NUPLAZID CAPS QL (30 caps / 30 days)</td>
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<td>NDS QL NM LA PA</td>
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<td>NUPLAZID TABS 10MG QL (30 tabs / 30 days)</td>
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<td>olanzapine (generic of ZYPREXA) SOLR QL (3 vials / 1 day)</td>
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<td>olanzapine (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)</td>
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<td>olanzapine (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)</td>
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<td>olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)</td>
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<td>QL</td>
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<td>olanzapine (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)</td>
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<td>perphenazine TABS</td>
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<td>PERSERIS QL (1 injection / 30 days)</td>
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<td>pimozide</td>
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<tr>
<td>quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 300mg, 400mg QL (60 tabs / 30 days)</td>
<td>4</td>
<td>QL</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
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<tr>
<td>quetiapine fumarate (generic of SEROQUEL XR)</td>
<td>TB24, 150mg, 200mg QL (30 tabs / 30 days)</td>
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<tr>
<td>REXULTI 1mg</td>
<td>QL (90 tabs / 30 days)</td>
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<tr>
<td>REXULTI 2mg</td>
<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>REXULTI 3mg, 4mg</td>
<td>QL (30 tabs / 30 days)</td>
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<tr>
<td>REXULTI .5mg</td>
<td>QL (180 tabs / 30 days)</td>
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<tr>
<td>REXULTI .25mg</td>
<td>QL (360 tabs / 30 days)</td>
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<tr>
<td>RISPERDAL INJ 12.5MG</td>
<td>QL (2 injections / 28 days)</td>
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<tr>
<td>RISPERDAL INJ 25MG</td>
<td>QL (2 injections / 28 days)</td>
</tr>
<tr>
<td>RISPERDAL INJ 37.5MG</td>
<td>QL (2 injections / 28 days)</td>
</tr>
<tr>
<td>RISPERDAL INJ 50MG</td>
<td>QL (2 injections / 28 days)</td>
</tr>
<tr>
<td>risperidone (generic of RISPERDAL) SOLN</td>
<td>4 QL</td>
</tr>
<tr>
<td>risperidone (generic of RISPERDAL) TABS</td>
<td>2 QL</td>
</tr>
<tr>
<td>risperidone TBDP .5mg</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>risperidone TBDP .25mg, 1mg, 2mg, 3mg, 4mg</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>SAPHRIS 2.5mg</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>SAPHRIS 5mg</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>SAPHRIS 10mg</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>thioridazine hcl TABS</td>
<td>3 QL</td>
</tr>
<tr>
<td>thiothixene</td>
<td>4 QL</td>
</tr>
<tr>
<td>trifluoperazine hcl</td>
<td>3 QL</td>
</tr>
<tr>
<td>VERSACLOZ</td>
<td>5 NDS QL PA</td>
</tr>
<tr>
<td>VERSACLOZ TABS</td>
<td>NDS QL PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRAYLAR 1.5mg</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>VRAYLAR 3mg, 4.5mg, 6mg</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>VRAYLAR THERAPY PACK</td>
<td>PA</td>
</tr>
<tr>
<td>ziprasidone hcl (generic of GEODON)</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV 300mg</td>
<td>QL (2 vials / 28 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV 405mg</td>
<td>QL (1 vial / 28 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV 210MG</td>
<td>QL (2 vials / 28 days)</td>
</tr>
</tbody>
</table>

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 5 mg</td>
<td>QL (90 caps / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 10 mg</td>
<td>QL (90 caps / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 15 mg</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 20 mg</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 25 mg</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cap sr 24hr 30 mg</td>
<td>QL (30 caps / 30 days)</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply  **HR** - High Risk Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl (generic of STRATTERA)</td>
<td>10mg, 18mg, 25mg QL (120 caps / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl (generic of STRATTERA)</td>
<td>40mg QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl (generic of STRATTERA)</td>
<td>60mg, 80mg, 100mg QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>dextmethylphenidate hcl (generic of FOCALIN)</td>
<td>TABS 2.5mg, 5mg QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>dextmethylphenidate hcl (generic of FOCALIN)</td>
<td>TABS 10mg QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>guanfacine er (adhd) (generic of INTUNIV)</td>
<td>PA if 70 years and older; HR</td>
</tr>
<tr>
<td>metadate tab 20mg er</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl (generic of RITALIN)</td>
<td>TABS 5mg, 10mg QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl (generic of RITALIN)</td>
<td>TABS 20mg QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral soln (generic of METHYLIN)</td>
<td>5mg/5ml QL (1800 mL / 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral soln (generic of METHYLIN)</td>
<td>10mg/5ml QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>methylphenidate tab 10mg er</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>methylphenidate tab 20mg er</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>HYPNOTICS</td>
<td></td>
</tr>
<tr>
<td>BELSOMRA</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>HETLIOZ</td>
<td>5 NDS NM LA PA</td>
</tr>
<tr>
<td>SILENOR 3mg</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>SILENOR 6mg</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>temazepam (generic of RESTORIL)</td>
<td>7.5mg (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year</td>
</tr>
<tr>
<td>temazepam (generic of RESTORIL)</td>
<td>15mg (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>zolpidem tartrate</strong> (generic of AMBIEN) TABS</td>
<td>2 QL PA</td>
</tr>
<tr>
<td>PA applies if 70 years and older after a 90 day supply in a calendar year; HR</td>
<td></td>
</tr>
<tr>
<td><strong>MIGRAINE</strong></td>
<td></td>
</tr>
<tr>
<td>AIMOVIG</td>
<td>3 QL PA</td>
</tr>
<tr>
<td>QL (1 pen / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>dihydroergotamine mesylate inj 1 mg/ml</strong> (generic of D.H.E. 45)</td>
<td>5 NDS</td>
</tr>
<tr>
<td><strong>dihydroergotamine mesylate nasal</strong></td>
<td>5 NDS QL</td>
</tr>
<tr>
<td>QL (8 mL / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>EMGALITY SOAJ</strong></td>
<td>3 QL PA</td>
</tr>
<tr>
<td>QL (2 pens / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>EMGALITY SOSY</strong></td>
<td>3 QL PA</td>
</tr>
<tr>
<td>QL (2 syringes / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>ergotamine w/ caffeine</strong> (generic of CAFERGOT) TABS</td>
<td>4</td>
</tr>
<tr>
<td><strong>naratriptan hcl</strong> (generic of AMERGE) QL (12 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td><strong>rizatriptan benzoate</strong> 5mg QL (18 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td><strong>rizatriptan benzoate</strong> (generic of MAXALT) 10mg QL (18 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td><strong>rizatriptan benzoate odt</strong> (generic of MAXALT-MLT) QL (18 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td><strong>sumatriptan inj 4mg/0.5ml</strong> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td><strong>sumatriptan inj 4mg/0.5ml</strong> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td><strong>sumatriptan inj 6mg/0.5ml</strong> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td><strong>sumatriptan inj 6mg/0.5ml</strong> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td><strong>sumatriptan inj 6mg/0.5ml</strong> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
</tr>
<tr>
<td>AUSTEDO 6mg QL (60 tabs / 30 days) LA PA</td>
<td></td>
</tr>
<tr>
<td>AUSTEDO 9mg, 12mg QL (120 tabs / 30 days) LA PA</td>
<td></td>
</tr>
<tr>
<td><strong>lithium carbonate</strong> CAPS; TABS</td>
<td>2</td>
</tr>
<tr>
<td><strong>lithium carbonate er</strong> (generic of LITHOBID) 300mg</td>
<td>2</td>
</tr>
<tr>
<td><strong>lithium carbonate er</strong> 450mg</td>
<td>2</td>
</tr>
<tr>
<td><strong>LITHIUM SOLN 8MEQ/5ML</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>LYRICA CR</strong></td>
<td>3 QL PA</td>
</tr>
<tr>
<td>QL (90 tabs / 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>LYRICA CR</strong></td>
<td>3 QL PA</td>
</tr>
<tr>
<td>QL (60 tabs / 30 days)</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>pyridostigmine tab 60mg (generic of MESTINON)</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>riluzole (generic of RILUTEK)</td>
<td>5 NDS QL NM PA</td>
</tr>
<tr>
<td>tetrabenazine (generic of XENAZINE)</td>
<td>25mg QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>tetrabenazine (generic of XENAZINE)</td>
<td>12.5mg QL (240 tabs / 30 days)</td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETASERON</td>
<td>QL (14 syringes / 28 days)</td>
</tr>
<tr>
<td>COPAXONE INJ 20MG/ML</td>
<td>QL (30 syringes / 30 days)</td>
</tr>
<tr>
<td>COPAXONE INJ 40MG/ML</td>
<td>QL (12 syringes / 28 days)</td>
</tr>
<tr>
<td>dalfampridine (generic of AMPYRA)</td>
<td>5 NDS NM PA</td>
</tr>
<tr>
<td>GILENYA CAP 0.5MG</td>
<td>QL (28 caps / 28 days)</td>
</tr>
</tbody>
</table>

**MUSCULOSKELETAL THERAPY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>baclofen TABS 10mg, 20mg</td>
<td>3</td>
</tr>
<tr>
<td>cyclobenzaprine hcl</td>
<td>TABS 5mg, 10mg PA if 70 years and older; HR</td>
</tr>
<tr>
<td>dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg</td>
<td>5</td>
</tr>
<tr>
<td>dantrolene sodium CAPS 100mg</td>
<td>4</td>
</tr>
<tr>
<td>tizanidine hcl TABS 2mg</td>
<td>2</td>
</tr>
<tr>
<td>tizanidine hcl (generic of ZANAFLEX) TABS 4mg</td>
<td>2</td>
</tr>
</tbody>
</table>

**NARCOLEPSY/CATAPLEXY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>armodafinil (generic of NUvigil)</td>
<td>50mg QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>armodafinil (generic of NUvigil)</td>
<td>150mg, 200mg, 250mg QL (30 tabs / 30 days)</td>
</tr>
</tbody>
</table>

**ENDOCRINE AND METABOLIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANADROL-50</td>
<td>5 NDS PA</td>
</tr>
<tr>
<td>ANDRODERM</td>
<td>QL (30 patches / 30 days)</td>
</tr>
<tr>
<td>oxandrolone tab 2.5mg</td>
<td>3 PA</td>
</tr>
<tr>
<td>oxandrolone tab 10mg (generic of OXANDRIN)</td>
<td>4 PA</td>
</tr>
<tr>
<td>testosterone GEL 1%</td>
<td>QL (300 grams / 30 days)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Requirements/ Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)</td>
<td>4 QL PA</td>
</tr>
<tr>
<td>testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml</td>
<td>3 PA</td>
</tr>
<tr>
<td>testosterone enanthate SOLN</td>
<td>3 PA</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, INJECTABLE</strong></td>
<td></td>
</tr>
<tr>
<td>ALCOHOL SWABS</td>
<td>3</td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN</td>
<td>2</td>
</tr>
<tr>
<td>BD ULTRAFINE INSULIN SYRINGE</td>
<td>3</td>
</tr>
<tr>
<td>BD ULTRAFINE/NANO PEN NEEDLES</td>
<td>3</td>
</tr>
<tr>
<td>BYDUREON BCISE QL (4 pens / 28 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>BYDUREON INJ QL (4 vials / 28 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>BYDUREON PEN QL (4 pens / 28 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>BYETTA QL (1 pen / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td>FIASP</td>
<td>3</td>
</tr>
<tr>
<td>FIASP FLEXTOUCH</td>
<td>3</td>
</tr>
<tr>
<td>GAUZE PADS 2&quot; X 2&quot;</td>
<td>3</td>
</tr>
<tr>
<td>HUMULIN R INJ U-500 5 NDS B/D</td>
<td>5</td>
</tr>
<tr>
<td>HUMULIN R U-500 KWIKPEN 5 NDS</td>
<td>5</td>
</tr>
<tr>
<td>INSULIN PEN NEEDLE</td>
<td>3</td>
</tr>
<tr>
<td>INSULIN SAFETY NEEDLES</td>
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</tr>
<tr>
<td>INSULIN SYRINGE</td>
<td>3</td>
</tr>
<tr>
<td>LEVEMIR</td>
<td>2</td>
</tr>
<tr>
<td>LEVEMIR FLEXTOUCH</td>
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</tr>
<tr>
<td>NOVOLIN 70/30 (brand RELION not covered)</td>
<td>3</td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEXPEN (brand RELION not covered)</td>
<td>3</td>
</tr>
<tr>
<td>NOVOLIN N (brand RELION not covered)</td>
<td>3</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, ORAL</strong></td>
<td></td>
</tr>
<tr>
<td>acarbose (generic of PRECOSE)</td>
<td>3</td>
</tr>
<tr>
<td>FARXIGA 5mg QL (60 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>FARXIGA 10mg QL (30 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)</td>
<td>1 QL</td>
</tr>
<tr>
<td>glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)</td>
<td>2 QL</td>
</tr>
<tr>
<td>glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td>glip/metform tab 2.5-250mg QL (240 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>glip/metform tab 2.5-500mg QL (120 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
<tr>
<td>glip/metform tab 5-500mg QL (120 tabs / 30 days)</td>
<td>3 QL</td>
</tr>
</tbody>
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<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glipizide (generic of GLUCOTROL) TABS 5mg (240 tabs / 30 days)</td>
<td>1 QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL) TABS 10mg (120 tabs / 30 days)</td>
<td>1 QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) TAB24 2.5mg (240 tabs / 30 days)</td>
<td>2 QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) TAB24 5mg (120 tabs / 30 days)</td>
<td>2 QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) TAB24 10mg (60 tabs / 30 days)</td>
<td>2 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) 2.5mg (240 tabs / 30 days)</td>
<td>2 QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) 5mg (120 tabs / 30 days)</td>
<td>2 QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>glipizide (generic of GLUCOTROL XL) 10mg (60 tabs / 30 days)</td>
<td>2 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>JANUMET</td>
<td>3 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>JANUMET XR TAB 50-500MG</td>
<td>3 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>JANUMET XR TAB 50-1000</td>
<td>3 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>JANUMET XR TAB 100-1000</td>
<td>3 QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>JANUVIA</td>
<td>3 QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>JARDIANCE 10mg</td>
<td>3 QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>JARDIANCE 25mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  NM - Not available at mail-order  B/D - Covered under Medicare B or D  LA - Limited Access  NDS - Non-Extended Days Supply  HR - High Risk Medication
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**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **NDS** - Non-Extended Days Supply   **HR** - High Risk Medication
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<tr>
<td>estradiol (generic of ESTRACE) TABS 5mg, 1mg, 2mg HR</td>
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<td>estradiol valerate inj (generic of DELESTROGEN)</td>
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<tr>
<td>fyavolv (generic of FEMHRT LOW DOSE) HR</td>
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<tr>
<td>jinteli HR</td>
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<td>norethindrone acetate-ethinyl estradiol HR</td>
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<td>norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE) HR</td>
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<td><strong>GLUCOCORTICOIDS</strong></td>
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<td>cortisone acetate</td>
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<td>DEXAMETHASONE CONC</td>
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<tr>
<td>dexamethasone ELIX; SOLN</td>
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<tr>
<td>dexamethasone TABS</td>
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<tr>
<td>dexamethasone sodium phosphate 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</td>
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<td>dexamethasone sodium phosphate (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml</td>
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<td>fludrocortisone acetate</td>
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<td>hydrocortisone (generic of CORTEF) TABS</td>
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<tr>
<td>methylpr ss inj (generic of SOLU-MEDROL)</td>
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<td>methylpred pak 4mg (generic of MEDROL DOSEPAK)</td>
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<td>methylpred tab 4mg (generic of MEDROL)</td>
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<td>methylpred tab 32mg (generic of MEDROL)</td>
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<td>methylprednisolone acetate (generic of DEPO-MEDROL)</td>
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<tr>
<td>pred sod pho sol 5mg/5ml (generic of PEDIAPRED)</td>
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<tr>
<td>prednisolone sodium phosphate SOLN 15mg/5ml</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended   Days Supply   HR - High Risk Medication
<table>
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<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
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<tbody>
<tr>
<td>Prednisolone sol 15mg/5ml</td>
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<td>Prednisolone sol 25mg/5ml</td>
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<td>Prednisone CON 5mg/ML</td>
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<td>Prednisone pak 10mg</td>
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<tr>
<td>Prednisone sol 5mg/5ml</td>
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<td>Prednisone tab 1mg</td>
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<tr>
<td>Prednisone tab 2.5mg</td>
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<td>Prednisone tab 10mg</td>
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<td>Prednisone tab 50mg</td>
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<td>Glucagen Hypokit</td>
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<td>Glucagon Emergency Kit</td>
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<td>Proglycem Sus 50mg/ML</td>
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<td>Cabergoline</td>
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<td>Calcitonin (salmon) (generic of Micalcin)</td>
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<td>Forteo</td>
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<td>Genotropin Miniquick .2mg</td>
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<td>5 NDS NM LA PA</td>
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<td>Kelym</td>
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<td>Lupron Dep-Ped INJ 7.5mg</td>
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<td>Lupron Dep-Ped INJ 11.25mg (3-Month)</td>
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<td>Lupron Depot-Ped (1-Month)</td>
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<td>Lupron Depot-Ped (3-Month)</td>
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<td>Octreotide acetate (generic of Sandostatin) 50mcg/ml, 100mcg/ml</td>
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<td>Octreotide acetate 200mcg/ml</td>
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<tr>
<td>Octreotide acetate (generic of SANDOSTATIN) 500mcg/ml</td>
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<td>Octreotide acetate 1000mcg/ml</td>
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<td>Prolia</td>
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<td>Raloxifene tab 60mg (generic of EVISTA)</td>
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<td>Signifor</td>
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<td>Somavert</td>
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<td>Xgeva</td>
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<td>Aubryxia</td>
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<td>Calcium acetate (phosphate binder) (generic of PHOSLO) Caps</td>
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<td>Renvela Pak 0.8GM QL (540 packets / 30 days)</td>
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<td>Renvela Pak 2.4GM QL (180 packets / 30 days)</td>
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<td>Renvela Tab 800MG QL (540 tablets / 30 days)</td>
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<td>Levothyroxine sodium (generic of SYNTHROID) Tabs</td>
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<td>Liothyronine sodium (generic of CYTOMEL) Tabs</td>
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<td>Drug Name</td>
<td>Drug Requirements/Limits</td>
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<td>methimazole (generic of TAPAZOLE) TABS</td>
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<td>propylthiouracil TABS</td>
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<td>desmopressin acetate spray (generic of DDAVP)</td>
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<td>aprepitant (generic of EMEND)</td>
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<td>aprepitant pak 80mg &amp; 125mg</td>
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<td>EMEND SUSR</td>
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<td>granisetron hcl TABS</td>
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<td>meclizine hcl TABS</td>
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<td>HR</td>
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<td>metoclopramide hcl SOLN</td>
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<td>PA if 70 years and older; HR</td>
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<td>ranitidine hcl (generic of ZANTAC) TABS 150mg</td>
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<td>ranitidine hcl TABS 300mg</td>
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<td><strong>INFLAMMATORY BOWEL DISEASE</strong></td>
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<tr>
<td>APRISO</td>
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<td>QL (120 caps / 30 days)</td>
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<td>ASACOL HD</td>
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<td>balsalazide disodium (generic of COLAZAL)</td>
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<td>budesonide ec (generic of ENDOCORT EC)</td>
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<td>CANASA</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/ Limits</th>
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<tr>
<td>colocort (generic of CORTENEMA)</td>
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<td>DELZICOL</td>
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<td>mesalamine ENEM</td>
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<td>mesalamine w/ cleanser (generic of ROWASA)</td>
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<td>sulfasalazine (generic of AZULFIDINE) TABS</td>
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<td>sulfasalazine ec (generic of AZULFIDINE) TABS</td>
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<td><strong>LAXATIVES</strong></td>
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<td>enulose</td>
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<td>gavilyte-c (generic of COLYTE-FLAVOR PACKS)</td>
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<td>gavilyte-g (generic of GOLYTELY)</td>
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<td>lactulose (encephalopathy)</td>
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<td>NULYTELY/FLAVOR PACKS</td>
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<td>peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY/FLAVOR PACKS)</td>
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<td>trilyte (generic of NULYTELY/FLAVOR PACKS)</td>
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<td>alosetron hcl (generic of LOTRONEX)</td>
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<td>AMITIZA 8mcg</td>
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<td>AMITIZA 24mcg</td>
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<th>Drug Name</th>
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<td>cromolyn sodium (mastocytosis) (generic of GASTROCROM)</td>
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<td>diphenoxylate w/ atropine LIQD HR</td>
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<td>diphenoxylate w/ atropine (generic of LOMOTIL) TABS HR</td>
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<td>GATTEX</td>
<td>5 NDS NM LA PA</td>
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<td>LINZEES</td>
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<td>loperamide hcl CAPS</td>
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<td>misoprostol (generic of CYTOTEC) TABS</td>
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<td>MOVANTIK 25mg</td>
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<td>RELISTOR SOLN</td>
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<td>sucralfate (generic of CARAFATE) TABS</td>
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<td>ursodiol (generic of ACTIGALL) CAPS</td>
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<td>XIFAXAN 550mg</td>
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<td>DEXILANT CAP 60MG DR</td>
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<td>esomeprazole magnesium (generic of NEXIUM) QL (30 caps / 30 days)</td>
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<td>esomeprazole sodium inj 20mg</td>
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<tr>
<td>Drug Name</td>
<td>Drug Requirements/ Limits</td>
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<td>alfuzosin hcl (generic of UROXATRAL)</td>
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<td>dutasteride (generic of AVODART) CAPS QL (30 caps / 30 days)</td>
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<td>finasteride (generic of PROSCAR) TABS 5mg</td>
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<td>bethanechol chloride (generic of URECHOLINE) TABS</td>
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<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq</td>
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<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg</td>
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<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg</td>
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<td>URINARY ANTISPASMODICS</td>
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<tr>
<td>MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)</td>
<td>4 QL</td>
</tr>
<tr>
<td>MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)</td>
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<tr>
<td>oxybutynin chloride SYRP</td>
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<tr>
<td>oxybutynin chloride TABS</td>
<td>3</td>
</tr>
<tr>
<td>oxybutynin chloride (generic of DITROPAK XL) TB24 5mg, 10mg</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>oxybutynin chloride 15mg</td>
<td>TB24 3</td>
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<tr>
<td>tolterodine tartrate cap er (generic of DETROL LA) QL (30 caps / 30 days)</td>
<td>4 QL ST</td>
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<tr>
<td>tolterodine tartrate tabs (generic of DETROL)</td>
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<tr>
<td>TOVIAZ QL (30 tabs / 30 days)</td>
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<td>trospium chloride TABS</td>
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<td>VESICARE QL (30 tabs / 30 days)</td>
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<td>clindamycin phosphate vaginal (generic of CLEOCIN)</td>
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<td>terconazole vaginal (generic of TERAZOL 7) CREA .4%</td>
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<td>terconazole vaginal CREA .8%</td>
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<td>terconazole vaginal SUPP</td>
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<td>vandazole</td>
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<td>COUMADIN</td>
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<td>ELIQUIS</td>
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<td>ELIQUIS STARTER PACK</td>
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<tr>
<td>enoxaparin sodium (generic of LOVENOX)</td>
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<tr>
<td>fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml</td>
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<tr>
<td>fondaparinux sodium (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</td>
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<td>heparin sod (porcine) in d5w</td>
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<td>heparin sod inj 1000/ml</td>
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<tr>
<td>heparin sod inj 5000/ml</td>
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<tr>
<td>heparin sod inj 10000/ml</td>
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<td>HEPARIN SODIUM/NAACL 0.45%</td>
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<tr>
<td>jantoven (generic of COUMADIN)</td>
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<tr>
<td>PRADAXA</td>
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</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  NM - Not available at mail-order  B/D - Covered under Medicare B or D  LA - Limited Access  NDS - Non-Extended Days Supply  HR - High Risk Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
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<td><em>warfarin sodium</em> (generic of COUMADIN)</td>
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<td>NEUPOGEN</td>
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<tr>
<td>PROCRIT 2000unit/ml, 3000unit/ml</td>
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</tr>
<tr>
<td>PROCRIT 2000unit/ml, 4000unit/ml</td>
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<tr>
<td>anagrelide hcl 1mg</td>
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<tr>
<td>anagrelide hcl (generic of AGRYLIN) .5mg</td>
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<td>BERINERT QL (24 boxes / 30 days)</td>
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<td>cilostazol</td>
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<td>ENDARI</td>
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<tr>
<td>FIRAZYR QL (9 syringes / 30 days)</td>
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<td>HAEGARDA 2000unit/ml (30 vials / 30 days)</td>
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<td>HAEGARDA 3000unit/ml (20 vials / 30 days)</td>
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<td>PROMACTA PACK QL (360 packets / 30 days)</td>
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<td>PROMACTA TABS 12.5mg QL (360 tabs / 30 days)</td>
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<td>PROMACTA TABS 25mg QL (180 tabs / 30 days)</td>
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<td>PROMACTA TABS 75mg QL (60 tabs / 30 days)</td>
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<td>tranexamic acid (generic of CYKLOKAPRON) SOLN</td>
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<td>tranexamic acid (generic of LYSTEDA) TABS</td>
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<td><strong>PLATELET AGGREGATION INHIBITORS</strong></td>
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<tr>
<td>aspirin-dipyridamole (generic of AGGRENOX)</td>
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<td>clopidogrel tab 75mg (generic of PLAVIX)</td>
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<tr>
<td>prasugrel hcl (generic of EFFIENT)</td>
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<tr>
<td>HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)</td>
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<td>HUMIRA 40mg/0.4ml QL (6 injections / 28 days)</td>
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<tr>
<td>HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)</td>
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<td>HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)</td>
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<td>HUMIRA PEDIATRIC CROHNS DISEASE</td>
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<td>HUMIRA PEN QL (6 pens / 28 days)</td>
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<td>HUMIRA PEN CD/UC/HS STARTER</td>
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<tr>
<td>HUMIRA PEN INJ CD/UC/HS STARTER</td>
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<td>HUMIRA PEN INJ PS/UV STARTER</td>
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<td>hydroxychloroquine sulfate (generic of PLAQUENIL)</td>
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<td>leflunomide (generic of ARAVA) TABS</td>
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<td>REMICADE</td>
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<tr>
<td>XATMEP</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tr>
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<td>BIVIGAM</td>
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<td>CARIMUNE NANOFILTERED</td>
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<td>INTRON-A INJ 25MU</td>
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<td>BENLYSTA</td>
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<td>cyclosporine (generic of SANDIMMUNE) CAPS; SOLN</td>
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<td>cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg</td>
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<td>cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN</td>
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<td>mycophenolate mofetil (generic of CELLECEPT) CAPS; TABS</td>
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<td>BOOSTRIX</td>
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<td>IPOL INACTIVATED IPV</td>
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<td>RABAVERT</td>
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<td>RECOMBIVAX HB</td>
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<td>ROTARIX</td>
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<td>TYPHIM VI</td>
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<td>ZOSTAVAX</td>
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<tr>
<td></td>
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<td>(1 vial per lifetime)</td>
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**NUTRITIONAL/SUPPLEMENTS ELECTROLYTES**

- klor-con 8
- klor-con 10
- klor-con m10
- klor-con m15
- klor-con m20
- klor-con pak 20meq
- klor-con spr cap 8meq
- klor-con spr cap 10meq
- MAGNesium SULFATE
  - SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml
- magnesium sulfate
  - SOLN 3
  - 50%
  - MAGNesium SULFATE IN D5W

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
<th>Limits</th>
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<td>magnesium sulfate inj 50%</td>
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<tr>
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<tr>
<td>potassium chloride</td>
<td>SOLN 4</td>
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<td>potassium chloride TBCR 8meq, 10meq</td>
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<td>potassium chloride (generic of K-TAB) TBCR 20meq</td>
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<tr>
<td>potassium chloride</td>
<td>SOLN 4</td>
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<td>sodium chloride</td>
<td>SOLN 4</td>
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</tr>
<tr>
<td>sodium fluoride chew; tab; 1.1</td>
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<tr>
<td>(0.5 f) mg/ml soln</td>
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**IV NUTRITION**

- AMINOSYN 4 B/D
- AMINOSYN 7% ELECTROLYTES | 4 B/D |
- aminosyn 8.5%/electrolyte | 4 B/D |
- aminosyn ii 8.5%/electrol | 4 B/D |
- AMINOSYN II INJ 8.5% | 4 B/D |
- AMINOSYN II INJ 10% | 4 B/D |
- AMINOSYN M | 4 B/D |
- AMINOSYN-HBC | 4 B/D |
- AMINOSYN-PF 7% | 4 B/D |
- AMINOSYN-PF 10% | 4 B/D |
- AMINOSYN-RF | 4 B/D |
- CLINIMIX 4.25%/DEXTROSE | 4 B/D |
- CLINIMIX 4.25%/DEXTROSE 5% | 4 B/D |
- CLINIMIX 4.25%/DEXTROSE 25% | 4 B/D |
- CLINIMIX 5%/DEXTROSE 15% | 4 B/D |
- CLINIMIX 5%/DEXTROSE 20% | 4 B/D |
- CLINIMIX 5%/DEXTROSE 25% | 4 B/D |
- CLINIMIX INJ 4.25/D10 | 4 B/D |
- FREAMINE HBC 6.9% | 4 B/D |
- FREAMINE III | 4 B/D |

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply  **HR** - High Risk Medication

40
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Requirements/Tier</th>
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<tbody>
<tr>
<td>hepatamine</td>
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<td>INTRALIPID 30%</td>
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<td>intralipid inj 20%</td>
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<td>NEPHRAMINE</td>
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<tr>
<td>nutrilipid inj 20%</td>
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<td>B/D</td>
</tr>
<tr>
<td>premasol 6%</td>
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<td>B/D</td>
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<tr>
<td>PREMASOL 10%</td>
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<td>TROPHAMINE INJ 10%</td>
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**IV REPLACEMENT SOLUTIONS**

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<tbody>
<tr>
<td>dextrose 2.5%/nacl 0.45%</td>
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<tr>
<td>dextrose 5%</td>
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<tr>
<td>DEXTROSE 5%/ELECTROLYTE</td>
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<td>dextrose 5%/nacl 0.2%</td>
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<tr>
<td>DEXTROSE 5%/NAACL 0.3%</td>
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<tr>
<td>dextrose 5%/nacl 0.9%</td>
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</tr>
<tr>
<td>dextrose 5%/nacl 0.33%</td>
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<tr>
<td>dextrose 5%/nacl 0.45%</td>
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<tr>
<td>dextrose 5%/nacl 0.225%</td>
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<tr>
<td>dextrose 5%/potassium chl</td>
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<tr>
<td>dextrose 10% flex contain</td>
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<td>DEXTROSE 10%/NAACL 0.2%</td>
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<td>dextrose 10%/nacl 0.45%</td>
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<td>dextrose 50%</td>
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<td>dextrose in lactated ringers</td>
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<td>dextrose inj 70%</td>
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<td>IONOSOL-MB/DEXTROSE 5%</td>
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<tr>
<td>ISOLYTE S</td>
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<tr>
<td>kcl0.15%/d5w/nacl0.2%</td>
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<td>KCL 0.3%/D5W/NAACL 0.9%</td>
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<td>kcl 0.3%/d5w/nacl 0.45%</td>
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<td>KCL 0.15%/D5W/NAACL 0.225%</td>
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<td>kcl 0.075%/d5w/nacl 0.45%</td>
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<td>kcl/d5w inj 0.3%</td>
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<tr>
<td>kcl/d5w/nacl inj 0.22%/0.45%</td>
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<td>kcl/d5w/nacl inj .15%/0.33%</td>
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<td>kcl/d5w/nacl inj .15%/0.45%</td>
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**VITAMINS**

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<tr>
<td>calcitriol (generic of ROCALTROL) CAPS</td>
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<tr>
<td>calcitriol inj</td>
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<td>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</td>
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<tr>
<td>M-NATAL PLUS</td>
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<tr>
<td>paricalcitol CAPS 1mcg, 4mcg</td>
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<tr>
<td>paricalcitol (generic of ZEMPLAR) CAPS 2mcg</td>
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<td>PNV FOLIC ACID + IRON MUL</td>
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<td>PRENATAL PLUS</td>
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<td>TRICARE</td>
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**OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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<td>BLEPHAMIDE OINT</td>
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<td>neomycin-polymyx-dexameth (generic of MAXITROL)</td>
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<td>neomycin-polymyxin-hc (ophth)</td>
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<td>Drug Name</td>
<td>Drug Requirements/</td>
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<td>Tier</td>
<td>Limits</td>
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<td>sulfacetamide sod-prednisolone</td>
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<td>TOBRADEX OINT</td>
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<td>TOBRADEX ST</td>
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<td>tobramycin-dexamethasone (generic of TOBRADEX)</td>
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<td>bacitracin (ophthalmic)</td>
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<td>flu rbiprofen sodium</td>
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<td>ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%</td>
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<td>ketorolac tromethamine (ophth) (generic of ACULAR) .5%</td>
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<td>prednisolone acetate (ophth)</td>
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<td>PREDNISOLONE SODIUM PHOSPHATE (OPHT)</td>
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<td>cromolyn sodium (ophth)</td>
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<td>levobunolol hcl</td>
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</table>

**Notes:**
- PA - Prior Authorization
- QL - Quantity Limits
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<thead>
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<th>Drug Name</th>
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<td>SIMBRINZA</td>
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<td>1 bottle / 30 days</td>
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<td>ANTICHLINERGIC/BETA AGONIST COMBINATIONS</td>
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<td>ANORO ELLIPTA</td>
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<td>BEVESPI AEROSPHERE</td>
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<td>COMBIVENT RESPIMAT</td>
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<td>TRELEGY ELLIPTA</td>
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<tr>
<td>Drug Name</td>
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<td>Limits</td>
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<tr>
<td>cyproheptadine hcl SYRP; TABS</td>
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<td>PA if 70 years and older; HR</td>
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<td>diphenhydramine hcl inj 50mg/ml</td>
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<td>hydroxyzine hcl SYRP</td>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply  **HR** - High Risk Medication
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<th>Drug Name</th>
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<td>FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)</td>
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<td>PULMICORT FLEXHALER QL (2 inhalers / 30 days)</td>
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<td>ADVAIR DISKUS QL (60 inhalations / 30 days)</td>
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<td>ADVAIR HFA QL (1 inhaler / 30 days)</td>
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<tr>
<td>BREO ELLIPTA QL (60 blisters / 30 days)</td>
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<tr>
<td>SYMBICORT QL (1 inhaler / 30 days)</td>
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Days Supply   HR - High Risk Medication
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## Drug Index

The Drug Index lists all the drugs mentioned in the text. Each drug is followed by its page number in the document. The index is organized alphabetically by the first word of the drug name. For example, the drug 'abacavir sulfate' is listed on page 5. The index also includes the full names of some drugs, which are followed by abbreviations. For instance, 'acetaminophen w/ codeine' is listed on page 1. The index is a useful tool for finding specific drugs quickly and efficiently. It provides a comprehensive overview of the drugs discussed in the document, making it easier to navigate and reference.
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PRALUENT
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pramipexole tab 0.25mg
pramipexole tab 0.5mg
pramipexole tab 0.75mg
pramipexole tab 1.5mg
pramipexole tab 1mg
PRANDIN
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prasugrel hcl
PRAVACHOL
see pravastatin sodium
pravastatin sodium
praziquantel
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PRECOSE
see acarbose
PRED FORTE
see prednisolone acetate (ophth)
pred sod pho sol 5mg/5ml
prednisolone acetate (ophth)
prednisolone sodium phosphate
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)
prednisolone sol 15mg/5ml
prednisolone sol 25mg/5ml
PREDNISONE CON
5MG/ML
prednisone pak 10mg
prednisone pak 5mg
prednisone sol 5mg/5ml
prednisone sol 10mg
prednisone sol 1mg
prednisone sol 2.5mg
prednisone sol 5mg
PREMASOL 10%
pemasol 6%
PARENATAL
PARENATAL PLUS
PARENATAL PLUS LOW
IRON
PREVACID
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prevalite
previfem
PREZCOBIX
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PRIFTIN
primaquine phosphate
PRIMAQUINE PHOSPHATE
primaquine phosphate
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primidone
PRINIVIL
see lisinopril
PRISTIQ
see desvenlafaxine succinate
PRIVIGEN
probenecid
PROCALAMINE
PROCARDIA XL
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prochlorperazine inj
prochlorperazine maleate
prochlorperazine supp
PROCRIT
PROTOPIO
see medroxyprogesterone acetate tab
PROZAC
see fluoxetine cap 10mg
see fluoxetine cap 20mg
see fluoxetine cap 40mg
PULMICORT
see budesonide (inhalation)
PULMICORT FLEXHALER
PULMOZYME
PURIXAN
pyrazinamide
pyridostigmine tab 60mg
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