Traditional Open Drug List

Drug list — Five Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we’re here to help. Just call us at the Pharmacy Member Services number on your ID card.

$5/$15/$25/$45/30% to $250
$5/$15/$30/$50/30% to $250
$5/$15/$40/$60/30% to $250
$5/$15/$50/$65/30% to $250 after deductible
$5/$20/$30/$50/30% to $250
$5/$20/$40/$60/30% to $250

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.

- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at anthem.com/ca.

- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to My Plan ->Benefits-> Plan Documents.

- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.
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TOC-5
Traditional Drug List – Informational Section

Definitions

“$0” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

“BRAND name drug” means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dose Optimization (DO)” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“Formulary” or “prescription drug list” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *italicized* lowercase letters.

“Limited Distribution (LD)” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Oral Chemotherapy (OC)” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.
“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization (PA)” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Quantity limit (QL)” means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

“Specialty Drugs (SP)” means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

“Step therapy (ST)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.
Frequently Asked Questions

How do I know what drugs are covered under my benefits?
This is a complete listing of all the drugs on the drug list. But, it’s possible a drug(s) on this list may not be covered, depending on your plan’s design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor’s visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider’s office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?
(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or generic name of the drug in the alphabetical index; and
(B) If a generic equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you’re looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and generic names in the therapeutic category and class to which it belongs;
- The generic name for a BRAND name drug is included after the BRAND name in parentheses and all bold and italicized lowercase letters;

- If a generic equivalent for a BRAND name drug is both available and covered, the generic drug will be listed separately from the BRAND name drug in all bold and italicized lowercase letters; and

- If a generic drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

The “Under Coverage Requirements and Limits” section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).
Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.

What are my options for getting my prescriptions?
You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn’t on the list?
We understand that only you and your doctor know what is best for you. If you want to take a drug that’s not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there’s another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you’re taking isn’t covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan’s benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:
2. Log in at anthem.com/ca and choose Pharmacy.
   - Go to Pharmacy Resources and Search Your Drug List for your medication.
   - Choose the correct medication strength and form.
   - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
   - Your doctor completes and faxes the form to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

Who decides what drugs are on the list?
The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?
If you’re taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider’s office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?
Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don’t worry, we’ll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You’ll find the most up-to-date drug list when you log in at anthem.com/ca.
What kind of drugs can I find on the formulary?
We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?
We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here’s a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
  - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they’re newer to the market.

- Tier 3 drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

- Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

- Tier 5 drugs have the highest cost share. Drugs in this tier are non-preferred specialty brand and generic drugs. Tier 5 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?
Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.
How does Anthem promote safety?
When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here’s a closer look at all of the programs we’ve put into place to help make sure you get the care you need, while helping to keep you safe.¹

Our clinical edit programs are:
- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that’s higher than what is allowed, the drug won’t be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, if you’re taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?
If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:
2. Log in at anthem.com/ca and choose Pharmacy.
   - Go to Pharmacy Resources and Search Your Drug List for your medication.
   - Choose the correct medication strength and form.
   - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
   - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

What is Step Therapy? How does it work?
Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.¹

A few more notes about the exception process:
- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don’t worry, if you’ve changed policies, we won’t ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan’s benefit design.

¹ If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.
KEY
Here are some terms and notes you’ll find on the drug list.

BRAND name drugs are in UPPERCASE, plain type.

generic drugs are in lower case, italic bold type.

$0 = preventive drugs. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed $200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they’re newer to the market.

Tier 3 = drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition.

Tier 4 = Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs.

Tier 5 = Tier 5 drugs have the highest cost share. Drugs in this tier are non-preferred specialty brand and generic drugs.
<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>5-HT4 RECEPTOR AGONISTS</em>**</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>MOTEGRITY ORAL TABLET (<em>prucalopride succinate</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</em>**</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>NEXLIZET ORAL TABLET (<em>bempedoic acid-ezetimibe</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>ADENOSINE DEAMINASE SCID TREATMENT - AGENTS</em>**</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>NOURIANZ ORAL TABLET (<em>istradefylline</em>)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</em>**</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NEXLETOL ORAL TABLET (<em>bempedoic acid</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</em> - DRUGS FOR THE NERVOUS SYSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</em>** - DRUGS FOR ATTENTION DEFICIT DISORDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clonidine hcl er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<em>clonidine hcl</em>)</td>
<td>3</td>
<td>PA; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td><em>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</em>** - DRUGS FOR ATTENTION DEFICIT DISORDER</td>
<td></td>
<td></td>
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<tr>
<td>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (atomoxetine hcl)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em><strong>AMPHETAMINE MIXTURES</strong></em> - DRUGS FOR ATTENTION DEFICIT DISORDER**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>ADDERALL ORAL TABLET 20 MG (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>ADDERALL ORAL TABLET 30 MG (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
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<tr>
<td>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral tablet 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (amphetamine-dextroamphetamine)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
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<tr>
<td><em><strong>AMPHETAMINES</strong></em> - DRUGS FOR ATTENTION DEFICIT DISORDER**</td>
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<td></td>
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<tr>
<td>ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE (amphetamine)</td>
<td>3</td>
<td>PA; QL (15 mL per 1 day)</td>
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<tr>
<td>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (amphetamine)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>amphetamine er oral suspension extended release</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 1 day)</td>
</tr>
<tr>
<td>amphetamine sulfate oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>amphetamine sulfate oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>DESOXYN ORAL TABLET (methamphetamine hcl)</td>
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<td>PA; QL (5 tablets per 1 day)</td>
</tr>
<tr>
<td>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG (dextroamphetamine sulfate)</td>
<td>3</td>
<td>PA; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (dextroamphetamine sulfate)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
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<tr>
<td>dextroamphetamine sulfate oral solution</td>
<td>1 or 1b*</td>
<td>PA; QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablets per 1 day)</td>
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<tr>
<td>dextroamphetamine sulfate oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE (amphetamine)</td>
<td>3</td>
<td>PA; QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>EVEKEO ODT ORAL TABLET DISPERSIBLE (amphetamine sulfate)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>EVEKEO ORAL TABLET 10 MG (amphetamine sulfate)</td>
<td>3</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>EVEKEO ORAL TABLET 5 MG (amphetamine sulfate)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methamphetamine hcl oral tablet</td>
<td>3</td>
<td>PA; QL (5 tablets per 1 day)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate (Procentra Oral Solution)</td>
<td>1 or 1b*</td>
<td>PA; QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)</td>
<td>2</td>
<td>PA; DO</td>
</tr>
<tr>
<td>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>zenzedi oral tablet 15 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>zenzedi oral tablet 2.5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>zenzedi oral tablet 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>zenzedi oral tablet 7.5 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablets per 1 day)</td>
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<tr>
<td><em>ANALEPTICS</em>** - DRUGS FOR THE NERVOUS SYSTEM</td>
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<td></td>
</tr>
<tr>
<td>CAFCIT INTRAVENOUS SOLUTION (caffeine citrate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DOPRAM INTRAVENOUS SOLUTION (doxapram hcl)</td>
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<tr>
<td><em>ANOREXIANT COMBINATIONS</em>** - DRUGS FOR THE NERVOUS SYSTEM</td>
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<tr>
<td>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (phentermine-topiramate)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><em>ANOREXIANTS NON-AMPHETAMINE</em>** - DRUGS FOR THE NERVOUS SYSTEM</td>
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<tr>
<td>ADIPEX-P ORAL CAPSULE (phentermine hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ADIPEX-P ORAL TABLET (phentermine hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>benzphetamine hcl oral tablet 25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>benzphetamine hcl oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>diethylpropion hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>diethylpropion hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>LOMAIRA ORAL TABLET (phentermine hcl)</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>phendimetrazine tartrate er oral capsule extended release 24 hour</td>
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<td>PA</td>
</tr>
<tr>
<td>phendimetrazine tartrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>phentermine hcl oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>phentermine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
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*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM

XENICAL ORAL CAPSULE *(orlistat)*

*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER

| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR *(methylphenidate hcl)*           | 3         | PA; QL (1 capsule per 1 day)      |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG *(methylphenidate hcl)* | 3         | PA; DO                            |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG *(methylphenidate hcl)* | 3         | PA; QL (1 capsule per 1 day)      |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg                                          | 1 or 1b*  | PA; QL (1 tablet per 1 day)        |
| armodafinil oral tablet 50 mg                                                          | 1 or 1b*  | PA; QL (2 tablets per 1 day)       |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG *(methylphenidate hcl)*           | 3         | PA; DO                            |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG *(methylphenidate hcl)*                  | 3         | PA; QL (2 tablets per 1 day)       |
| CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG *(methylphenidate hcl)*                  | 3         | PA; QL (1 tablet per 1 day)        |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE *(methylphenidate)*         | 3         | PA; QL (2 tablets per 1 day)       |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR *(methylphenidate)*                  | 3         | PA; DO                            |
| DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR *(methylphenidate)*                  | 3         | PA; QL (1 patch per 1 day)         |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg | 1 or 1b*  | PA; DO                            |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg | 1 or 1b*  | PA; QL (1 capsule per 1 day)       |
| dexmethylphenidate hcl oral tablet 10 mg                                               | 1 or 1b*  | PA; QL (2 tablets per 1 day)       |
| dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg                                        | 1 or 1b*  | PA; DO                            |
| FOCALIN ORAL TABLET 10 MG *(dexmethylphenidate hcl)*                                  | 3         | PA; QL (2 tablets per 1 day)       |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG *(dexmethylphenidate hcl)*                          | 3         | PA; DO                            |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG *(dexmethylphenidate hcl)* | 3         | PA; DO                            |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG *(dexmethylphenidate hcl)* | 3         | PA; QL (1 capsule per 1 day)       |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG *(methylphenidate hcl)* | 3         | PA; QL (1 capsule per 1 day)       |

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<tbody>
<tr>
<td>JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl (Metadate Er Oral Tablet Extended Release)</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>METHYLIN ORAL SOLUTION 10 MG/5ML (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (3 tablets per 1 day)</td>
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<tr>
<td>METHYLIN ORAL SOLUTION 5 MG/5ML (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (60 mL per 1 day)</td>
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<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 20 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 36 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 54 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>methylphenidate hcl oral solution 10 mg/5ml</td>
<td>1 or 1b*</td>
<td>PA; QL (30 mL per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl oral solution 5 mg/5ml</td>
<td>1 or 1b*</td>
<td>PA; QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet chewable 10 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>modafinil oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>PA; DO</td>
</tr>
<tr>
<td>modafinil oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>NUVIGIL ORAL TABLET 50 MG (armodafinil)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PROVIGIL ORAL TABLET 100 MG (modafinil)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>PROVIGIL ORAL TABLET 200 MG (modafinil)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
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<tr>
<td>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (methylphenidate hcl)</td>
<td>3</td>
<td>QL (12 mL per 1 day)</td>
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<tr>
<td>RELEXXII ORAL TABLET EXTENDED RELEASE (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>RITALIN ORAL TABLET 10 MG, 5 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>RITALIN ORAL TABLET 20 MG (methylphenidate hcl)</td>
<td>3</td>
<td>PA; QL (3 tablets per 1 day)</td>
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**AGENTS FOR NARCOTIC WITHDRAWAL***

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LUCEMYRA ORAL TABLET (lofexidine hcl) | 3 | QL (16 tablets per 1 day) |

**AGENTS FOR OPIOID WITHDRAWAL***

**AGENTS FOR OPIOID WITHDRAWAL***

LUCEMYRA ORAL TABLET (lofexidine hcl) | 3 | QL (16 tablets per 1 day) |

**AMEBICIDES* - DRUGS FOR INFECTIONS**

**AMEBICIDES*** - DRUGS FOR PARASITES

SOLOSEC ORAL PACKET (secnidazole) | 3 | ST; QL (2 grams per 1 fill) |

**AMINO ACIDS***

**AMINO ACIDS***

ENDARI ORAL PACKET (glutamine (sickle cell)) | 5 | PA; LD |

**AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**

**AMINOGLYCOSIDES*** - ANTIBIOTICS

amikacin sulfate injection solution | 1 or 1b* | PA; LD; QL (1 kit per 28 days) |
ARIKAYCE INHALATION SUSPENSION (amikacin sulfate liposome) | 5 | PA; LD; QL (1 kit per 28 days) |
BETHKIS INHALATION NEBULIZATION SOLUTION (tobramycin) | 5 | LD; SP; QL (224 mL per 28 days) |

gentamicin in saline intravenous solution | 1 or 1b* | |

gentamicin sulfate injection solution | 1 or 1b* | |
KITABIS PAK INHALATION NEBULIZATION SOLUTION (tobramycin) | 5 | LD; SP; QL (9.4 mL per 1 day) |
neomycin sulfate oral tablet | 1 or 1a* | |
paromomycin sulfate oral capsule | 1 or 1b* | |
streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |
TOBI INHALATION NEBULIZATION SOLUTION (tobramycin) | 5 | LD; SP; QL (9.4 mL per 1 day) |
TOBI PODHALER INHALATION CAPSULE (tobramycin) | 5 | LD; SP; QL (224 capsules per 28 days) |

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<tr>
<td>tobramycin inhalation nebulization solution 300 mg/4ml</td>
<td>4</td>
<td>SP; QL (224 mL per 28 days)</td>
</tr>
<tr>
<td>tobramycin inhalation nebulization solution 300 mg/5ml</td>
<td>4</td>
<td>SP; QL (9.4 mL per 1 day)</td>
</tr>
<tr>
<td>tobramycin sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZEMDRI INTRAVENOUS SOLUTION (plazomicin sulfate)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
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*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***

*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***

GIVLAARI SUBCUTANEOUS SOLUTION (givosiran sodium) | 5 | PA; LD |

*AMINOMETHYLCYCLINES***

*AMINOMETHYLCYCLINES***

NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (omadacycline tosylate) | 3 | LD |

NUZYRA ORAL TABLET (omadacycline tosylate) | 3 | PA; LD; QL (30 tablets per 30 days) |

*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER

*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS

OLUMIANT ORAL TABLET 1 MG (baricitinib) | 5 | PA; LD; QL (1 tablet per 1 day) |

OLUMIANT ORAL TABLET 2 MG (baricitinib) | 5 | PA; LD; SP; QL (1 tablet per 1 day) |

RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (upadacitinib) | 4 | PA; SP; QL (1 tablet per 1 day) |

XELJANZ ORAL TABLET (tofacitinib citrate) | 5 | PA; SP; QL (2 tablets per 1 day) |

XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate) | 5 | PA; SP; QL (1 tablet per 1 day) |

XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate) | 5 | PA; QL (1 tablet per 1 day) |

*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS

OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic)) | 5 | PA; SP; QL (4 auto-injector per 28 days) |

RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic)) | 4 | PA; SP; QL (4 auto-injector per 28 days) |

*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS

CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (celecoxib) | 3 | ST; QL (2 capsules per 1 day) |

CELEBREX ORAL CAPSULE 400 MG (celecoxib) | 3 | ST; QL (1 capsule per 1 day) |

celecoxib oral capsule 100 mg, 200 mg, 50 mg | 1 or 1b* | ST; QL (2 capsules per 1 day) |

celecoxib oral capsule 400 mg | 1 or 1b* | ST; QL (1 capsule per 1 day) |

*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS

RIDAURA ORAL CAPSULE (auranofin) | 2 | |

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<tr>
<td><strong>INTERLEUKIN-1 BLOCKERS</strong>* - ARTHRITIS AND PAIN DRUGS</td>
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<td></td>
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<tr>
<td>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED <em>(rilonacept)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (4 vials per 28 days)</td>
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<tr>
<td><strong>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</strong>* - ARTHRITIS AND PAIN DRUGS</td>
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<tr>
<td>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(anakinra)</em></td>
<td>5</td>
<td>PA; LD; QL (1 syringe per 1 day)</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-IBETA BLOCKERS</strong>* - ARTHRITIS AND PAIN DRUGS</td>
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<tr>
<td>ILARIS SUBCUTANEOUS SOLUTION <em>(canakinumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (2 vials per 28 days)</td>
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<tr>
<td><strong>INTERLEUKIN-6 RECEPTOR INHIBITORS</strong>* - ARTHRITIS AND PAIN DRUGS</td>
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<tr>
<td>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(tocilizumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (4 autoinjectors per 28 days)</td>
</tr>
<tr>
<td>ACTEMRA INTRAVENOUS SOLUTION <em>(tocilizumab)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(tocilizumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (4 syringes per 28 days)</td>
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<tr>
<td>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(sarilumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (2 injection per 28 days)</td>
</tr>
<tr>
<td>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(sarilumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (2 injection per 28 days)</td>
</tr>
<tr>
<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</strong>* - ARTHRITIS AND PAIN DRUGS</td>
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<td></td>
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<tr>
<td>ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG <em>(diclofenac-misoprostol)</em></td>
<td>3</td>
<td>ST; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG <em>(diclofenac-misoprostol)</em></td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>DUEXIS ORAL TABLET <em>(ibuprofen-famotidine)</em></td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
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<tr>
<td>naproxen-esomeprazole oral tablet delayed release</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>VIMOVO ORAL TABLET DELAYED RELEASE <em>(naproxen-esomeprazole)</em></td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</strong>* - ARTHRITIS AND PAIN DRUGS</td>
<td></td>
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<tr>
<td>ANAPROX DS ORAL TABLET <em>(naproxen sodium)</em></td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ANJESO INTRAVENOUS INJECTABLE <em>(meloxicam)</em></td>
<td>3</td>
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<tr>
<td>CALDOLOR INTRAVENOUS SOLUTION <em>(ibuprofen)</em></td>
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<td></td>
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<tr>
<td>DAYPRO ORAL TABLET <em>(oxaprozin)</em></td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>DICLOFENAC ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>diclofenac potassium oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>diclofenac sodium er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<td>1 or 1b*</td>
<td>QL (5 tablets per 1 day)</td>
</tr>
<tr>
<td>diclofenac sodium oral tablet delayed release 50 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>diclofenac sodium oral tablet delayed release 75 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>EC-NAPROSYN ORAL TABLET DELAYED RELEASE (naproxen)</td>
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<td></td>
</tr>
<tr>
<td>ec-naproxen oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>etodolac er oral tablet extended release 24 hour 600 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>etodolac oral capsule 200 mg</td>
<td>1 or 1b*</td>
<td>QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td>etodolac oral capsule 300 mg</td>
<td>1 or 1b*</td>
<td>QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td>etodolac oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>FELDENE ORAL CAPSULE (piroxicam)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FENOPROFEN CALCIUM ORAL CAPSULE 200 MG</td>
<td>3</td>
<td>QL (6 capsule per 1 day)</td>
</tr>
<tr>
<td>fenoprofen calcium oral capsule 400 mg</td>
<td>3</td>
<td>ST; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>fenoprofen calcium oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>flurbiprofen oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>flurbiprofen oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>ibuprofen (Ibu Oral Tablet)</td>
<td>1 or 1a*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>ibuprofen lysine intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>ibuprofen oral suspension</td>
<td>1 or 1a*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
<td>1 or 1a*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>INDOCIN ORAL SUSPENSION (indomethacin)</td>
<td>3</td>
<td>ST; QL (40 mL per 1 day)</td>
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<tr>
<td>INDOCIN RECTAL SUPPOSITORY (indomethacin)</td>
<td>3</td>
<td>ST; QL (4 suppositories per 1 day)</td>
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<tr>
<td>indomethacin er oral capsule extended release</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
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<tr>
<td>indomethacin oral capsule 20 mg</td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>indomethacin oral capsule 25 mg</td>
<td>1 or 1b*</td>
<td>QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>indomethacin oral capsule 50 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>indomethacin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>ketoprofen er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ketoprofen oral capsule 25 mg</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>ketoprofen oral capsule 50 mg, 75 mg</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ketorolac tromethamine injection solution 15 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (4 ML per 30 days)</td>
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<tr>
<td>KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML</td>
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<td>QL (2 mL per 30 days)</td>
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<tr>
<td>ketorolac tromethamine intramuscular solution</td>
<td>1 or 1b*</td>
<td>QL (2 mL per 30 days)</td>
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<tr>
<td>KETOROLAC TROMETHAMINE NASAL SOLUTION</td>
<td>3</td>
<td>ST; QL (5 bottle per 30 days)</td>
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<tr>
<td>ketorolac tromethamine oral tablet</td>
<td>1 or 1a*</td>
<td>QL (20 tablets per 30 days)</td>
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<tr>
<td>LODINE ORAL TABLET (etodolac)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>meclofenamate sodium oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
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<tr>
<td>mefenamic acid oral capsule</td>
<td>1 or 1b*</td>
<td>QL (29 capsule per 1 fill)</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
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<tbody>
<tr>
<td>meloxicam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>MOBIC ORAL TABLET <em>(meloxicam)</em></td>
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<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>nabumetone oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>nabumetone oral tablet 750 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<td>NALFON ORAL CAPSULE <em>(fenoprofen calcium)</em></td>
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<td>ST; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>NALFON ORAL TABLET <em>(fenoprofen calcium)</em></td>
<td>3</td>
<td>ST; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>NAPROSYN ORAL SUSPENSION <em>(naproxen)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nabumetone er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naproxen oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naproxen oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naproxen sodium er oral tablet extended release 24 hour</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>naproxen sodium oral tablet 275 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>naproxen sodium oral tablet 550 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>NEOPROFEN INTRAVENOUS SOLUTION <em>(ibuprofen lysine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxaprozin oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>piroxicam oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>QMIIZ ODT ORAL TABLET DISPENSIBLE <em>(meloxicam)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>RELAFEN DS ORAL TABLET <em>(nabumetone)</em></td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>nabumetone (Relafen Oral Tablet 500 Mg)</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>nabumetone (Relafen Oral Tablet 750 Mg)</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SPRIX NASAL SOLUTION <em>(ketorolac tromethamine)</em></td>
<td>3</td>
<td>ST; QL (5 bottle per 30 days)</td>
</tr>
<tr>
<td>sulindac oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TIVORBEX ORAL CAPSULE <em>(indomethacin)</em></td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>tolnetin sodium oral capsule</td>
<td>1 or 1b*</td>
<td>QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td>tolnetin sodium oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>VIVLODEX ORAL CAPSULE <em>(meloxicam)</em></td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ZIPSOR ORAL CAPSULE <em>(diclofenac potassium)</em></td>
<td>3</td>
<td>ST; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>ZORVOLEX ORAL CAPSULE <em>(diclofenac)</em></td>
<td>3</td>
<td>ST; QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td><strong>PYRIMIDINE SYNTHESIS INHIBITORS</strong> - ARTHRITIS AND PAIN DRUGS***</td>
<td>5</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
</tr>
<tr>
<td>ARAVA ORAL TABLET <em>(leflunomide)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>leflunomide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>SELECTIVE COSTIMULATION MODULATORS</strong> - ARTHRITIS AND PAIN DRUGS***</td>
<td>5</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
</tr>
<tr>
<td>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(abatacept)</em></td>
<td>5</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
</tr>
<tr>
<td>ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED <em>(abatacept)</em></td>
<td>5</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
</tr>
</tbody>
</table>

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<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(abatacept)</em></td>
<td>5</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
</tr>
<tr>
<td><strong>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</strong>* - ARTHRITIS AND PAIN DRUGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (4 cartridge per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (8 injections per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (8 syringes per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (8 vials per 28 days)</td>
</tr>
<tr>
<td>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(etanercept)</em></td>
<td>4</td>
<td>PA; SP; QL (4 pens per 28 days)</td>
</tr>
<tr>
<td><strong>ANALGESICS - ANTI-INFLAMMATORY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</strong>*</td>
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<td></td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 pens per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>SIMPONI ARIA INTRAVENOUS SOLUTION <em>(golimumab)</em></td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(golimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (1 pen per 28 days)</td>
</tr>
<tr>
<td>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(golimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td><strong>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML <em>(adalimumab)</em></td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
</tbody>
</table>

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<tr>
<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)</td>
<td>4</td>
<td>PA; SP; QL (2 pens per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)</td>
<td>4</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)</td>
<td>4</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (adalimumab)</td>
<td>4</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)</td>
<td>4</td>
<td>PA; SP; QL (2 EA per 28 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (adalimumab)</td>
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<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
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<td>SIMPONI ARIA INTRAVENOUS SOLUTION (golimumab)</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (golimumab)</td>
<td>4</td>
<td>PA; SP; QL (1 pen per 28 days)</td>
</tr>
<tr>
<td>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)</td>
<td>4</td>
<td>PA; SP; QL (1 syringe per 28 days)</td>
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**ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**

**ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
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<tbody>
<tr>
<td>clonidine hcl (analgesia) epidural solution</td>
<td>1 or 1b*</td>
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<tr>
<td>DURACLON EPIDURAL SOLUTION (clonidine hcl (analgesia))</td>
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<tr>
<td>OFIRMEV INTRAVENOUS SOLUTION (acetaminophen)</td>
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**ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLZITAL ORAL TABLET (butalbital-acetaminophen)</td>
<td>3</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen (Buapal Oral Tablet)</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE</td>
<td>3</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen oral tablet 25-325 mg</td>
<td>1 or 1b*</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>butalbital-apap-caffeine oral capsule</td>
<td>1 or 1b*</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>butalbital-apap-caffeine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine oral capsule</td>
<td>1 or 1b*</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>butalbital-apap-caffeine (Esgic Oral Capsule)</td>
<td>1 or 1b*</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>ESGIC ORAL TABLET (butalbital-apap-caffeine)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>FIORICET ORAL CAPSULE (butalbital-apap-caffeine)</td>
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<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>FIORINAL ORAL CAPSULE (butalbital-aspirin-caffeine)</td>
<td>3</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>tencon oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
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<td><em>OPIOID AGONISTS</em>** - ARTHRITIS AND PAIN DRUGS</td>
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</tr>
<tr>
<td>ACTIQ BUCCAL LOZENGE ON A HANDLE (fentanyl citrate)</td>
<td>3</td>
<td>PA; QL (4 lozenge per 1 day)</td>
</tr>
<tr>
<td>ALFENTANIL HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT (morphine sulfate)</td>
<td>3</td>
<td>PA; QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>CODEINE SULFATE ORAL TABLET 15 MG</td>
<td>3</td>
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</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
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<tbody>
<tr>
<td>codeine sulfate oral tablet 30 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>CODEINE SULFATE ORAL TABLET 60 MG</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tramadol hcl)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>DEMEROL INJECTION SOLUTION (meperidine hcl)</td>
<td>3</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>DILAUDID INJECTION SOLUTION (hydromorphone hcl)</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>DILAUDID ORAL LIQUID (hydromorphone hcl)</td>
<td>3</td>
<td>QL (24 mL per 1 day)</td>
</tr>
<tr>
<td>DILAUDID ORAL TABLET hydromorphone hcl</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>DOLOPHINE ORAL TABLET 10 MG (methadone hcl)</td>
<td>3</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>DOLOPHINE ORAL TABLET 5 MG (methadone hcl)</td>
<td>3</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>DSUVIA SUBLINGUAL TABLET SUBLINGUAL (sufentanil citrate)</td>
<td>3</td>
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<tr>
<td>DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR (fentanyl)</td>
<td>3</td>
<td>PA; QL (15 patches per 30 days)</td>
</tr>
<tr>
<td>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR (fentanyl)</td>
<td>3</td>
<td>PA; QL (15 patches per 30 days)</td>
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<tr>
<td>DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR (fentanyl)</td>
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<tr>
<td>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR (fentanyl)</td>
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<td>PA; QL (15 patches per 30 days)</td>
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<tr>
<td>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR (fentanyl)</td>
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<td>PA; QL (15 patches per 30 days)</td>
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<tr>
<td>duramorph injection solution</td>
<td>1 or 1b*</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate (pf) injection solution cartridge</td>
<td>1 or 1b*</td>
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<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>1 or 1b*</td>
<td>PA; QL (4 lozenge per 1 day)</td>
</tr>
<tr>
<td>fentanyl citrate buccal tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>FENTANYL CITRATE INTRAVENOUS SOLUTION</td>
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<tr>
<td>FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML, 1500 MCG/30ML, 250 MCG/5ML, 2750 MCG/55ML</td>
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<tr>
<td>FENTANYL CITRATE-NACL INJECTION SOLUTION</td>
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<td></td>
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<tr>
<td>FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION</td>
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<tr>
<td>FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
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<td></td>
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<td>fentanyl transdermal patch 72 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (15 patches per 30 days)</td>
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<tr>
<td>FENTORA BUCCAL TABLET (fentanyl citrate)</td>
<td>3</td>
<td>PA; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
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<tr>
<td>hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg</td>
<td>3</td>
<td>PA; QL (2 capsule per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl injection solution 4 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (2 mL per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>hydromorphone hcl oral liquid</td>
<td>1 or 1b*</td>
<td>QL (24 mL per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 2 MG/ML</td>
<td>1 or 1b*</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML</td>
<td>3</td>
<td>QL (1 injection per 30 days)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML</td>
<td>3</td>
<td>QL (2 mL per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</td>
<td>1 or 1b*</td>
<td>QL (1 injection per 30 days)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL RECTAL SUPPOSITORY</td>
<td>3</td>
<td>QL (4 suppositories per 1 day)</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL-NAACL INJECTION SOLUTION</td>
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<tr>
<td>HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION</td>
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<tr>
<td>HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/5ML-%, 1-0.9 MG/50ML-%, 2-0.9 MG/50ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
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<tr>
<td>HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 55-0.9 MG/55ML-%</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (hydrocodone bitartrate)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>INFUMORPH 200 INJECTION SOLUTION (morphine sulfate microinfusion)</td>
<td>3</td>
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<tr>
<td>INFUMORPH 500 INJECTION SOLUTION (morphine sulfate microinfusion)</td>
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<tr>
<td>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (morphine sulfate)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
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<tr>
<td>LAZANDA NASAL SOLUTION (fentanyl citrate)</td>
<td>3</td>
<td>PA; QL (1 bottle per 1 day)</td>
</tr>
<tr>
<td>levorphanol tartrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>meperidine hcl injection solution</td>
<td>1 or 1b*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>meperidine hcl oral solution</td>
<td>1 or 1b*</td>
<td>QL (7 days per 1 fill)</td>
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<tr>
<td>meperidine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>METHADONE HCL INJECTION SOLUTION</td>
<td>3</td>
<td>PA; QL (1 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl (Methadone Hcl Intensol Oral Concentrate)</td>
<td>1 or 1b*</td>
<td>PA; QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral concentrate</td>
<td>1 or 1b*</td>
<td>PA; QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral solution 10 mg/5ml</td>
<td>1 or 1b*</td>
<td>PA; QL (30 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral solution 5 mg/5ml</td>
<td>1 or 1b*</td>
<td>PA; QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablet per 1 day)</td>
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<tr>
<td>methadone hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)</td>
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<td>PA; QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>methadone hcl (Methadose Oral Tablet Soluble)</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>METHADOSE SUGAR-FREE ORAL CONCENTRATE (methadone hcl)</td>
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<td>PA; QL (6 mL per 1 day)</td>
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<tr>
<td>morphine sulfate microinfusion (Mitigo Injection Solution)</td>
<td>1 or 1b*</td>
<td>QL (2 vials per 30 days)</td>
</tr>
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<tr>
<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</td>
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<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er beads oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release 100 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML, 5 MG/ML</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
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<tr>
<td>morphine sulfate oral solution</td>
<td>1 or 1b*</td>
<td>QL (30 mL per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION</td>
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<td>QL (6 suppositories per 1 day)</td>
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<tr>
<td>MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%</td>
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<td>QL (6 mL per 1 day)</td>
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<tr>
<td>MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%</td>
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<td>QL (6 mL per 1 day)</td>
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<tr>
<td>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (morphine sulfate)</td>
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<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (morphine sulfate)</td>
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<td>PA; QL (3 tablet per 1 day)</td>
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<tr>
<td>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (tapentadol hcl)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>NUCYNTA ORAL TABLET 100 MG (tapentadol hcl)</td>
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<td>QL (181 tablets per 30 days)</td>
</tr>
<tr>
<td>NUCYNTA ORAL TABLET 50 MG (tapentadol hcl)</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>NUCYNTA ORAL TABLET 75 MG (tapentadol hcl)</td>
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<td>QL (8 tablet per 1 day)</td>
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<tr>
<td>OPANA ORAL TABLET (oxymorphone hcl)</td>
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<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>OXAYDO ORAL TABLET (oxycodone hcl)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</td>
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<td>PA; QL (2 tablet per 1 day)</td>
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<tr>
<td>oxycodone hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (7 days per 1 fill)</td>
</tr>
<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
<td>1 or 1b*</td>
<td>QL (6 mL per 1 day)</td>
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<tr>
<td>oxycodone hcl oral solution</td>
<td>1 or 1b*</td>
<td>QL (30 mL per 1 day)</td>
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<td>1 or 1b*</td>
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<tr>
<td>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (oxycodone hcl)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<td>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (oxycodone hcl)</td>
<td>3</td>
<td>PA; QL (2 tablet per 1 day)</td>
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<tr>
<td>oxymorphone hcl er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxymorphone hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>oxymorphone hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>QDOLO ORAL SOLUTION (tramadol hcl)</td>
<td>3</td>
<td>QL (80 mg per 1 day)</td>
</tr>
<tr>
<td>remifentanil hcl intravenous solution reconstituted</td>
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<tr>
<td>ROXICODONE ORAL TABLET (oxycodone hcl)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG (fentanyl)</td>
<td>3</td>
<td>PA; QL (4 units per 1 day)</td>
</tr>
<tr>
<td>SUBSYS SUBLINGUAL LIQUID 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl)</td>
<td>3</td>
<td>PA; QL (120 units per 30 days)</td>
</tr>
<tr>
<td>SUFENTANIL CITRATE INTRAVENOUS SOLUTION</td>
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<td>tramadol hcl er (biphasic) oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>tramadol hcl er capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL (1 capsule per 1 day)</td>
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<td>1 or 1b*</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>tramadol hcl oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>tramadol hcl oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (remifentanil hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAM ORAL TABLET (tramadol hcl)</td>
<td>3</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (oxycodone)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (oxycodone)</td>
<td>3</td>
<td>PA; QL (2 capsule per 1 day)</td>
</tr>
<tr>
<td>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG (hydrocodone bitartrate)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)</td>
<td>3</td>
<td>PA; QL (2 capsule per 1 day)</td>
</tr>
</tbody>
</table>

*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APADAZ ORAL TABLET (benzhydrocodone-acetaminophen)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen (Endocet Oral Tablet 5-325 Mg)</td>
<td>1 or 1b*</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>nalocet oral tablet</td>
<td>3</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 2.5-300 mg</td>
<td>3</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 5-325 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>oxycodone-aspirin oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
</tbody>
</table>

BRAND=Brand drug  generic=generic drug  *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information Tier 1 or 1a*=Drugs with the lowest cost share  Tier 1 or 1b*=drugs with a low cost share  Tier 2=Drugs with a higher cost share than Tier 1  Tier 3=Drugs with a higher cost share than Tier 2  Tier 4=Drugs with a higher cost share than Tier 3 and usually include preferred specialty brand and generic drugs  Tier 5=Drugs with the highest cost share and are non-preferred specialty brand and generic drugs  $0=Preventive Drug  DO=Dose Optimization  LD=Limited Distribution  OC=Oral Chemotherapy  PA=Prior Authorization  QL=Quantity Limit  SP=Specialty Pharmacy  ST=Step Therapy

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>PERCOCET ORAL TABLET 5-325 MG (oxycodone-acetaminophen)</td>
<td>3</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>PRIMLEV ORAL TABLET (oxycodone-acetaminophen)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>PROLATE ORAL TABLET (oxycodone-acetaminophen)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td><em>OPIOID PARTIAL AGONISTS</em>** - ARTHRITIS AND PAIN DRUGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELBUCA BUCCAL FILM (buprenorphine hcl)</td>
<td>3</td>
<td>PA; QL (2 film per 1 day)</td>
</tr>
<tr>
<td>BUNAVAIL BUCCAL FILM 2.1-0.3 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (6 films per 1 day)</td>
</tr>
<tr>
<td>BUNAVAIL BUCCAL FILM 4.2-0.7 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (3 films per 1 day)</td>
</tr>
<tr>
<td>BUNAVAIL BUCCAL FILM 6.3-1 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (2 films per 1 day)</td>
</tr>
<tr>
<td>BUPRENEX INJECTION SOLUTION (buprenorphine hcl)</td>
<td>3</td>
<td>QL (3 mL per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl injection solution</td>
<td>1 or 1b*</td>
<td>QL (3 mL per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 2 mg</td>
<td>1 or 1b*</td>
<td>QL (12 tablets per 90 days)</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 8 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 90 days)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</td>
<td>1 or 1b*</td>
<td>QL (2 films per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</td>
<td>1 or 1b*</td>
<td>QL (12 films per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</td>
<td>1 or 1b*</td>
<td>QL (6 films per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</td>
<td>1 or 1b*</td>
<td>QL (3 films per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</td>
<td>1 or 1b*</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>buprenorphine transdermal patch weekly</td>
<td>1 or 1b*</td>
<td>PA; QL (1 package per 28 days)</td>
</tr>
<tr>
<td>butorphanol tartrate injection solution 1 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>butorphanol tartrate injection solution 2 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>butorphanol tartrate nasal solution</td>
<td>1 or 1b*</td>
<td>QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td>BUTRANS TRANSDERMAL PATCH WEEKLY (buprenorphine)</td>
<td>3</td>
<td>PA; QL (1 package per 28 days)</td>
</tr>
<tr>
<td>nalbuphine hcl injection solution</td>
<td>1 or 1b*</td>
<td>QL (2 mL per 1 day)</td>
</tr>
<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT (buprenorphine hcl)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (buprenorphine)</td>
<td>5</td>
<td>LD; QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td>SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (2 films per 1 day)</td>
</tr>
<tr>
<td>SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (12 films per 1 day)</td>
</tr>
<tr>
<td>SUBOXONE SUBLINGUAL FILM 4-1 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (6 films per 1 day)</td>
</tr>
<tr>
<td>SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)</td>
<td>3</td>
<td>QL (3 films per 1 day)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG</td>
<td>3</td>
<td>QL (23 tablets per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG</td>
<td>3</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG</td>
<td>3</td>
<td>QL (5 tablets per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>(buprenorphine hcl-naloxone hcl)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRAMADOL COMBINATIONS***- ARTHRITIS AND PAIN DRUGS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>tramadol-acetaminophen oral tablet</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>ULTRACET ORAL TABLET (tramadol-acetaminophen)</td>
<td>3</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
</tbody>
</table>

**ANDROGENS-ANABOLIC* - HORMONES

**ANABOLIC STEROIDS***- DRUGS FOR MEN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANADROL-50 ORAL TABLET (oxymetholone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxandrolone oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANDROGENS***- DRUGS FOR MEN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDRODERM TRANSDERMAL PATCH 24 HOUR (testosterone)</td>
<td>3</td>
<td>PA; QL (1 patch per 1 day)</td>
</tr>
<tr>
<td>ANDROGEL PUMP TRANSDERMAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (testosterone)</td>
<td>3</td>
<td>PA; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (testosterone)</td>
<td>3</td>
<td>PA; QL (2 packet per 1 day)</td>
</tr>
<tr>
<td>AVEED INTRAMUSCULAR SOLUTION (testosterone undecanoate)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>danazol oral capsule</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (testosterone cypionate)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FORTESTA TRANSDERMAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>JATENZO ORAL CAPSULE 158 MG, 198 MG (testosterone undecanoate)</td>
<td>3</td>
<td>PA; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>JATENZO ORAL CAPSULE 237 MG (testosterone undecanoate)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>METHITEST ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methylestosterone oral capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NATESTO NASAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (3 pump bottles per 30 days)</td>
</tr>
<tr>
<td>TESTIM TRANSDERMAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>TESTOPEL IMPLANT PELLET (testosterone)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>testosterone cypionate injection solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>testosterone enanthate intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</td>
<td>1 or 1b*</td>
<td>PA; QL (2 bottle per 30 days)</td>
</tr>
<tr>
<td>testosterone transdermal gel 10 mg/act (2%)</td>
<td>1 or 1b*</td>
<td>PA; QL (1 pump per 30 days)</td>
</tr>
<tr>
<td>testosterone transdermal gel 12.5 mg/act (1%)</td>
<td>1 or 1b*</td>
<td>PA; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</td>
<td>1 or 1b*</td>
<td>PA; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>testosterone transdermal gel 25 mg/2.5gm (1%)</td>
<td>1 or 1b*</td>
<td>PA; QL (2 packet per 1 day)</td>
</tr>
<tr>
<td>testosterone transdermal solution</td>
<td>1 or 1b*</td>
<td>PA; QL (1 pump per 1 day)</td>
</tr>
<tr>
<td>VOGELXO PUMP TRANSDERMAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (1 pump bottle per 30 days)</td>
</tr>
<tr>
<td>VOGELXO TRANSDERMAL GEL (testosterone)</td>
<td>3</td>
<td>PA; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (testosterone enanthate)</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

*ANORECTAL AGENTS*

**INTRARECTAL STEROIDS***

<table>
<thead>
<tr>
<th>Rectal Enema Product</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTENEMA RECTAL ENEMA (hydrocortisone)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CORTIFOAM EXTERNAL FOAM (hydrocortisone acetate)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone rectal enema</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>UCERIS RECTAL FOAM (budesonide)</td>
<td>3</td>
<td>QL (4.78 gm per 1 day)</td>
</tr>
</tbody>
</table>

**NITRATE VASODILATING AGENTS***

<table>
<thead>
<tr>
<th>Rectal Ointment Product</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECTIV RECTAL OINTMENT (nitroglycerin)</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**RECTAL ANESTHETIC/STEROIDS***

<table>
<thead>
<tr>
<th>Analgesic Product</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALPRAM-HC EXTERNAL CREAM (hydrocortisone ace-pramoxine)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANALPRAM-HC EXTERNAL LOTION (hydrocortisone ace-pramoxine)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone ace-pramoxine external cream 1-1 %</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocort-pramoxine (perianal) external cream</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>PROCTOFOAM HC EXTERNAL FOAM (hydrocortisone ace-pramoxine)</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**RECTAL STEROIDS***

<table>
<thead>
<tr>
<th>Rectal Cream Product</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANUSOL-HC EXTERNAL CREAM (hydrocortisone)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone (perianal) external cream</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>PROCTOCORT EXTERNAL CREAM (hydrocortisone)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone (Procto-Med Hc External Cream)</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone (Procto-Pak External Cream)</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>hydrocortisone (Proctozone-Hc External Cream)</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANTACIDS** - DRUGS FOR THE STOMACH

<table>
<thead>
<tr>
<th>Antacid Product</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Bicarbonate Oral Powder</td>
<td>3</td>
<td>PA</td>
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<tr>
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<td>Drug Tier</td>
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<td><strong>ANTHELMINTICS</strong> - DRUGS FOR INFECTIONS</td>
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<tr>
<td><strong>ANTHELMINTICS</strong>* - DRUGS FOR PARASITES</td>
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<tr>
<td>albendazole oral tablet</td>
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<td>ALBENZA ORAL TABLET (albendazole)</td>
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<tr>
<td>BENZNIDAZOLE ORAL TABLET</td>
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<tr>
<td>BILTRICIDE ORAL TABLET (praziquantel)</td>
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<tr>
<td>EMVERM ORAL TABLET CHEWABLE (mebendazole)</td>
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<tr>
<td>ivermectin oral tablet</td>
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<tr>
<td>praziquantel oral tablet</td>
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</tr>
<tr>
<td>STROMECTOL ORAL TABLET (ivermectin)</td>
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<tr>
<td><strong>ANTIANGINAL AGENTS</strong> - DRUGS FOR THE HEART</td>
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<tr>
<td><strong>ANTIANGINALS-OTHER</strong>* - DRUGS FOR ANGINA</td>
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<tr>
<td>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR (ranolazine)</td>
<td>3</td>
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<tr>
<td>ranolazine er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>NITRATES</strong>* - DRUGS FOR ANGINA</td>
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<tr>
<td>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE (isosorbide dinitrate)</td>
<td>2</td>
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<tr>
<td>GONITRO SUBLINGUAL PACKET (nitroglycerin)</td>
<td>3</td>
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</tr>
<tr>
<td>ISORDIL TITRADOSE ORAL TABLET (isosorbide dinitrate)</td>
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</tr>
<tr>
<td>isosorbide dinitrate oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>isosorbide mononitrate er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>isosorbide mononitrate oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>nitroglycerin (Minitran Transdermal Patch 24 Hour)</td>
<td>1 or 1b*</td>
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<tr>
<td>NITRO-BID TRANSDERMAL OINTMENT (nitroglycerin)</td>
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<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)</td>
<td>3</td>
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<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)</td>
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<tr>
<td>nitroglycerin in d5w intravenous solution</td>
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<tr>
<td>NITROGLYCERIN INTRAVENOUS SOLUTION</td>
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<tr>
<td>nitroglycerin sublingual tablet sublingual</td>
<td>1 or 1b*</td>
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<tr>
<td>nitroglycerin transdermal patch 24 hour</td>
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<tr>
<td>nitroglycerin translingual solution</td>
<td>1 or 1b*</td>
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<tr>
<td>NITROGLYCERIN TRANSLINGUAL SOLUTION (nitroglycerin)</td>
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<tr>
<td>NITROMIST TRANSLINGUAL AEROSOL SOLUTION (nitroglycerin)</td>
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<tr>
<td>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (nitroglycerin)</td>
<td>3</td>
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<tr>
<td>nitro-time oral capsule extended release</td>
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</tbody>
</table>

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<table>
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<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td><em>ANTIANXIETY AGENTS</em> - DRUGS FOR THE NERVOUS SYSTEM</td>
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<tr>
<td><strong>ANTIANXIETY AGENTS - MISC.</strong>* - DRUGS FOR ANXIETY</td>
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<tr>
<td>buspirone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>droperidol injection solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>hydroxyzine hcl intramuscular solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine pamoate oral capsule</td>
<td>1 or 1a*</td>
<td></td>
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<tr>
<td>meprobamate oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>VISTARIL ORAL CAPSULE (hydroxyzine pamoate)</td>
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<tr>
<td><em>BENZODIAZEPINES</em>** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
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<tr>
<td>alprazolam er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ALPRAZOLAM INTENSOL ORAL CONCENTRATE (alprazolam)</td>
<td>3</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>alprazolam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>alprazolam oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>alprazolam xr oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ATIVAN INJECTION SOLUTION (lorazepam)</td>
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<tr>
<td>ATIVAN ORAL TABLET (lorazepam)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>chlordiazepoxide hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
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<tr>
<td>clorazepate dipotassium oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>diazepam injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>diazepam (Diazepam Intensol Oral Concentrate)</td>
<td>1 or 1a*</td>
<td>QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-JECTOR</td>
<td>3</td>
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</tr>
<tr>
<td>diazepam oral concentrate</td>
<td>1 or 1a*</td>
<td>QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>diazepam oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>diazepam oral tablet</td>
<td>1 or 1a*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>lorazepam injection solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>lorazepam (Lorazepam Intensol Oral Concentrate)</td>
<td>1 or 1b*</td>
<td>QL (3 mL per 1 day)</td>
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<tr>
<td>lorazepam oral concentrate 2 mg/ml</td>
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<td>QL (3 mL per 1 day)</td>
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<td>lorazepam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>oxazepam oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
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<tr>
<td>TRANXENE-T ORAL TABLET (clorazepate dipotassium)</td>
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<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>VALIM ORAL TABLET (diazepam)</td>
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<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>XANAX ORAL TABLET (alprazolam)</td>
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<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR (alprazolam)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
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<tr>
<td><em><em>ANTIARRHYTHMICS</em> - DRUGS FOR THE HEART</em>*</td>
<td></td>
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<tr>
<td><strong>ANTIARRHYTHMICS - MISC.</strong>* - DRUGS FOR ABNORMAL HEART RHYTHMS**</td>
<td></td>
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<tr>
<td>ADENOCARD INTRAVENOUS SOLUTION (adenosine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>ANTIARRHYTHMICS TYPE I-A</strong>* - DRUGS FOR ABNORMAL HEART RHYTHMS**</td>
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<tr>
<td>disopyramide phosphate oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (disopyramide phosphate)</td>
<td>2</td>
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<td>NORPACE ORAL CAPSULE (disopyramide phosphate)</td>
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<tr>
<td>procainamide hcl injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>quinidine gluconate er oral tablet extended release</td>
<td>1 or 1b*</td>
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<tr>
<td>quinidine sulfate oral tablet</td>
<td>1 or 1a*</td>
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<td><strong>ANTIARRHYTHMICS TYPE I-B</strong>* - DRUGS FOR ABNORMAL HEART RHYTHMS**</td>
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<tr>
<td>lidocaine hcl (cardiac) intravenous solution prefilled syringe</td>
<td>1 or 1b*</td>
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<tr>
<td>LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION</td>
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<tr>
<td>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</td>
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<td>LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%</td>
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<tr>
<td>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</td>
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<td>mexiletine hcl oral capsule</td>
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<td><strong>ANTIARRHYTHMICS TYPE I-C</strong>* - DRUGS FOR ABNORMAL HEART RHYTHMS**</td>
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<tr>
<td>flecainide acetate oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>flecainide acetate oral tablet 150 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>flecainide acetate oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>propafenone hcl er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>propafenone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (propafenone hcl)</td>
<td>3</td>
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<td><strong>ANTIARRHYTHMICS TYPE III</strong>* - DRUGS FOR ABNORMAL HEART RHYTHMS**</td>
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<tr>
<td>amiodarone hcl intravenous solution</td>
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<tr>
<td>amiodarone hcl oral tablet 100 mg, 400 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>amiodarone hcl oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>BRETYLUM TOSYLATE INJECTION SOLUTION</td>
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<tr>
<td>CORVERT INTRAVENOUS SOLUTION (ibutilide fumarate)</td>
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<tr>
<td>dofetilide oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>ibutilide fumarate intravenous solution</td>
<td>1 or 1b*</td>
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<tbody>
<tr>
<td>MULTAQ ORAL TABLET (dronedarone hcl)</td>
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<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>NEXTERONE INTRAVENOUS SOLUTION (amiodarone hcl in dextrose)</td>
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<tr>
<td>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 400 Mg)</td>
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<tr>
<td>amiodarone hcl (Pacerone Oral Tablet 200 Mg)</td>
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<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>TIKOSYN ORAL CAPSULE (dofetilide)</td>
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**ANTIARYTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**

**5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
<tbody>
<tr>
<td>zileuton er oral tablet extended release 12 hour</td>
<td>3 PA; QL (4 tablets per 1 day)</td>
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<tr>
<td>ZYFLO ORAL TABLET (zileuton)</td>
<td>3 PA; QL (4 tablets per 1 day)</td>
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**ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD

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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-salmeterol)</td>
<td>3</td>
<td>QL (1 package per 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA INHALATION AEROSOL (fluticasone-salmeterol)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-salmeterol)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-salmeterol)</td>
<td>3</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-salmeterol)</td>
<td>3</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-salmeterol)</td>
<td>3</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (umeclidinium-vilanterol)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>BEVESPI AEROSPHERE INHALATION AEROSOL (glycopyrrolate-formoterol)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone furoate-vilanterol)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>BREZTRI AEROSPHERE INHALATION AEROSOL (budeson-glycopyrrol-formoterol)</td>
<td>3 PA; QL (1 inhaler per 30 days)</td>
<td></td>
</tr>
<tr>
<td>budesonide-formoterol fumarate inhalation aerosol</td>
<td>1 or 1b*</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (ipratropium-albuterol)</td>
<td>2</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (aclidinium br-formoterol fum)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>DULERA INHALATION AEROSOL (mometasone furo-formoterol fum)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose</td>
<td>1 or 1b*</td>
<td>QL (1 package per 30 days)</td>
</tr>
<tr>
<td>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</td>
<td>1 or 1b*</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ipratropium-albuterol inhalation solution</td>
<td>1 or 1b*</td>
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</tr>
</tbody>
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<tbody>
<tr>
<td>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (tiotropium bromide-olodaterol)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>SYMBICORT INHALATION AEROSOL (budesonide-formoterol fumarate)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone-umeclidin-vilant)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>UTIBRON NEOHALER INHALATION CAPSULE (indacaterol-glycopyrrolate)</td>
<td>3</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated)</td>
<td>1 or 1b*</td>
<td>QL (1 package per 30 days)</td>
</tr>
</tbody>
</table>

**ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD

| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (omalizumab)                          | 5         | PA; LD; SP                               |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (omalizumab)                             | 5         | PA; LD; SP                               |

**ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD

| cromolyn sodium inhalation nebulization solution                                      | 1 or 1b*  |                                             |

**BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD

| albuterol sulfate er oral tablet extended release 12 hour                              | 1 or 1b*  | QL (2 inhalers per 30 days)                |
| albuterol sulfate hfa inhalation aerosol solution                                       | 1 or 1b*  | QL (2 inhalers per 30 days)                |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml | 1 or 1b*  | QL (360 mL per 30 days)                   |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%                    | 3         | QL (60 mL per 30 days)                     |
| albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml                        | 1 or 1b*  | QL (60 mL per 30 days)                     |
| albuterol sulfate oral syrup                                                           | 1 or 1b*  |                                             |
| albuterol sulfate oral tablet                                                          | 1 or 1b*  |                                             |
| ARCAPTA NEOHALER INHALATION CAPSULE (indacaterol maleate)                             | 3         | QL (1 capsule per 1 day)                   |
| BROVANA INHALATION NEBULIZATION SOLUTION (arformoterol tartrate)                     | 3         | QL (60 vial per 30 days)                   |
| isoproterenol hcl injection solution                                                   | 1 or 1b*  | QL (60 vial per 30 days)                   |
| ISUPREL INJECTION SOLUTION (isoproterenol hcl)                                       | 3         | QL (90 mL per 30 days)                     |
| levibalutrol hcl inhalation nebulization solution                                       | 1 or 1b*  | QL (90 mL per 30 days)                     |
| levibalutrol tartrate inhalation aerosol                                              | 1 or 1b*  | QL (2 inhalers per 30 days)                |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION (formoterol fumarate)                   | 2         | QL (120 ML per 30 days)                    |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (albuterol sulfate)       | 2         | QL (2 inhalers per 30 days)                |
| PROAIR HFA INHALATION AEROSOL SOLUTION (albuterol sulfate)                            | 2         | QL (2 inhalers per 30 days)                |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (albuterol sulfate)     | 2         | QL (2 inhalers per 30 days)                |

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<tbody>
<tr>
<td>PROVENTIL HFA INHALATION AEROSOL SOLUTION (<em>albuterol sulfate</em>)</td>
<td>3</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<em>salmeterol xinafoate</em>)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<em>olodaterol hcl</em>)</td>
<td>3</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>terbutaline sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VENTOLIN HFA INHALATION AEROSOL SOLUTION (<em>albuterol sulfate</em>)</td>
<td>2</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION (<em>levalbuterol hcl</em>)</td>
<td>3</td>
<td>QL (90 mL per 30 days)</td>
</tr>
<tr>
<td>XOPENEX HFA INHALATION AEROSOL (<em>levalbuterol tartrate</em>)</td>
<td>3</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>XOPENEX INHALATION NEBULIZATION SOLUTION (<em>levalbuterol hcl</em>)</td>
<td>3</td>
<td>QL (90 mL per 30 days)</td>
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*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD

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<tr>
<td>ATROVENT HFA INHALATION AEROSOL SOLUTION (<em>ipratropium bromide hfa</em>)</td>
<td>2</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<em>umeclidinium bromide</em>)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ipratropium bromide inhalation solution</td>
<td>1 or 1b*</td>
<td>QL (378 mL per 30 days)</td>
</tr>
<tr>
<td>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION (<em>glycopyrrolate</em>)</td>
<td>3</td>
<td>ST; QL (2 vials per 1 day)</td>
</tr>
<tr>
<td>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION (<em>glycopyrrolate</em>)</td>
<td>3</td>
<td>ST; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>SEEIBRI NEOHALER INHALATION CAPSULE (<em>glycopyrrolate</em>)</td>
<td>3</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>SPIRIVA HANDIHALER INHALATION CAPSULE (<em>tiotropium bromide monohydrate</em>)</td>
<td>2</td>
<td>QL (30 capsules per 30 days)</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<em>tiotropium bromide monohydrate</em>)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<em>aclidinium bromide</em>)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>YUPELRI INHALATION SOLUTION (<em>revefenacin</em>)</td>
<td>3</td>
<td>ST; QL (1 vial per 1 day)</td>
</tr>
</tbody>
</table>

*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD

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<tbody>
<tr>
<td>ACCOLATE ORAL TABLET (<em>zafirlukast</em>)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>montelukast sodium oral packet</td>
<td>1 or 1b*</td>
<td>QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>montelukast sodium oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>montelukast sodium oral tablet chewable</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SINGULAIR ORAL PACKET (<em>montelukast sodium</em>)</td>
<td>3</td>
<td>QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>SINGULAIR ORAL TABLET (<em>montelukast sodium</em>)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SINGULAIR ORAL TABLET CHEWABLE (<em>montelukast sodium</em>)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
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</tbody>
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<tbody>
<tr>
<td>zafirlukast oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</strong>* - DRUGS FOR ASTHMA/COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALIRESP ORAL TABLET (roflumilast)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>STEROID INHALANTS</strong>* - DRUGS FOR ASTHMA/COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (ciclesonide)</td>
<td>3</td>
<td>ST; QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (ciclesonide)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone propionate (inhal))</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone furoate)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ASMANEX HFA INHALATION AEROSOL (mometasone furoate)</td>
<td>3</td>
<td>ST; QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</td>
<td>1 or 1b*</td>
<td>QL (120 ML per 30 days)</td>
</tr>
<tr>
<td>budesonide inhalation suspension 1 mg/2ml</td>
<td>1 or 1b*</td>
<td>QL (60 ML per 30 days)</td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (fluticasone propionate (inhal))</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (fluticasone propionate (inhal))</td>
<td>2</td>
<td>QL (4 inhalers per 30 days)</td>
</tr>
<tr>
<td>FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (fluticasone propionate hfa)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (fluticasone propionate hfa)</td>
<td>2</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (budesonide)</td>
<td>3</td>
<td>ST; QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (budesonide)</td>
<td>3</td>
<td>QL (120 ML per 30 days)</td>
</tr>
<tr>
<td>PULMICORT INHALATION SUSPENSION 1 MG/2ML (budesonide)</td>
<td>3</td>
<td>QL (60 ML per 30 days)</td>
</tr>
<tr>
<td>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
</tr>
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<tr>
<td>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)</td>
<td>2</td>
<td>QL (2 inhalers per 30 days)</td>
</tr>
<tr>
<td><em>XANTHINE-EXPECTORANTS</em>** - DRUGS FOR ASTHMA/COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>difil-g forte oral liquid</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>XANTHINES</em>** - DRUGS FOR ASTHMA/COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aminophylline intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ELIXOPHYLLIN ORAL ELIXIR (theophylline)</td>
<td>2</td>
<td>QL (112.5 mL per 1 day)</td>
</tr>
<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (theophylline)</td>
<td>2</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (theophylline)</td>
<td>2</td>
<td>QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (theophylline)</td>
<td>2</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>theophylline er oral tablet extended release 12 hour 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>theophylline er oral tablet extended release 12 hour 450 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>theophylline er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>theophylline oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-CATAPLECTIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTI-CATAPLECTIC COMBINATIONS</em>**</td>
<td></td>
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</tr>
<tr>
<td>XYWAV ORAL SOLUTION (ca, mg, k, and na oxybates)</td>
<td>5</td>
<td>PA; QL (18 mL per 1 day)</td>
</tr>
<tr>
<td><em>ANTICOAGULANTS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTICOAGULANTS</em> - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>COUMARIN ANTICOAGULANTS</em>** - DRUGS TO PREVENT BLOOD CLOTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>warfarin sodium (Jantoven Oral Tablet)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>warfarin sodium oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>DIRECT FACTOR XA INHIBITORS</em>** - DRUGS TO PREVENT BLOOD CLOTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (apixaban)</td>
<td>2</td>
<td>QL (74 tablets per 30 days)</td>
</tr>
<tr>
<td>ELIQUIS ORAL TABLET 2.5 MG (apixaban)</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ELIQUIS ORAL TABLET 5 MG (apixaban)</td>
<td>2</td>
<td>QL (74 tablets per 30 days)</td>
</tr>
<tr>
<td>SAVAYSYA ORAL TABLET (edoxaban tosylate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>XARELTO ORAL TABLET 15 MG (rivaroxaban)</td>
<td>2</td>
<td>QL (42 tablet per 1 fill)</td>
</tr>
<tr>
<td>XARELTO ORAL TABLET 2.5 MG (rivaroxaban)</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
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<tbody>
<tr>
<td>XARELTO STARTER PACK ORAL TABLET THERAPY PACK (rivaroxaban)</td>
<td>2</td>
<td>QL (1 pack per 365 days)</td>
</tr>
</tbody>
</table>

**HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
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<tbody>
<tr>
<td>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin lock flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium lock flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPMED COMBINATION KIT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>enoxaparin sodium injection solution</td>
<td>4</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
<tr>
<td>enoxaparin sodium subcutaneous solution</td>
<td>4</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
<tr>
<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (dalteparin sodium)</td>
<td>4</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
<tr>
<td>FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (dalteparin sodium)</td>
<td>4</td>
<td>QL (6 vials per 30 days)</td>
</tr>
<tr>
<td>LOVENOX INJECTION SOLUTION (enoxaparin sodium)</td>
<td>5</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
<tr>
<td>LOVENOX SUBCUTANEOUS SOLUTION (enoxaparin sodium)</td>
<td>5</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
</tbody>
</table>

**SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIXTRA SUBCUTANEOUS SOLUTION (fondaparinux sodium)</td>
<td>5</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
<tr>
<td>fondaparinux sodium subcutaneous solution</td>
<td>4</td>
<td>QL (30 syringes per 30 days)</td>
</tr>
</tbody>
</table>

**THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (bivalirudin trifluoroacetate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIVALIRUDIN RTU INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bivalirudin trifluoroacetate intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Prescription Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td><em>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</em>** - DRUGS TO PREVENT BLOOD CLOTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARGATROBAN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRADAXA ORAL CAPSULE (dabigatran etexilate mesylate)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td><em>ANTICOAGULANTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>IN VITRO ANTICOAGULANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACD FORMULA A IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACD-A NOCLOT-50 IN VITRO SOLUTION (anticoagulant cit dext soln a)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRICITRASOL IN VITRO CONCENTRATE (anticoagulant sodium citrate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTICONVULSANTS</em> - DRUGS FOR THE NERVOUS SYSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</em>** - DRUGS FOR SEIZURES/PERSONALITY DISORDER/NERVE PAIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FYCOMPA ORAL SUSPENSION (perampanel)</td>
<td>3</td>
<td>QL (24 mL per 1 day)</td>
</tr>
<tr>
<td>FYCOMPA ORAL TABLET (perampanel)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>ANTICONVULSANTS - BENZODIAZEPINES</em>** - DRUGS FOR SEIZURES/PERSONALITY DISORDER/NERVE PAIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobazam oral suspension</td>
<td>1 or 1b*</td>
<td>QL (16 mL per 1 day)</td>
</tr>
<tr>
<td>clobazam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>clonazepam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>clonazepam oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>DIASTAT ACUDIAL RECTAL GEL (diazepam)</td>
<td>3</td>
<td>QL (2 syringes per 1 fill)</td>
</tr>
<tr>
<td>DIASTAT PEDIATRIC RECTAL GEL (diazepam)</td>
<td>3</td>
<td>QL (2 syringes per 1 fill)</td>
</tr>
<tr>
<td>diazepam rectal gel</td>
<td>1 or 1b*</td>
<td>QL (2 syringes per 1 fill)</td>
</tr>
<tr>
<td>KLONOPIN ORAL TABLET (clonazepam)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>NAYZILAM NASAL SOLUTION (midazolam (anticonvulsant))</td>
<td>3</td>
<td>PA; QL (50 mg per 30 days)</td>
</tr>
<tr>
<td>ONFI ORAL SUSPENSION (clobazam)</td>
<td>3</td>
<td>QL (16 mL per 1 day)</td>
</tr>
<tr>
<td>ONFI ORAL TABLET (clobazam)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SYMPAZAN ORAL FILM 10 MG, 20 MG (clobazam)</td>
<td>3</td>
<td>QL (2 film strips per 1 day)</td>
</tr>
<tr>
<td>SYMPAZAN ORAL FILM 5 MG (clobazam)</td>
<td>3</td>
<td>QL (1 film strip per 1 day)</td>
</tr>
<tr>
<td>VALTOCO 10 MG DOSE NASAL LIQUID (diazepam)</td>
<td>3</td>
<td>PA; LD; QL (10 blister packs per 30 days)</td>
</tr>
<tr>
<td>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (diazepam)</td>
<td>3</td>
<td>PA; LD; QL (10 blister packs per 30 days)</td>
</tr>
<tr>
<td>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (diazepam)</td>
<td>3</td>
<td>PA; LD; QL (10 blister packs per 30 days)</td>
</tr>
<tr>
<td>VALTOCO 5 MG DOSE NASAL LIQUID (diazepam)</td>
<td>3</td>
<td>PA; LD; QL (10 blister packs per 30 days)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><em>ANTICONVULSANTS - MISC.</em>** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>BANZEL ORAL SUSPENSION (rufinamide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BANZEL ORAL TABLET (rufinamide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT INTRAVENOUS SOLUTION (brivaracetam)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT ORAL SOLUTION (brivaracetam)</td>
<td>3</td>
<td>QL (20 mg per 1 day)</td>
</tr>
<tr>
<td>BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG (brivaracetam)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT ORAL TABLET 100 MG, 75 MG (brivaracetam)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>carbamazepine er oral capsule extended release 12 hour 100 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>carbamazepine er oral capsule extended release 12 hour 200 mg</td>
<td>1 or 1b*</td>
<td>QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>carbamazepine er oral capsule extended release 12 hour 300 mg</td>
<td>1 or 1b*</td>
<td>QL (5 capsules per 1 day)</td>
</tr>
<tr>
<td>carbamazepine oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>carbamazepine oral suspension</td>
<td>1 or 1b*</td>
<td>QL (50 mL per 1 day)</td>
</tr>
<tr>
<td>carbamazepine oral capsule</td>
<td>1 or 1b*</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG (carbamazepine)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (carbamazepine)</td>
<td>3</td>
<td>QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (carbamazepine)</td>
<td>3</td>
<td>QL (5 capsules per 1 day)</td>
</tr>
<tr>
<td>DIACOMIT ORAL CAPSULE 250 MG (stiripentol)</td>
<td>5</td>
<td>PA; LD; QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>DIACOMIT ORAL CAPSULE 500 MG (stiripentol)</td>
<td>5</td>
<td>PA; LD; QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>DIACOMIT ORAL PACKET 250 MG (stiripentol)</td>
<td>5</td>
<td>PA; LD; QL (8 packets per 1 day)</td>
</tr>
<tr>
<td>DIACOMIT ORAL PACKET 500 MG (stiripentol)</td>
<td>5</td>
<td>PA; LD; QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>EPIDIOLEX ORAL SOLUTION (cannabidiol)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>carbamazepine (Epitol Oral Tablet)</td>
<td>1 or 1b*</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>FANATREX FUSEPAQ ORAL SUSPENSION (gabapentin)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FINTEPLA ORAL SOLUTION (fenfluramine hcl)</td>
<td>5</td>
<td>PA; LD; QL (26 mg per 1 day)</td>
</tr>
<tr>
<td>gabapentin oral capsule 100 mg, 400 mg</td>
<td>1 or 1b*</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>gabapentin oral capsule 300 mg</td>
<td>1 or 1b*</td>
<td>QL (9 capsules per 1 day)</td>
</tr>
<tr>
<td>gabapentin oral solution</td>
<td>1 or 1b*</td>
<td>QL (72 mL per 1 day)</td>
</tr>
<tr>
<td>gabapentin oral tablet 600 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>gabapentin oral tablet 800 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>KEPPRA INTRAVENOUS SOLUTION (levetiracetam)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KEPPRA ORAL SOLUTION (levetiracetam)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KEPPRA ORAL TABLET 1000 MG (levetiracetam)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>KEPPRA ORAL TABLET 250 MG (<em>levetiracetam</em>)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>KEPPRA ORAL TABLET 500 MG (<em>levetiracetam</em>)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>KEPPRA ORAL TABLET 750 MG (<em>levetiracetam</em>)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<em>levetiracetam</em>)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<em>levetiracetam</em>)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL ODT ORAL TABLET DISPERISABLE 100 MG, 200 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL ODT ORAL TABLET DISPERISABLE 25 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL ODT ORAL TABLET DISPERISABLE 50 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL STARTER ORAL KIT 25 X 25 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>LAMICTAL STARTER ORAL KIT 42 X 25 MG &amp; 7 X 100 MG, 84 X 25 MG &amp; 14X100 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>LAMICTAL XR ORAL KIT 21 X 25 MG &amp; 7 X 50 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (28 tablets per 28 days)</td>
</tr>
<tr>
<td>LAMICTAL XR ORAL KIT 25 &amp; 50 &amp; 100 MG, 42 X 50 MG &amp; 14X100 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (35 tablets per 35 days)</td>
</tr>
<tr>
<td>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<em>lamotrigine</em>)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine er oral tablet extended release 24 hour 100 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine er oral tablet extended release 24 hour 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>lamotrigine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral tablet chewable 25 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral tablet chewable 5 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral tablet dispersible 100 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral tablet dispersible 25 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine oral tablet dispersible 50 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine starter kit-blue oral kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 28 days)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lamotrigine starter kit-green oral kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>lamotrigine starter kit-orange oral kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>levetiracetam er oral tablet extended release 24 hour 500 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>levetiracetam er oral tablet extended release 24 hour 750 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levetiracetam intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levetiracetam oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levetiracetam oral tablet 1000 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>levetiracetam oral tablet 250 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>levetiracetam oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>levetiracetam oral tablet 750 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LYMCA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (pregabalin)</td>
<td>3</td>
<td>QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>LYMCA ORAL CAPSULE 225 MG, 300 MG, 75 MG (pregabalin)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>LYMCA ORAL SOLUTION (pregabalin)</td>
<td>3</td>
<td>QL (30 mL per 1 day)</td>
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<tr>
<td>MYSONE ORAL TABLET (primidone)</td>
<td>3</td>
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<tr>
<td>NEURONTIN ORAL CAPSULE 100 MG, 400 MG (gabapentin)</td>
<td>3</td>
<td>QL (6 capsules per 1 day)</td>
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<tr>
<td>NEURONTIN ORAL CAPSULE 300 MG (gabapentin)</td>
<td>3</td>
<td>QL (9 capsules per 1 day)</td>
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<tr>
<td>NEURONTIN ORAL SOLUTION (gabapentin)</td>
<td>3</td>
<td>QL (72 mL per 1 day)</td>
</tr>
<tr>
<td>NEURONTIN ORAL TABLET 600 MG (gabapentin)</td>
<td>3</td>
<td>QL (6 mL per 1 day)</td>
</tr>
<tr>
<td>NEURONTIN ORAL TABLET 800 MG (gabapentin)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>oxcarbazepine oral suspension</td>
<td>1 or 1b*</td>
<td>QL (40 mL per 1 day)</td>
</tr>
<tr>
<td>oxcarbazepine oral tablet 150 mg, 300 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxcarbazepine oral tablet 600 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>OXEELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (oxcarbazepine)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>OXEELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (oxcarbazepine)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>pregabalin oral capsule 225 mg, 300 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>pregabalin oral solution</td>
<td>1 or 1b*</td>
<td>QL (30 mL per 1 day)</td>
</tr>
<tr>
<td>primidone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>QUEDXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (topiramate)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>QUEDXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (topiramate)</td>
<td>3</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (levetiracetam)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (levetiracetam)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lamotrigine (Subvenite Oral Tablet)</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lamotrigine (Subvenite Starter Kit-Blue Oral Kit)</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>lamotrigine (Subvenite Starter Kit-Green Oral Kit)</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>lamotrigine (Subvenite Starter Kit-Orange Oral Kit)</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 35 days)</td>
</tr>
<tr>
<td>TEGRETOL ORAL SUSPENSION (carbamazepine)</td>
<td>3</td>
<td>QL (50 mL per 1 day)</td>
</tr>
<tr>
<td>TEGRETOL ORAL TABLET (carbamazepine)</td>
<td>3</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (carbamazepine)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TOPAMAX ORAL TABLET (topiramate)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (topiramate)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>topiramate oral capsule sprinkle</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>topiramate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TRILEPTAL ORAL SUSPENSION (oxcarbazepine)</td>
<td>3</td>
<td>QL (40 mL per 1 day)</td>
</tr>
<tr>
<td>TRILEPTAL ORAL TABLET 150 MG, 300 MG (oxcarbazepine)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TRILEPTAL ORAL TABLET 600 MG (oxcarbazepine)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (topiramate)</td>
<td>2</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (topiramate)</td>
<td>2</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>VIMPAT INTRAVENOUS SOLUTION (lacosamide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIMPAT ORAL SOLUTION (lacosamide)</td>
<td>3</td>
<td>QL (40 mL per 1 day)</td>
</tr>
<tr>
<td>VIMPAT ORAL TABLET (lacosamide)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ZONEGRAN ORAL CAPSULE (zonisamide)</td>
<td>3</td>
<td>QL (6 capsule per 1 day)</td>
</tr>
<tr>
<td>zonisamide oral capsule</td>
<td>1 or 1b*</td>
<td>QL (6 capsule per 1 day)</td>
</tr>
</tbody>
</table>

**CARBAMATES*** - DRUGS FOR SEIZURES/PERSOMINALITY DISORDER/NERVE PAIN

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>felbamate oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>felbamate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FELBATOL ORAL SUSPENSION (felbamate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FELBATOL ORAL TABLET (felbamate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (cenobamate)</td>
<td>3</td>
<td>QL (1 pack per 28 days)</td>
</tr>
<tr>
<td>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (cenobamate)</td>
<td>3</td>
<td>QL (1 pack per 28 days)</td>
</tr>
<tr>
<td>XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (cenobamate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>XCOPRI ORAL TABLET 200 MG (cenobamate)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>XCOPRI ORAL TABLET THERAPY PACK (cenobamate)</td>
<td>3</td>
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<tr>
<td><strong>GABA MODULATORS</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
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</tr>
<tr>
<td>GABITRIL ORAL TABLET (tiagabine hcl)</td>
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<td></td>
</tr>
<tr>
<td>SABRIL ORAL PACKET (vigabatrin)</td>
<td>3</td>
<td>LD; SP; QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>SABRIL ORAL TABLET (vigabatrin)</td>
<td>3</td>
<td>LD; SP; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>tiagabine hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>vigabatrin oral packet</td>
<td>1 or 1b*</td>
<td>LD; SP; QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>vigabatrin oral tablet</td>
<td>1 or 1b*</td>
<td>LD; SP; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>vigabatrin (Vigadrone Oral Packet)</td>
<td>1 or 1b*</td>
<td>LD; QL (6 packets per 1 day)</td>
</tr>
<tr>
<td><strong>HYDANTOINS</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
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<tr>
<td>CEREBYX INJECTION SOLUTION (fosphenytoin sodium)</td>
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<tr>
<td>DILANTIN INFATABS ORAL TABLET CHEWABLE (phenytoin)</td>
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<tr>
<td>DILANTIN ORAL CAPSULE 100 MG (phenytoin sodium extended)</td>
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<tr>
<td>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</td>
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<td>DILANTIN ORAL SUSPENSION (phenytoin)</td>
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<td>fosphenytoin sodium injection solution</td>
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<td>PEGANONE ORAL TABLET (ethotoin)</td>
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<td>PHENYTEK ORAL CAPSULE (phenytoin sodium extended)</td>
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<td>phenytoin (Phenytoin Infatabs Oral Tablet Chewable)</td>
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<td>phenytoin oral suspension</td>
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<tr>
<td>phenytoin oral tablet chewable</td>
<td>1 or 1b*</td>
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<tr>
<td>phenytoin sodium extended oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>phenytoin sodium injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>SUCCINIMIDES</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
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<tr>
<td>CELONTIN ORAL CAPSULE (methsuximide)</td>
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<tr>
<td>ethosuximide oral capsule</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ethosuximide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZARONTIN ORAL CAPSULE (ethosuximide)</td>
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<td></td>
</tr>
<tr>
<td>ZARONTIN ORAL SOLUTION (ethosuximide)</td>
<td>3</td>
<td></td>
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<tr>
<td><strong>VALPROIC ACID</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
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<tr>
<td>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (divalproex sodium)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (divalproex sodium)</td>
<td>3</td>
<td>QL (7 tablets per 1 day)</td>
</tr>
<tr>
<td>DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG (divalproex sodium)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
</tbody>
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<td>DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG (<em>divalproex sodium</em>)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (<em>divalproex sodium</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<em>divalproex sodium</em>)</td>
<td>3</td>
<td>QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium er oral tablet extended release 24 hour 250 mg</em></td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium er oral tablet extended release 24 hour 500 mg</em></td>
<td>1 or 1b*</td>
<td>QL (7 tablets per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium oral capsule delayed release sprinkle</em></td>
<td>1 or 1b*</td>
<td>QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium oral tablet delayed release 125 mg</em></td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium oral tablet delayed release 250 mg</em></td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td><em>divalproex sodium oral tablet delayed release 500 mg</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valproate sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valproic acid oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>valproic acid oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIDEMENTIA AGENT COMBINATIONS</em>**</td>
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</tr>
<tr>
<td>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<em>memantine hcl-donepezil hcl</em>)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<em>memantine hcl-donepezil hcl</em>)</td>
<td>2</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>ANTIDEPRESSANTS</em> - DRUGS FOR THE NERVOUS SYSTEM</td>
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<td></td>
</tr>
<tr>
<td><em>ANTIDEPRESSANTS - MISC.</em>** - DRUGS FOR DEPRESSION</td>
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<tr>
<td><em>mirtazapine oral tablet</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>*mirtazapine oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>REMERON ORAL TABLET (<em>mirtazapine</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REMERON SOLTAB ORAL TABLET DISPERSIBLE (<em>mirtazapine</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (<em>bupropion hbr</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (<em>bupropion hbr</em>)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</em></td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</em></td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</em></td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</em></td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>bupropion hcl oral tablet 100 mg</em></td>
<td>1 or 1b*</td>
<td>QL (4.5 tablet per 1 day)</td>
</tr>
<tr>
<td><em>bupropion hcl oral tablet 75 mg</em></td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

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<table>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR <em>(bupropion hcl)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>maprotiline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG <em>(bupropion hcl)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG <em>(bupropion hcl)</em></td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG <em>(bupropion hcl)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG <em>(bupropion hcl)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>MONOAMINE OXIDASE INHIBITORS (MAOIS)</em>* - DRUGS FOR DEPRESSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMSAM TRANSDERMAL PATCH 24 HOUR <em>(selegiline)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARPLAN ORAL TABLET <em>(isocarboxazid)</em></td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>NARDIL ORAL TABLET <em>(phenelzine sulfate)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PARNATE ORAL TABLET <em>(tranylcypromine sulfate)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenelzine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tranylcypromine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</em>* - DRUGS FOR DEPRESSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CELEXA ORAL TABLET 10 MG, 20 MG <em>(citalopram hydrobromide)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>CELEXA ORAL TABLET 40 MG <em>(citalopram hydrobromide)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>citalopram hydrobromide oral solution</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>citalopram hydrobromide oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>citalopram hydrobromide oral tablet 40 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>escitalopram oxalate oral solution</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>escitalopram oxalate oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>escitalopram oxalate oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>fluoxetine hcl oral capsule 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
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<tr>
<td>fluoxetine hcl oral capsule 20 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>fluoxetine hcl oral capsule 40 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
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<tr>
<td>fluoxetine hcl oral capsule delayed release</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 28 days)</td>
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<tr>
<td>fluoxetine hcl oral solution</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>fluoxetine hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>fluoxetine hcl oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>FLUOXETINE HCL ORAL TABLET 60 MG</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>fluvoxamine maleate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>fluvoxamine maleate oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>fluvoxamine maleate oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>LEXAPRO ORAL TABLET 10 MG, 5 MG (<em>escitalopram oxalate</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>LEXAPRO ORAL TABLET 20 MG (<em>escitalopram oxalate</em>)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 30 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 40 mg</td>
<td>1 or 1b*</td>
<td>QL (1.5 tablet per 1 day)</td>
</tr>
<tr>
<td>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PAXIL ORAL SUSPENSION (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (30 mL per 1 day)</td>
</tr>
<tr>
<td>PAXIL ORAL TABLET 10 MG, 20 MG (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>PAXIL ORAL TABLET 30 MG (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PAXIL ORAL TABLET 40 MG (<em>paroxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (1.5 tablet per 1 day)</td>
</tr>
<tr>
<td>PEXEVA ORAL TABLET 10 MG, 20 MG (<em>paroxetine mesylate</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>PEXEVA ORAL TABLET 30 MG (<em>paroxetine mesylate</em>)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PEXEVA ORAL TABLET 40 MG (<em>paroxetine mesylate</em>)</td>
<td>3</td>
<td>ST; QL (1.5 tablet per 1 day)</td>
</tr>
<tr>
<td>PROZAC ORAL CAPSULE 10 MG (<em>fluoxetine hcl</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>PROZAC ORAL CAPSULE 20 MG (<em>fluoxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>PROZAC ORAL CAPSULE 40 MG (<em>fluoxetine hcl</em>)</td>
<td>3</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>sertraline hcl oral concentrate</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>sertraline hcl oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>sertraline hcl oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>ZOLOFT ORAL CONCENTRATE (<em>sertraline hcl</em>)</td>
<td>3</td>
<td>ST; QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>ZOLOFT ORAL TABLET 100 MG (<em>sertraline hcl</em>)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ZOLOFT ORAL TABLET 25 MG, 50 MG (<em>sertraline hcl</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
</tbody>
</table>

**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG (<em>duloxetine hcl</em>)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<em>duloxetine hcl</em>)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (duloxetine hcl)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (duloxetine hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 40 mg</td>
<td>1 or 1b*</td>
<td>QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (venlafaxine hcl)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (venlafaxine hcl)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (levomilnacipran hcl)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (levomilnacipran hcl)</td>
<td>3</td>
<td>ST; QL (28 pack per 365 days)</td>
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<tr>
<td>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (desvenlafaxine succinate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (desvenlafaxine succinate)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
</tr>
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</table>

**TRICYCLIC AGENTS** - DRUGS FOR DEPRESSION

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amitriptyline hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxapine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ANAFRANIL ORAL CAPSULE (clomipramine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine pamoate oral capsule</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>NORPRAMIN ORAL TABLET (desipramine hcl)</td>
<td>3</td>
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</tr>
<tr>
<td>nortriptyline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>nortriptyline hcl oral solution</td>
<td>1 or 1b*</td>
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<td>PAMELOR ORAL CAPSULE (nortriptyline hcl)</td>
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<td>protriptyline hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>trimipramine maleate oral capsule</td>
<td>1 or 1b*</td>
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<tbody>
<tr>
<td><strong>ANTIDEPRESSANTS</strong>*</td>
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<tr>
<td>nefazodone hcl oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>trazodone hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>TRINTELLIX ORAL TABLET 10 MG, 5 MG (vortioxetine hbr)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TRINTELLIX ORAL TABLET 20 MG (vortioxetine hbr)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIIBRYD ORAL TABLET 10 MG, 20 MG (vilazodone hcl)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>VIIBRYD ORAL TABLET 40 MG (vilazodone hcl)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIIBRYD STARTER PACK ORAL KIT (vilazodone hcl)</td>
<td>3</td>
<td>ST; QL (1 pack per 365 days)</td>
</tr>
<tr>
<td><em><em>ANTIDIABETICS</em> - HORMONES</em>*</td>
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<tr>
<td>acarbose oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>GLYSET ORAL TABLET (miglitol)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>miglitol oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>PRECOSE ORAL TABLET (acarbose)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>ANTIDIABETIC - AMYLIN ANALOGS</strong>* - DRUGS FOR DIABETES**</td>
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<tr>
<td>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-JECTOR (pramlintide acetate)</td>
<td>2</td>
<td>QL (4 pens per 30 days)</td>
</tr>
<tr>
<td>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-JECTOR (pramlintide acetate)</td>
<td>2</td>
<td>QL (2 boxes per 30 days)</td>
</tr>
<tr>
<td><strong>BIGUANIDES</strong>* - DRUGS FOR DIABETES**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR (metformin hcl)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (metformin hcl)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>metformin hcl er (mod) oral tablet extended release 24 hour</td>
<td>3</td>
<td>ST; generic Glumetza</td>
</tr>
<tr>
<td>metformin hcl er (osm) oral tablet extended release 24 hour</td>
<td>3</td>
<td>ST; generic Fortamet</td>
</tr>
<tr>
<td>metformin hcl oral solution</td>
<td>1 or 1b*</td>
<td>generic Glucophage XR; PA; QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td>metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td>RIOMET ORAL SUSPENSION RECONSTITUTED ER (metformin hcl)</td>
<td>3</td>
<td>PA; QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td>RIOMET ORAL SOLUTION (metformin hcl)</td>
<td>3</td>
<td>PA; QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td><strong>DIABETIC OTHER</strong>* - DRUGS FOR DIABETES**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAQSIMI ONE PACK NASAL POWDER (glucagon)</td>
<td>3</td>
<td>QL (2 packs per 30 days)</td>
</tr>
<tr>
<td>BAQSIMI TWO PACK NASAL POWDER (glucagon)</td>
<td>3</td>
<td>QL (1 pack per 30 days)</td>
</tr>
<tr>
<td>diazoxide oral suspension</td>
<td>1 or 1b*</td>
<td>QL (2 kits per 30 days)</td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (glucagon hcl (rdna))</td>
<td>2</td>
<td>QL (2 kits per 30 days)</td>
</tr>
<tr>
<td>GLUCAGEN EMERGENCY INJECTION KIT</td>
<td>2</td>
<td>QL (2 kits per 30 days)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (glucagon)</td>
<td>3</td>
<td>QL (2 packs per 30 days)</td>
</tr>
<tr>
<td>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (glucagon)</td>
<td>3</td>
<td>QL (2 packs per 30 days)</td>
</tr>
<tr>
<td>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (glucagon)</td>
<td>3</td>
<td>QL (2 packs per 30 days)</td>
</tr>
<tr>
<td>PROGLYCEM ORAL SUSPENSION (diazoxide)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benzoate oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>JANUVIA ORAL TABLET (sitagliptin phosphate)</td>
<td>2</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NESINA ORAL TABLET (alogliptin benzoate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ONGLYZA ORAL TABLET (saxagliptin hcl)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TRADJENTA ORAL TABLET (linagliptin)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
</tbody>
</table>

*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>alogliptin-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>JANUMET ORAL TABLET (sitagliptin-metformin hcl)</td>
<td>2</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</td>
<td>2</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</td>
<td>2</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>JENTADUETO ORAL TABLET (linagliptin-metformin hcl)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>KAZANO ORAL TABLET (alogliptin-metformin hcl)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES

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<tr>
<th>Prescription Drug Name</th>
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</thead>
<tbody>
<tr>
<td>CYCLOSET ORAL TABLET (bromocriptine mesylate)</td>
<td>3</td>
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</table>

*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES

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<th>Prescription Drug Name</th>
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</tr>
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<tbody>
<tr>
<td>alogliptin-pioglitazone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>OSENI ORAL TABLET (alogliptin-pioglitazone)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
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<tr>
<td><em>HUMAN INSULIN</em>** - DRUGS FOR DIABETES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin lispro)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>ADMELOG SUBCUTANEOUS SOLUTION (insulin lispro)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 12 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (9 cartridges per 1 day)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 4 &amp; 8 &amp; 12 UNIT, 8 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (12 cartridges per 1 day)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (18 cartridges per 1 day)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 90 X 8 UNIT &amp; 90X12 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (2 boxes per 30 days)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (18 cartridges per 1 day)</td>
</tr>
<tr>
<td>AFREZZA INHALATION POWDER 90 X 8 UNIT &amp; 90X12 UNIT (insulin regular human)</td>
<td>3</td>
<td>PA; QL (2 boxes per 30 days)</td>
</tr>
<tr>
<td>APIPIRA INJECTION SOLUTION (insulin glulisine)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>APIPIRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glulisine)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glargine)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>FIASP FLETOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin aspart (w/niacinamide))</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (insulin aspart (w/niacinamide))</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>FIASP SUBCUTANEOUS SOLUTION (insulin aspart (w/niacinamide))</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin lispro prot &amp; lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (insulin lispro prot &amp; lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin lispro prot &amp; lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (insulin lispro prot &amp; lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION (insulin lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (insulin lispro)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph isophane &amp; regular)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (insulin nph isophane &amp; regular)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph human (isophane))</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN N SUBCUTANEOUS SUSPENSION (insulin nph human (isophane))</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
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<tr>
<td>HUMULIN R INJECTION SOLUTION (insulin regular human)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td>PA; QL (20 mL per 30 days)</td>
</tr>
<tr>
<td>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>PA; QL (18 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN ASP PROT &amp; ASP FLEX PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN ASPART FLEX PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN ASPART PROT &amp; ASPART SUBCUTANEOUS SUSPENSION</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN ASPART SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN LISPRO PROT &amp; LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>INSULIN LISPRO SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glargine)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LANTUS SUBCUTANEOUS SOLUTION (insulin glargine)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LEMEMIR FLEX TOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin detemir)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LEMEMIR SUBCUTANEOUS SOLUTION (insulin detemir)</td>
<td>2</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LYUMJEV INJECTION SOLUTION (insulin lispro-aabc)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin lispro-aabc)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>MYXREDLIN INTRAVENOUS SOLUTION (insulin regular(human) in nac)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEX PEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph isophane &amp; regular)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEX PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph isophane &amp; regular)</td>
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<td>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (insulin nph isophane &amp; regular)</td>
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<td>ST; QL (30 mL per 30 days)</td>
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<tr>
<td>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (insulin nph isophane &amp; regular)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN N FLEX PEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph human (isophane))</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN N FLEX PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin nph human (isophane))</td>
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<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN N SUBCUTANEOUS SUSPENSION (insulin nph human (isophane))</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (insulin regular human)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (insulin regular human)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLIN R INJECTION SOLUTION (insulin regular human)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
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<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin aspart)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (insulin aspart prot &amp; aspart)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (insulin aspart prot &amp; aspart)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (insulin aspart)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>NOVOLOG SUBCUTANEOUS SOLUTION (insulin aspart)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>SEMGLEE SUBCUTANEOUS SOLUTION (insulin glargine)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glargine)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glargine)</td>
<td>2</td>
<td>QL (12 mL per 30 days)</td>
</tr>
<tr>
<td>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (insulin glargine)</td>
<td>2</td>
<td>QL (13.5 mL per 30 days)</td>
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<tr>
<td>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin degludec)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
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<tr>
<td>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (insulin degludec)</td>
<td>3</td>
<td>ST; QL (18 mL per 30 days)</td>
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<tr>
<td>TRESIBA SUBCUTANEOUS SOLUTION (insulin degludec)</td>
<td>3</td>
<td>ST; QL (30 mL per 30 days)</td>
</tr>
<tr>
<td><em>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</em>** - DRUGS FOR DIABETES</td>
<td></td>
<td></td>
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<tr>
<td>ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT (lixisenatide)</td>
<td>3</td>
<td>ST; QL (2 pen per 365 days)</td>
</tr>
<tr>
<td>ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR (lixisenatide)</td>
<td>3</td>
<td>ST; QL (2 pens per 28 days)</td>
</tr>
<tr>
<td>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (exenatide)</td>
<td>3</td>
<td>ST; QL (4 vial per 28 days)</td>
</tr>
<tr>
<td>BYDUREON SUBCUTANEOUS PEN-INJECTOR (exenatide)</td>
<td>3</td>
<td>ST; QL (4 vial per 28 days)</td>
</tr>
<tr>
<td>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (exenatide)</td>
<td>3</td>
<td>ST; QL (1 pens per 30 days)</td>
</tr>
<tr>
<td>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (exenatide)</td>
<td>3</td>
<td>ST; QL (1 pens per 30 days)</td>
</tr>
</tbody>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (semaglutide)</td>
<td>2</td>
<td>ST; QL (1 pen per 28 days)</td>
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<tr>
<td>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (semaglutide)</td>
<td>2</td>
<td>ST; QL (2 pens per 28 days)</td>
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<tr>
<td>RYBELSUS ORAL TABLET 14 MG, 7 MG (semaglutide)</td>
<td>3</td>
<td>ST; QL (1 carton per 30 days)</td>
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<tr>
<td>RYBELSUS ORAL TABLET 3 MG (semaglutide)</td>
<td>3</td>
<td>ST; QL (1 carton per 1 fill)</td>
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<tr>
<td>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (dulaglutide)</td>
<td>2</td>
<td>ST; QL (4 pens per 28 days)</td>
</tr>
<tr>
<td>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)</td>
<td>2</td>
<td>QL (4 syringes per 28 days)</td>
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<tr>
<td>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (liraglutide)</td>
<td>2</td>
<td>ST; QL (1 box per 30 days)</td>
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<tr>
<td><em>MEGLITINIDE ANALOGUES</em>** - DRUGS FOR DIABETES</td>
<td></td>
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</tr>
<tr>
<td>nateglinide oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>repaglinide oral tablet 0.5 mg, 1 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>repaglinide oral tablet 2 mg</td>
<td>1 or 1b*</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>STARLIX ORAL TABLET (nateglinide)</td>
<td>3</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td><em>PROGESTERONE RECEPTOR ANTAGONISTS</em>** - DRUGS FOR DIABETES</td>
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</tr>
<tr>
<td>KORLYM ORAL TABLET (mifepristone)</td>
<td>5</td>
<td>PA; LD</td>
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<tr>
<td><em>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</em>** - DRUGS FOR DIABETES</td>
<td></td>
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<tr>
<td>FARXIGA ORAL TABLET (dapagliflozin propanediol)</td>
<td>2</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INVOKANA ORAL TABLET (canagliflozin)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td>JARDIANE ORAL TABLET (empagliflozin)</td>
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<tr>
<td>STEGLATRO ORAL TABLET (ertugliflozin l-pyroglutamic acid)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><em>SULFONYLUREA-BIGUANIDE COMBINATIONS</em>** - DRUGS FOR DIABETES</td>
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<tr>
<td>glipizide-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>glyburide-metformin oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
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<tr>
<td><em>SULFONYLUREAS</em>** - DRUGS FOR DIABETES</td>
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<tr>
<td>AMARYL ORAL TABLET (glimepiride)</td>
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<td>ST</td>
</tr>
<tr>
<td>glimepiride oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>glipizide er oral tablet extended release 24 hour</td>
<td>1 or 1a*</td>
<td>ST</td>
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<tr>
<td>glipizide oral tablet</td>
<td>1 or 1a*</td>
<td>ST</td>
</tr>
<tr>
<td>glipizide xl oral tablet extended release 24 hour</td>
<td>1 or 1a*</td>
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<tr>
<td>GLUCOTROL ORAL TABLET (glipizide)</td>
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<tr>
<td>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (glipizide)</td>
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<tr>
<td>glyburide micronized oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
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<tr>
<td>glyburide oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>GLYNASE ORAL TABLET (glyburide micronized)</td>
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<td>ST</td>
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<td>tolbutamid oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
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<tr>
<td><em>SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS</em>** - DRUGS FOR DIABETES</td>
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<tr>
<td>DUETACT ORAL TABLET (pioglitazone hcl-glimepiride)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>pioglitazone hcl-glimepiride oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><em>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</em>** - DRUGS FOR DIABETES</td>
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<tr>
<td>ACTOPLUS MET ORAL TABLET (pioglitazone hcl-metformin hcl)</td>
<td>3</td>
<td>ST; QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (3 tablets per 1 day)</td>
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<td><em>THIAZOLIDINEDIONES</em>** - DRUGS FOR DIABETES</td>
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<tr>
<td>ACTOS ORAL TABLET (pioglitazone hcl)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>AVANDIA ORAL TABLET (rosiglitazone maleate)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>pioglitazone hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><em>ANTIDIARRHEAL/PROBIOTIC AGENTS</em></td>
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<tr>
<td><em>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</em>**</td>
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<tr>
<td>VSL#3 DS ORAL PACKET (probiotic product)</td>
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<tr>
<td><em>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</em>**</td>
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<tr>
<td>RESTORA RX ORAL CAPSULE (lactobacillus casei-folic acid)</td>
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<tr>
<td><em>ANTIDIARRHEALS</em></td>
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<tr>
<td><em>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</em>**</td>
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<tr>
<td>MYTESI ORAL TABLET DELAYED RELEASE (crofelemer)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td><em>ANTIDIARRHEAL AGENTS - MISC.</em>**</td>
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<td>RESTORA RX ORAL CAPSULE (lactobacillus casei-folic acid)</td>
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<tr>
<td><em>ANTIPERISTALTIC AGENTS</em>**</td>
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<tr>
<td>diphenoxylate-atropine oral liquid</td>
<td>1 or 1b*</td>
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<td>diphenoxylate-atropine oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>LOMOTIL ORAL TABLET (diphenoxylate-atropine)</td>
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<tr>
<td>loperamide hcl oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>MOTOFEN ORAL TABLET (difenoxin-atropine)</td>
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<tr>
<td><em>ANTIDOTE COMBINATIONS</em>**</td>
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<td></td>
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<tr>
<td><em>ANTIDOTE COMBINATIONS</em>**</td>
<td></td>
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<tr>
<td>DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (atropine- pralidoxime chloride)</td>
<td>3</td>
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<tr>
<td>NITHIODOTE INTRAVENOUS KIT (sodium nitrite-sod thiosulfate)</td>
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<tr>
<td><strong>ACETADOTE INTRAVENOUS SOLUTION (acetylcysteine)</strong></td>
<td>3</td>
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<tr>
<td>acetylcysteine intravenous solution</td>
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<tr>
<td><strong>ANDEXXXA INTRAVENOUS SOLUTION RECONSTITUTED (coag fact xa</strong></td>
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<tr>
<td>inactivated-zhzo)</td>
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<tr>
<td><strong>BAL IN OIL INTRAMUSCULAR SOLUTION</strong></td>
<td>3</td>
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<tr>
<td><strong>BRIDION INTRAVENOUS SOLUTION (sugammadex sodium)</strong></td>
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<tr>
<td><strong>CALCIUM DISODIUM VERSENATE INJECTION SOLUTION</strong></td>
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<tr>
<td><strong>CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<tr>
<td>(hydroxocobalamin)</td>
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<td><strong>deferoxamine mesylate injection solution reconstituted</strong></td>
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<td><strong>DESFERAL INJECTION SOLUTION RECONSTITUTED</strong></td>
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<td>(deferoxamine mesylate)</td>
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<td><strong>DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<td>(digoxin immune fab)</td>
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<td><strong>fomepizole intravenous solution</strong></td>
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<td><strong>PRAXBIND INTRAVENOUS SOLUTION (idarucizumab)</strong></td>
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<td><strong>PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<td>(pralidoxime chloride)</td>
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<td><strong>PROVAYBLUE INTRAVENOUS SOLUTION (methylene blue (antidote))</strong></td>
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<td><strong>RADIOGARDASE ORAL CAPSULE (prussian blue insoluble)</strong></td>
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<td><strong>VISTOGARD ORAL PACKET (uridine triacetate)</strong></td>
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<td>PA; LD; QL (20 packets per 30 days)</td>
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<tr>
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<td><strong>CHEMET ORAL CAPSULE (succimer)</strong></td>
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<td><strong>deferasirox granules oral packet</strong></td>
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<td><strong>deferasirox oral tablet 180 mg</strong></td>
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<td><strong>deferasirox oral tablet 360 mg, 90 mg</strong></td>
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<td><strong>FERRIPROX ORAL TABLET (deferiprone)</strong></td>
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<tr>
<td>FERRIPROX TWICE-A-DAY ORAL TABLET (<em>deferiprone</em>)</td>
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<tr>
<td>JADENU ORAL TABLET (<em>deferasirox</em>)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>JADENU SPRINKLE ORAL PACKET (<em>deferasirox</em>)</td>
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<td>PENTETATE ZINC TRISODIUM COMBINATION SOLUTION</td>
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<td>CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<em>hydroxocobalamin</em>)</td>
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<tr>
<td>deferoxamine mesylate injection solution reconstituted</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>DESFERAL INJECTION SOLUTION RECONSTITUTED (<em>deferoxamine mesylate</em>)</td>
<td>5</td>
<td>SP</td>
</tr>
<tr>
<td>DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<em>digoxin immune fab</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fomepizole intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRAXBIND INTRAVENOUS SOLUTION (<em>idarucizumab</em>)</td>
<td>3</td>
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<tr>
<td>PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<em>pralidoxime chloride</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROVAYBLUE INTRAVENOUS SOLUTION (<em>methylen blue (antidote]</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RADIOGARDASE ORAL CAPSULE (<em>prussian blue insoluble</em>)</td>
<td>3</td>
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<tr>
<td>SODIUM NITRITE INTRAVENOUS SOLUTION</td>
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<tr>
<td>VISTOGARD ORAL PACKET (<em>uridine triacetate</em>)</td>
<td>3</td>
<td>PA; LD; QL (20 packets per 30 days)</td>
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<tr>
<td><strong>BENZODIAZEPINE ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
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<tr>
<td>flumazenil intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>OPIOID ANTAGONISTS</strong>*</td>
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<tr>
<td>naloxone hcl injection solution</td>
<td>1 or 1b*</td>
<td>QL (6 vial per 90 days)</td>
</tr>
<tr>
<td>naloxone hcl injection solution cartridge</td>
<td>1 or 1b*</td>
<td>QL (6 syringe per 90 days)</td>
</tr>
<tr>
<td>naloxone hcl injection solution prefilled syringe</td>
<td>1 or 1b*</td>
<td>QL (6 syringe per 90 days)</td>
</tr>
<tr>
<td>naltrexone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NARCAN NASAL LIQUID (<em>naloxone hcl</em>)</td>
<td>2</td>
<td>QL (6 nasal spray per 90 days)</td>
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<tr>
<td>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<em>naltrexone</em>)</td>
<td>5</td>
<td>SP; QL (1 vial per 28 days)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>BARHEMSYS INTRAVENOUS SOLUTION (<em>amisulpride (antiemetic)</em></td>
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<tr>
<td>ANZEMET ORAL TABLET (<em>dolasetron mesylate</em>)</td>
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<td>PA</td>
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<tr>
<td><em>GRANISETROIN HCL INTRAVENOUS SOLUTION</em></td>
<td>1 or 1b*</td>
<td>QL (5 tablets per 30 days)</td>
</tr>
<tr>
<td><em>GRANISETROIN HCL ORAL TABLET</em></td>
<td>1 or 1b*</td>
<td>QL (10 tablets per 30 days)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL INJECTION SOLUTION</em></td>
<td>1 or 1b*</td>
<td>QL (8 mL per 1 day)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL ORAL SOLUTION</em></td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 30 days)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL ORAL TABLET 24 mg</em></td>
<td>1 or 1b*</td>
<td>QL (48 tablets per 30 days)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL ORAL TABLET 4 mg</em></td>
<td>1 or 1b*</td>
<td>QL (24 tablets per 30 days)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL ORAL TABLET DISPEROSABLE 4 mg</em></td>
<td>1 or 1b*</td>
<td>QL (48 tablets per 30 days)</td>
</tr>
<tr>
<td><em>ONDANSETRON HCL ORAL TABLET DISPEROSABLE 8 mg</em></td>
<td>1 or 1b*</td>
<td>QL (24 tablets per 30 days)</td>
</tr>
<tr>
<td><em>PALONOSETRON HCL INTRAVENOUS SOLUTION</em></td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><em>PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</em></td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td><em>SANCUSO TRANSDERMAL PATCH (GRANISETROIN)</em></td>
<td>3</td>
<td>QL (4 patches per 28 days)</td>
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<tr>
<td><em>SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (GRANISETROIN)</em></td>
<td>3</td>
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<td><em>ZOFRAN ORAL TABLET (ONDANSETRON)</em></td>
<td>3</td>
<td>QL (48 tablets per 30 days)</td>
</tr>
<tr>
<td><em>ZUPLENZ ORAL FILM 4 MG (ONDANSETRON)</em></td>
<td>3</td>
<td>QL (48 films per 30 days)</td>
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<tr>
<td><em>ZUPLENZ ORAL FILM 8 MG (ONDANSETRON)</em></td>
<td>3</td>
<td>QL (24 films per 30 days)</td>
</tr>
<tr>
<td><em>AKYNZEO INTRAVENOUS SOLUTION (FOSNETUPITANT-PALONOSETRON)</em></td>
<td>3</td>
<td>PA; QL (5 vials per 30 days)</td>
</tr>
<tr>
<td><em>AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (FOSNETUPITANT-PALONOSETRON)</em></td>
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<td>PA; QL (5 vials per 30 days)</td>
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<tr>
<td><em>AKYNZEO ORAL CAPSULE (NETUPITANT-PALONOSETRON)</em></td>
<td>3</td>
<td>QL (5 capsules per 25 days)</td>
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<tr>
<td><em>BONIESTA ORAL TABLET EXTENDED RELEASE (DOXYLAMINE-PYRIDOXINE)</em></td>
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<td>PA; QL (4 tablet per 1 day)</td>
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<tr>
<td><em>DICLEGIS ORAL TABLET DELAYED RELEASE (DOXYLAMINE-PYRIDOXINE)</em></td>
<td>3</td>
<td>PA; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td><em>DIMENHYDRINATE INJECTION SOLUTION</em></td>
<td>3</td>
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</tr>
<tr>
<td><em>MECLIZINE HCL ORAL TABLET 12.5 mg, 25 mg</em></td>
<td>1 or 1a*</td>
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<tr>
<td><em>SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR</em></td>
<td>1 or 1b*</td>
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<tbody>
<tr>
<td>TIGAN INTRAMUSCULAR SOLUTION (trimethobenzamide hcl)</td>
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<td>TIGAN ORAL CAPSULE (trimethobenzamide hcl)</td>
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<tr>
<td>TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (scopolamine base)</td>
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<tr>
<td>TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (scopolamine base)</td>
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<tr>
<td>trimethobenzamide hcl oral capsule</td>
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<tr>
<td><em>ANTIEMETICS - MISCELLANEOUS</em>** - DRUGS FOR VOMITING AND NAUSEA</td>
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<tr>
<td>dronabinol oral capsule</td>
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<tr>
<td>MARINOL ORAL CAPSULE (dronabinol)</td>
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<tr>
<td>SYNDROS ORAL SOLUTION (dronabinol)</td>
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<td><em>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</em>** - DRUGS FOR VOMITING AND NAUSEA</td>
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<tr>
<td>aprepitant oral capsule 125 mg</td>
<td>1 or 1b*</td>
<td>QL (5 capsules per 25 days)</td>
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<tr>
<td>aprepitant oral capsule 40 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 fill)</td>
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<tr>
<td>aprepitant oral capsule 80 &amp; 125 mg</td>
<td>1 or 1b*</td>
<td>QL (15 capsules per 25 days)</td>
</tr>
<tr>
<td>aprepitant oral capsule 80 mg</td>
<td>1 or 1b*</td>
<td>QL (10 capsules per 25 days)</td>
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<tr>
<td>CINVANTI INTRAVENOUS EMULSION (aprepitant)</td>
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<td>PA; QL (5 vials per 30 days)</td>
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<tr>
<td>EMEND INTRAVENOUS SOLUTION RECONSTITUTED (fosaprepitant dimeglumine)</td>
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<td>EMEND ORAL CAPSULE 40 MG (aprepitant)</td>
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<td>QL (1 capsule per 1 fill)</td>
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<tr>
<td>EMEND ORAL CAPSULE 80 MG (aprepitant)</td>
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<td>EMEND ORAL SUSPENSION RECONSTITUTED (aprepitant)</td>
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<td>QL (15 kit per 30 days)</td>
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<td>EMEND TRI-PACK ORAL CAPSULE (aprepitant)</td>
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<td>QL (15 capsules per 25 days)</td>
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<tr>
<td>fosaprepitant dimeglumine intravenous solution reconstituted</td>
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<td>PA; QL (5 vial per 30 days)</td>
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<tr>
<td>VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (rolapitant hcl)</td>
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<td><em>ANTIFUNGALS</em> - DRUGS FOR INFECTIONS</td>
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<tr>
<td><em>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</em>** - DRUGS FOR FUNGUS</td>
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<td>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (caspofungin acetate)</td>
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<tr>
<td>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (anidulafungin)</td>
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<tr>
<td>micafungin sodium intravenous solution reconstituted</td>
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<tr>
<td>MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (micafungin sodium)</td>
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<td><em>ANTIFUNGALS</em>** - DRUGS FOR FUNGUS</td>
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<tr>
<td>ABECLET INTRAVENOUS SUSPENSION (amphotericin b lipid)</td>
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</tbody>
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<tr>
<td>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (amphotericin b liposome)</td>
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<tr>
<td><em>amphotericin b intravenous solution reconstituted</em></td>
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<tr>
<td>ANCOBON ORAL CAPSULE (flucytosine)</td>
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<td>PA</td>
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<td>BIO-STATIN ORAL CAPSULE</td>
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<td><em>bio-statin oral powder</em></td>
<td>1 or 1b*</td>
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<tr>
<td>flucytosine oral capsule</td>
<td>1 or 1b*</td>
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<td>griseofulvin microsize oral suspension</td>
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<tr>
<td>griseofulvin microsize oral tablet</td>
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<tr>
<td>griseofulvin ultramicrosize oral tablet</td>
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<tr>
<td>nystatin oral tablet</td>
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<tr>
<td>terbinafine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
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<td><em>IMIDAZOLES</em>** - DRUGS FOR FUNGUS</td>
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<tr>
<td>ketoconazole oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td><em>TRIAZOLES</em>** - DRUGS FOR FUNGUS</td>
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<tr>
<td>CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (isavuconazonium sulfate)</td>
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<td>PA; QL (1 vial per 1 day)</td>
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<tr>
<td>CRESEMBA ORAL CAPSULE (isavuconazonium sulfate)</td>
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<td>PA; QL (2 capsules per 1 day)</td>
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<tr>
<td>DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML (fluconazole)</td>
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<td>QL (40 mL per 1 day)</td>
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<tr>
<td>DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fluconazole)</td>
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<td>QL (10 mL per 1 day)</td>
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<td>DIFLUCAN ORAL TABLET 100 MG (fluconazole)</td>
<td>3</td>
<td>QL (4 tablet per 1 day)</td>
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<tr>
<td>DIFLUCAN ORAL TABLET 150 MG, 200 MG (fluconazole)</td>
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<td>QL (2 tablets per 1 day)</td>
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<td>DIFLUCAN ORAL TABLET 50 MG (fluconazole)</td>
<td>3</td>
<td>QL (8 tablet per 1 day)</td>
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<tr>
<td><strong>fluconazole in sodium chloride intravenous solution</strong></td>
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<tr>
<td>fluconazole oral suspension reconstituted 10 mg/ml</td>
<td>1 or 1b*</td>
<td>QL (40 mL per 1 day)</td>
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<tr>
<td>fluconazole oral suspension reconstituted 40 mg/ml</td>
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<td>QL (10 mL per 1 day)</td>
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<tr>
<td>fluconazole oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>fluconazole oral tablet 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>fluconazole oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>itraconazole oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL (4.2 capsules per 1 day)</td>
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<tr>
<td>itraconazole oral solution</td>
<td>1 or 1b*</td>
<td>PA; QL (20 mL per 1 day)</td>
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<td>NOXAFIL INTRAVENOUS SOLUTION (posaconazole)</td>
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<td>NOXAFIL ORAL SUSPENSION (posaconazole)</td>
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<td>PA; QL (20 mL per 1 day)</td>
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<tr>
<td>NOXAFIL ORAL TABLET DELAYED RELEASE (posaconazole)</td>
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<tr>
<td>posaconazole oral tablet delayed release</td>
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<td>SPORANOX ORAL CAPSULE (itraconazole)</td>
<td>3</td>
<td>PA; QL (4.2 capsules per 1 day)</td>
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<tr>
<td>SPORANOX ORAL SOLUTION (itraconazole)</td>
<td>3</td>
<td>PA; QL (20 mL per 1 day)</td>
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<tr>
<td>SPORANOX PULSEPAK ORAL CAPSULE (<em>itraconazole</em>)</td>
<td>3</td>
<td>PA; QL (4.2 capsules per 1 day)</td>
</tr>
<tr>
<td>TOLSURA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL (126 capsules per 30 days)</td>
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<tr>
<td>VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (<em>voriconazole</em>)</td>
<td>3</td>
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<tr>
<td>VFEND ORAL SUSPENSION RECONSTITUTED (<em>voriconazole</em>)</td>
<td>3</td>
<td>PA; QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>VFEND ORAL TABLET 200 MG (<em>voriconazole</em>)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>VFEND ORAL TABLET 50 MG (<em>voriconazole</em>)</td>
<td>3</td>
<td>PA; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>voriconazole intravenous solution reconstituted</td>
<td>1 or 1b*</td>
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<tr>
<td>voriconazole oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>voriconazole oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>voriconazole oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (4 tablet per 1 day)</td>
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*ANTIHISTAMINES - MONOCLONAL ANTIBODIES***

HEMLIBRA SUBCUTANEOUS SOLUTION (*emicizumab-kxwh*) | 5 | PA; SP |

*ANTIHISTAMINES - DRUGS FOR THE LUNGS

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<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexchlorpheniramine maleate oral solution</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ryclora oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbinoxamine maleate oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate oral tablet 4 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CARBINOXAMINE MALEATE ORAL TABLET 6 MG</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>clemastine fumarate oral tablet 2.68 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diphen oral elixir</td>
<td>1 or 1a*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>di-phen oral liquid</td>
<td>1 or 1b*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>diphenhydramine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl oral elixir</td>
<td>1 or 1a*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (carbinoxamine maleate)</td>
<td>3</td>
<td>QL (40 mL per 1 day)</td>
</tr>
<tr>
<td>RYVENT ORAL TABLET (carbinoxamine maleate)</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
</tbody>
</table>

*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cetirizine hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLARINEX ORAL TABLET (desloratadine)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>desloratadine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>desloratadine oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>levocetirizine dihydrochloride oral solution</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 1 day)</td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>levocetirizine dihydrochloride oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>QUZYTTIR INTRAVENOUS SOLUTION (cetirizine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIISTAMINES - PHENOTHIAZINES</strong>* - DRUGS FOR ALLERGIES**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENERGAN INJECTION SOLUTION (promethazine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral tablet 12.5 mg, 50 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral tablet 25 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>promethegan rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIISTAMINES - PIPERIDINES</strong>* - DRUGS FOR ALLERGIES**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERLIPIDEMICS MISC. COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURE RESULT O3D3 SYSTEM ORAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em><em>ANTIHYPERLIPIDEMICS</em> - DRUGS FOR THE HEART</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERLIPIDEMICS - MISC.</strong>* - DRUGS FOR CHOLESTEROL**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOVAZA ORAL CAPSULE (omega-3-acid ethyl esters)</td>
<td>3</td>
<td>PA; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>omega-3-acid ethyl esters oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>VASCEPA ORAL CAPSULE 0.5 GM (icosapent ethyl)</td>
<td>2</td>
<td>PA; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>VASCEPA ORAL CAPSULE 1 GM (icosapent ethyl)</td>
<td>2</td>
<td>PA; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td><strong>BILE ACID SEQUESTRANTS</strong>* - DRUGS FOR CHOLESTEROL**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cholestyramine light oral packet</td>
<td>1 or 1b*</td>
<td>QL (24 grams per 1 day)</td>
</tr>
<tr>
<td>cholestyramine light oral powder</td>
<td>1 or 1b*</td>
<td>QL (24 grams per 1 day)</td>
</tr>
<tr>
<td>cholestyramine oral packet</td>
<td>1 or 1b*</td>
<td>QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>cholestyramine oral powder</td>
<td>1 or 1b*</td>
<td>QL (54 gm per 1 day)</td>
</tr>
<tr>
<td>colesvelam hcl oral packet</td>
<td>1 or 1b*</td>
<td>QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>colesvelam hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>COLESTID FLAVORED ORAL GRANULES (colestipol hcl)</td>
<td>3</td>
<td>QL (30 grams per 1 day)</td>
</tr>
<tr>
<td>COLESTID FLAVORED ORAL PACKET (colestipol hcl)</td>
<td>3</td>
<td>QL (30 grams per 1 day)</td>
</tr>
<tr>
<td>COLESTID ORAL GRANULES (colestipol hcl)</td>
<td>3</td>
<td>QL (30 grams per 1 day)</td>
</tr>
<tr>
<td>COLESTID ORAL PACKET (colestipol hcl)</td>
<td>3</td>
<td>QL (30 grams per 1 day)</td>
</tr>
<tr>
<td>COLESTID ORAL TABLET (colestipol hcl)</td>
<td>3</td>
<td>QL (16 tablets per 1 day)</td>
</tr>
<tr>
<td>colestipol hcl oral granules</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>colestipol hcl oral packet</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 1 day)</td>
</tr>
<tr>
<td>colestipol hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (16 tablets per 1 day)</td>
</tr>
<tr>
<td>cholestyramine light (Prevalite Oral Packet)</td>
<td>1 or 1b*</td>
<td>QL (24 grams per 1 day)</td>
</tr>
<tr>
<td>cholestyramine light (Prevalite Oral Powder)</td>
<td>1 or 1b*</td>
<td>QL (24 grams per 1 day)</td>
</tr>
<tr>
<td>QUESTRAN LIGHT ORAL POWDER (cholestyramine light)</td>
<td>3</td>
<td>QL (24 grams per 1 day)</td>
</tr>
<tr>
<td>QUESTRAN ORAL PACKET (cholestyramine)</td>
<td>3</td>
<td>QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>QUESTRAN ORAL POWDER (cholestyramine)</td>
<td>3</td>
<td>QL (54 gm per 1 day)</td>
</tr>
<tr>
<td>WELCHOL ORAL PACKET (colesevelam hcl)</td>
<td>3</td>
<td>QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>WELCHOL ORAL TABLET (colesevelam hcl)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td><em>FIBRIC ACID DERIVATIVES</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTARA ORAL CAPSULE (fenofibrate micronized)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>fenofibrate micronized oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>fenofibrate oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>FENOFIBRATE ORAL TABLET 160 MG</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>fenofibric acid oral capsule delayed release</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FENOFIBRIC ACID ORAL TABLET 105 MG</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>fenofibric acid oral tablet 35 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>FENOLIDE ORAL TABLET (fenofibrate)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FIBRICOR ORAL TABLET (fenofibrate acid)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>gemfibrozil oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LIPOFEN ORAL CAPSULE (fenofibrate)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>LOPID ORAL TABLET (gemfibrozil)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TRICOR ORAL TABLET (fenofibrate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TRILIPIX ORAL CAPSULE DELAYED RELEASE (choline fenofibrate)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>HMG COA REDUCTASE INHIBITORS</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (lovastatin)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (lovastatin)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>atorvastatin calcium oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>atorvastatin calcium oral tablet 40 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>atorvastatin calcium oral tablet 80 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (rosuvastatin calcium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>CRESTOR ORAL TABLET 40 MG (rosuvastatin calcium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (rosuvastatin calcium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
</tbody>
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<tr>
<td>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (rosuvastatin calcium)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FLOLIPID ORAL SUSPENSION</td>
<td>3</td>
<td>ST; QL (5 mL per 1 day)</td>
</tr>
<tr>
<td>fluvastatin sodium or oral tablet extended release 24 hour</td>
<td>1 or 1b*; $0</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>fluvastatin sodium capsule</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (fluvastatin sodium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (atorvastatin calcium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>LIPITOR ORAL TABLET 80 MG (atorvastatin calcium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>LIVALO ORAL TABLET 1 MG, 2 MG (pitavastatin calcium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>LIVALO ORAL TABLET 4 MG (pitavastatin calcium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>lovastatin oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>lovastatin oral tablet 40 mg</td>
<td>1 or 1b*; $0</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PRAVACHOL ORAL TABLET (pravastatin sodium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>pravastatin sodium oral tablet 80 mg</td>
<td>1 or 1b*; $0</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>rosvavastatin calcium oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>rosvavastatin calcium oral tablet 20 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>rosvavastatin calcium oral tablet 40 mg</td>
<td>1 or 1b*; $0</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</td>
<td>1 or 1b*; $0</td>
<td>DO</td>
</tr>
<tr>
<td>simvastatin oral tablet 80 mg</td>
<td>1 or 1b*; $0</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ZOCOR ORAL TABLET 80 MG (simvastatin)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZYPITAMAG ORAL TABLET 2 MG (pitavastatin magnesium)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ZYPITAMAG ORAL TABLET 4 MG (pitavastatin magnesium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ezetimibe-simvastatin oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VYTORIN ORAL TABLET (ezetimibe-simvastatin)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ezetimibe oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZETIA ORAL TABLET (ezetimibe)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUXTAPID ORAL CAPSULE (lomitapide mesylate)</td>
<td>3</td>
<td>PA; DO; LD</td>
</tr>
<tr>
<td><em>NICOTINIC ACID DERIVATIVES</em>** - DRUGS FOR CHOLESTEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>niacin (anti hyperlipidemic) oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (12 tablets per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>nicororal tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG (niacin (antihyperlipidemic))</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG (niacin (antihyperlipidemic))</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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</table>

**ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**

<table>
<thead>
<tr>
<th>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (amlodipine besy-benazepril hcl)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TARKA ORAL TABLET EXTENDED RELEASE (trandolapril-verapamil hcl)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

**ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE

| ACCURETIC ORAL TABLET (quinapril-hydrochlorothiazide)                                  | 3       | QL (2 tablets per 1 day)        |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg                      | 1 or 1b*| DO                              |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg                       | 1 or 1b*| QL (1 tablet per 1 day)         |
| captopril-hydrochlorothiazide oral tablet                                              | 1 or 1b*| QL (2 tablets per 1 day)        |
| enalapril-hydrochlorothiazide oral tablet                                              | 1 or 1b*| QL (2 tablets per 1 day)        |
| fosinopril sodium-hctz oral tablet 10-12.5 mg                                          | 1 or 1b*| QL (2 tablets per 1 day)        |
| fosinopril sodium-hctz oral tablet 20-12.5 mg                                          | 1 or 1b*| QL (4 tablets per 1 day)        |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg                                  | 1 or 1b*| DO                              |
| lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg                                  | 1 or 1b*| QL (4 tablets per 1 day)        |
| lisinopril-hydrochlorothiazide oral tablet 20-25 mg                                    | 1 or 1b*| QL (2 tablets per 1 day)        |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG (benazepril-hydrochlorothiazide)                   | 3       | DO                              |
| LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)         | 3       | QL (1 tablet per 1 day)         |
| quinapril-hydrochlorothiazide oral tablet                                              | 1 or 1b*| QL (2 tablets per 1 day)        |

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Effective 12/01/2020
<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VASERETIC ORAL TABLET (enalapril-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ZESTORETIC ORAL TABLET 10-12.5 MG (lisinopril-hydrochlorothiazide)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>ZESTORETIC ORAL TABLET 20-12.5 MG (lisinopril-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>ZESTORETIC ORAL TABLET 20-25 MG (lisinopril-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>ACE INHIBITORS</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCUPRIL ORAL TABLET (quinapril hcl)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ALTACE ORAL CAPSULE (ramipril)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>benazepril hcl oral tablet</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>captopril oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>enalapril maleate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>enalaprilat intravenous injectable</td>
<td>1 or 1b*</td>
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<tr>
<td>EPANED ORAL SOLUTION (enalapril maleate)</td>
<td>3</td>
<td>QL (40 mg per 1 day)</td>
</tr>
<tr>
<td>fosinopril sodium oral tablet</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>lisinopril oral tablet 30 mg, 40 mg</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LOTENSIN ORAL TABLET (benazepril hcl)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>moexipril hcl oral tablet 15 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>moexipril hcl oral tablet 7.5 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>perindopril erbumine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>PRINIVIL ORAL TABLET (lisinopril)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>QBRELIS ORAL SOLUTION (lisinopril)</td>
<td>3</td>
<td>QL (40 mg per 1 day)</td>
</tr>
<tr>
<td>quinapril hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ramipril oral capsule</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>trandolapril oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>VASOTEC ORAL TABLET (enalapril maleate)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (lisinopril)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>ZESTRIL ORAL TABLET 30 MG, 40 MG (lisinopril)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>ADRENOLYTICS-CENTRAL &amp; THIAZIDE/THIAZIDE-LIKE COMB</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methylodopa-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR PHEOCHROMOCYTOMA</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMSER ORAL CAPSULE (metyrosine)</td>
<td>3</td>
<td>PA; QL (16 capsules per 1 day)</td>
</tr>
<tr>
<td>DIBENZYLINE ORAL CAPSULE (phenoxybenzamine hcl)</td>
<td>3</td>
<td>PA; QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>metyrosine oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL (16 capsules per 1 day)</td>
</tr>
<tr>
<td>phenoxybenzamine hcl oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>phenotolamine mesylate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
<tbody>
<tr>
<td><strong>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</strong>* - DRUGS FOR HIGH BLOOD PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>amlodipine besylate-valsartan oral tablet 5-160 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>amlodipine-olmesartan oral tablet 5-20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (amlodipine-olmesartan)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>AZOR ORAL TABLET 5-20 MG (amlodipine-olmesartan)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (amlodipine besylate-valsartan)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EXFORGE ORAL TABLET 5-160 MG (amlodipine besylate-valsartan)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>telmisartan-amlodipine oral tablet 40-5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG (telmisartan-amlodipine)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TWYNSTA ORAL TABLET 40-5 MG (telmisartan-amlodipine)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><strong>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</strong>* - DRUGS FOR HIGH BLOOD PRESSURE</td>
<td></td>
<td></td>
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<tr>
<td>ATACAND HCT ORAL TABLET 16-12.5 MG (candesartan cilexetil-hctz)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (candesartan cilexetil-hctz)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>AVALIDE ORAL TABLET 150-12.5 MG (irbesartan-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>AVALIDE ORAL TABLET 300-12.5 MG (irbesartan-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>BENICAR HCT ORAL TABLET 20-12.5 MG (olmesartan medoxomil-hctz)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (olmesartan medoxomil-hctz)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>candesartan cilexetil-hctz oral tablet 16-12.5 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (valsartan-hydrochlorothiazide)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EDARBYCLOOR ORAL TABLET (azilsartan-chlorthalidone)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (losartan potassium-hctz)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>HYZAAR ORAL TABLET 50-12.5 MG (losartan potassium-hctz)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>losartan potassium-hctz oral tablet 50-12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</thead>
<tbody>
<tr>
<td>MICARDIS HCT ORAL TABLET 40-12.5 MG (telmisartan-hctz)</td>
<td>3 DO</td>
<td></td>
</tr>
<tr>
<td>MICARDIS HCT ORAL TABLET 80-12.5 MG (telmisartan-hctz)</td>
<td>3 QL (2 tablets per 1 day)</td>
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<tr>
<td>MICARDIS HCT ORAL TABLET 80-25 MG (telmisartan-hctz)</td>
<td>3 QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</td>
<td>1 or 1b* DO</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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<tr>
<td>telmisartan-hctz oral tablet 40-12.5 mg</td>
<td>1 or 1b* DO</td>
<td></td>
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<tr>
<td>telmisartan-hctz oral tablet 80-12.5 mg</td>
<td>1 or 1b* QL (2 tablets per 1 day)</td>
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<td>telmisartan-hctz oral tablet 80-25 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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<tr>
<td>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</td>
<td>1 or 1b* DO</td>
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</tr>
<tr>
<td>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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</table>

*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
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<tr>
<td>ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG (candesartan cilexetil)</td>
<td>3 QL (2 tablets per 1 day)</td>
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<tr>
<td>ATACAND ORAL TABLET 32 MG (candesartan cilexetil)</td>
<td>3 QL (1 tablet per 1 day)</td>
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<tr>
<td>AVAPRO ORAL TABLET 150 MG, 75 MG (irbesartan)</td>
<td>3 DO</td>
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<tr>
<td>AVAPRO ORAL TABLET 300 MG (irbesartan)</td>
<td>3 QL (1 tablet per 1 day)</td>
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<tr>
<td>BENICAR ORAL TABLET 20 MG (olmesartan medoxomil)</td>
<td>3 DO</td>
<td></td>
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<tr>
<td>BENICAR ORAL TABLET 40 MG (olmesartan medoxomil)</td>
<td>3 QL (1 tablet per 1 day)</td>
<td></td>
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<tr>
<td>BENICAR ORAL TABLET 5 MG (olmesartan medoxomil)</td>
<td>3 QL (2 tablets per 1 day)</td>
<td></td>
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<tr>
<td>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</td>
<td>1 or 1b* QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>candesartan cilexetil oral tablet 32 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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<tr>
<td>COZAAR ORAL TABLET 100 MG (losartan potassium)</td>
<td>3 QL (1 tablet per 1 day)</td>
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<td>COZAAR ORAL TABLET 25 MG, 50 MG (losartan potassium)</td>
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<tr>
<td>DIOVAN ORAL TABLET 160 MG (valsartan)</td>
<td>3 QL (2 tablets per 1 day)</td>
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<tr>
<td>DIOVAN ORAL TABLET 320 MG (valsartan)</td>
<td>3 QL (1 tablet per 1 day)</td>
<td></td>
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<tr>
<td>DIOVAN ORAL TABLET 40 MG, 80 MG (valsartan)</td>
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<tr>
<td>EDARBI ORAL TABLET 40 MG (azilsartan medoxomil)</td>
<td>3 DO</td>
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<tr>
<td>EDARBI ORAL TABLET 80 MG (azilsartan medoxomil)</td>
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<tr>
<td>irbesartan oral tablet 150 mg, 75 mg</td>
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<tr>
<td>irbesartan oral tablet 300 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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<td>losartan potassium oral tablet 100 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
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<td>losartan potassium oral tablet 25 mg, 50 mg</td>
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<td>MICARDIS ORAL TABLET 20 MG, 40 MG (telmisartan)</td>
<td>3 DO</td>
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<tr>
<td>MICARDIS ORAL TABLET 80 MG (telmisartan)</td>
<td>3 QL (2 tablets per 1 day)</td>
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<td>olmesartan medoxomil oral tablet 20 mg</td>
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<tr>
<td>olmesartan medoxomil oral tablet 40 mg</td>
<td>1 or 1b* QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil oral tablet 5 mg</td>
<td>1 or 1b* QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>telmisartan oral tablet 20 mg, 40 mg</td>
<td>1 or 1b* DO</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>telmisartan oral tablet 80 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>valsartan oral tablet 160 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>valsartan oral tablet 320 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>valsartan oral tablet 40 mg, 80 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
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<table>
<thead>
<tr>
<th>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***</th>
<th>DRUGS FOR HIGH BLOOD PRESSURE</th>
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<tbody>
<tr>
<td>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>EXFORGE HCT ORAL TABLET 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg (amlodipine-valsartan-hctz)</td>
<td>3</td>
</tr>
<tr>
<td>EXFORGE HCT ORAL TABLET 5-160-12.5 mg (amlodipine-valsartan-hctz)</td>
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</tr>
<tr>
<td>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>TRIBENZOR ORAL TABLET 20-5-12.5 mg (olmesartan-amlodipine-hctz)</td>
<td>3</td>
</tr>
<tr>
<td>TRIBENZOR ORAL TABLET 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (olmesartan-amlodipine-hctz)</td>
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<table>
<thead>
<tr>
<th>ANTIADRENERGICS - CENTRALLY ACTING***</th>
<th>DRUGS FOR HIGH BLOOD PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATAPRES ORAL TABLET (clonidine hcl)</td>
<td>3</td>
</tr>
<tr>
<td>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (clonidine)</td>
<td>3</td>
</tr>
<tr>
<td>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (clonidine)</td>
<td>3</td>
</tr>
<tr>
<td>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (clonidine)</td>
<td>3</td>
</tr>
<tr>
<td>clonidine hcl oral tablet</td>
<td>1 or 1a*</td>
</tr>
<tr>
<td>clonidine transdermal patch weekly</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>guanfacine hcl oral tablet</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>methyldopa oral tablet</td>
<td>1 or 1b*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTIADRENERGICS - PERIPHERALLY ACTING***</th>
<th>DRUGS FOR HIGH BLOOD PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (doxazosin mesylate)</td>
<td>3</td>
</tr>
<tr>
<td>CARDURA ORAL TABLET 8 MG (doxazosin mesylate)</td>
<td>3</td>
</tr>
<tr>
<td>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>doxazosin mesylate oral tablet 8 mg</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>MINIPRESS ORAL CAPSULE (prazosin hcl)</td>
<td>3</td>
</tr>
<tr>
<td>prazosin hcl oral capsule</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</td>
<td>1 or 1b*</td>
</tr>
<tr>
<td>terazosin hcl oral capsule 10 mg</td>
<td>1 or 1b*</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><strong>ANTIHYPERTENSIVES - MISC.</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VECAMYL ORAL TABLET <em>(mecamylamine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>BETA BLOCKER &amp; DIURETIC COMBINATIONS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atenolol-chlorthalidone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bisoprolol-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR <em>(metoprolol-hydrochlorothiazide)</em></td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LOPRESSOR HCT ORAL TABLET <em>(metoprolol-hydrochlorothiazide)</em></td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>propranolol-hctz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TENORETIC 100 ORAL TABLET <em>(atenolol-chlorthalidone)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TENORETIC 50 ORAL TABLET <em>(atenolol-chlorthalidone)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZIAC ORAL TABLET <em>(bisoprolol-hydrochlorothiazide)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEKTURNA HCT ORAL TABLET 150-12.5 MG <em>(aliskiren-hydrochlorothiazide)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TEKTURNA HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG <em>(aliskiren-hydrochlorothiazide)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>DIRECT RENIN INHIBITORS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aliskiren fumarate oral tablet 150 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>aliskiren fumarate oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TEKTURNA ORAL TABLET 150 MG <em>(aliskiren fumarate)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TEKTURNA ORAL TABLET 300 MG <em>(aliskiren fumarate)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eplerenone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INSPIRA ORAL TABLET <em>(eplerenone)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VASODILATORS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>minoxidil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIPRIDE RTU INTRAVENOUS SOLUTION <em>(nitroprusside sodium-nacl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITROPRESS INTRAVENOUS SOLUTION <em>(nitroprusside sodium)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitroprusside sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium nitroprusside intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>AEMCOLO ORAL TABLET DELAYED RELEASE (<em>rifamycin sodium</em>)</td>
<td>3</td>
<td>PA; QL (12 tablets per 30 days)</td>
</tr>
<tr>
<td>bacitracin intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bacitracin intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLAGYL ORAL CAPSULE (<em>metronidazole</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLAGYL ORAL TABLET (<em>metronidazole</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IMPAVIDO ORAL CAPSULE (<em>miltefosine</em>)</td>
<td>3</td>
<td>PA; QL (84 capsules per 1 fill)</td>
</tr>
<tr>
<td>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%</td>
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<tr>
<td>metronidazole oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metronidazole oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>NEBUPENT INHALATION SOLUTION RECONSTITUTED (<em>pentamidine isethionate</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENTAM INJECTION SOLUTION RECONSTITUTED (<em>pentamidine isethionate</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pentamidine isethionate inhalation solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pentamidine isethionate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRIMSOL ORAL SOLUTION (<em>trimethoprim hcl</em>)</td>
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<tr>
<td>tinidazole oral tablet 250 mg</td>
<td>1 or 1b*</td>
<td>QL (5 tablets per 28 days)</td>
</tr>
<tr>
<td>tinidazole oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (20 tablets per 1 fill)</td>
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<tr>
<td>trimethoprim oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>XIFAXAN ORAL TABLET 200 MG (<em>rifaximin</em>)</td>
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<td>PA; QL (9 tablets per 30 days)</td>
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<tr>
<td>XIFAXAN ORAL TABLET 550 MG (<em>rifaximin</em>)</td>
<td>3</td>
<td>PA; QL (126 tablet per 252 days)</td>
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<tr>
<td>BACTRIM DS ORAL TABLET (*sulfamethoxazole-trimethoprim)</td>
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<tr>
<td>BACTRIM ORAL TABLET (<em>sulfamethoxazole-trimethoprim</em>)</td>
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<tr>
<td>sulfamethoxazole-trimethoprim intravenous solution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim oral suspension</td>
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<td>sulfamethoxazole-trimethoprim oral tablet</td>
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<tr>
<td>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension)</td>
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<td>ALINIA ORAL SUSPENSION RECONSTITUTED (<em>nitazoxanide</em>)</td>
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<td>ALINIA ORAL TABLET (<em>nitazoxanide</em>)</td>
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<tr>
<td>atovaquone oral suspension</td>
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<td>LAMPIT ORAL TABLET (<em>nifurtimox</em>)</td>
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<tr>
<td>MEPRON ORAL SUSPENSION (<em>atovaquone</em>)</td>
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<td><strong>CARBAPENEM COMBINATIONS</strong>* - ANTIBIOTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin)</td>
<td>3</td>
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<tr>
<td>RECARBIO INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin-relebactam)</td>
<td>3</td>
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<tr>
<td>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (meropenem-vaborbactam)</td>
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<td><strong>CARBAPENEMS</strong>* - ANTIBIOTICS</td>
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<tr>
<td>ertapenem sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
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<tr>
<td>INVANZ INJECTION SOLUTION RECONSTITUTED (ertapenem sodium)</td>
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<tr>
<td>meropenem intravenous solution reconstituted</td>
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<td>MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<tr>
<td>MERREM INTRAVENOUS SOLUTION RECONSTITUTED (meropenem)</td>
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<td><strong>CHLORAMPHENICALS</strong>* - ANTIBIOTICS</td>
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<td>chloramphenicol sod succinate intravenous solution reconstituted</td>
<td>1 or 1b*</td>
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<td><strong>CYCLIC LIPOPEPTIDES</strong>* - ANTIBIOTICS</td>
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<tr>
<td>CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED (daptomycin)</td>
<td>3</td>
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<tr>
<td>CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED (daptomycin)</td>
<td>3</td>
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<td>DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG</td>
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<tr>
<td>daptomycin intravenous solution reconstituted 500 mg</td>
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<td><strong>GLYCICYCLINES</strong>* - DRUGS FOR INFECTIONS</td>
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<td>TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (tigecycline)</td>
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<td><strong>LEPROSTATICS</strong>* - ANTIBIOTICS</td>
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<tr>
<td>dapsone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<td><strong>LINCOSAMIDES</strong>* - ANTIBIOTICS</td>
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<td>CLEOCIN ORAL CAPSULE (clindamycin hcl)</td>
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<tr>
<td>CLEOCIN ORAL SOLUTION RECONSTITUTED (clindamycin palmitate hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN PHOSPHATE INJECTION SOLUTION (clindamycin phosphate)</td>
<td>3</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>clindamycin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin palmitate hcl oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate injection solution</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>LINCOCIN INJECTION SOLUTION (lincomycin hcl)</td>
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<tbody>
<tr>
<td>lincomycin hcl injection solution</td>
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<tr>
<td><em>OXAZOLIDINONES</em>** - ANTIBIOTICS</td>
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<tr>
<td>linezolid in sodium chloride intravenous solution</td>
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<tr>
<td>linezolid intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>linezolid oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL (900 mL per 30 days)</td>
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<tr>
<td>linezolid oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (28 tablet per 30 days)</td>
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<tr>
<td>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (tedizolid phosphate)</td>
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<tr>
<td>SIVEXTRO ORAL TABLET (tedizolid phosphate)</td>
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<td>PA; QL (6 tablet per 30 days)</td>
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<td>ZYVOX INTRAVENOUS SOLUTION (linezolid)</td>
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<tr>
<td>ZYVOX ORAL SUSPENSION RECONSTITUTED (linezolid)</td>
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<td>PA; QL (900 mL per 30 days)</td>
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<td>ZYVOX ORAL TABLET (linezolid)</td>
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<td>PA; QL (28 tablet per 30 days)</td>
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<td><em>POLYMIXINS</em>** - ANTIBIOTICS</td>
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<td>colistimethate sodium (cba) injection solution reconstituted</td>
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<td>COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (colistimethate sodium)</td>
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<td>polymyxin b sulfate injection solution reconstituted</td>
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<td><em>STREPTOGRAMIN COMBINATIONS</em>** - ANTIBIOTICS</td>
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<tr>
<td>SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED (quinupristin-dalfopristin)</td>
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<tr>
<td><em>URINARY ANTISEPTIC-ANTISPASMODIC &amp;/OR ANALGESICS</em>** - DRUGS FOR INFECTIONS</td>
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<tr>
<td>meth-hyo-m bl-na phos-ph sal (Uretron D/S Oral Tablet)</td>
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</tr>
<tr>
<td>uticap oral capsule</td>
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<tr>
<td>meth-hyo-m bl-na phos-ph sal (Utrona-C Oral Tablet)</td>
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<td><em>ANTIMALARIALS</em> - DRUGS FOR INFECTIONS</td>
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<tr>
<td><em>ANTIMALARIAL COMBINATIONS</em>** - DRUGS FOR PARASITES</td>
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<tr>
<td>atovaquone-proguanil hcl oral tablet</td>
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<tr>
<td>COARTEM ORAL TABLET (artemether-lumefantrine)</td>
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<tr>
<td>MALARONE ORAL TABLET (atovaquone-proguanil hcl)</td>
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<tr>
<td><em>ANTIMALARIALS</em>** - DRUGS FOR PARASITES</td>
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<tr>
<td>ARAKODA ORAL TABLET (tafenoquine succinate)</td>
<td>3</td>
<td>QL (56 tablets per 1 year)</td>
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<tr>
<td>chloroquine phosphate oral tablet 250 mg</td>
<td>1 or 1a*</td>
<td>QL (16 tablets per 1 fill)</td>
</tr>
<tr>
<td>chloroquine phosphate oral tablet 500 mg</td>
<td>1 or 1a*</td>
<td>QL (8 tablets per 1 fill)</td>
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<tr>
<td>DARAPRIM ORAL TABLET (pyrimethamine)</td>
<td>3</td>
<td>PA; LD; QL (3 tablets per 1 day)</td>
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<tr>
<td>hydroxychloroquine sulfate oral tablet</td>
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<td>QL (16 tablets per 1 fill)</td>
</tr>
<tr>
<td>KRINTAFEL ORAL TABLET (tafenoquine succinate)</td>
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<td>QL (2 tablets per 1 fill)</td>
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<td>mefloquine hcl oral tablet</td>
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<td>QL (5 tablets per 28 days)</td>
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<tr>
<td>PLAQUENIL ORAL TABLET (hydroxychloroquine sulfate)</td>
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<td>PRIMAQUINE PHOSPHATE ORAL TABLET</td>
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<tr>
<td>pyrimethamine oral tablet</td>
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<td>PA; QL (3 tablets per 1 day)</td>
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<tr>
<td>QUALAQUIN ORAL CAPSULE (quinine sulfate)</td>
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<td>PA; QL (60 capsule per 365 days)</td>
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<tr>
<td>quinine sulfate oral capsule</td>
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<td>PA; QL (60 capsule per 365 days)</td>
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<tr>
<td><em><strong>ANTIMYASTHENIC AGENTS</strong></em></td>
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<tr>
<td>BLOXIVERZ INTRAVENOUS SOLUTION (neostigmine methylsulfate)</td>
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<tr>
<td>FIRDAPSE ORAL TABLET (amifampridine phosphate)</td>
<td>5</td>
<td>PA; LD; QL (8 tablets per 1 day)</td>
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<tr>
<td>GUANIDINE HCL ORAL TABLET</td>
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<tr>
<td>MESTINON ORAL SOLUTION (pyridostigmine bromide)</td>
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<tr>
<td>MESTINON ORAL TABLET (pyridostigmine bromide)</td>
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<tr>
<td>MESTINON ORAL TABLET EXTENDED RELEASE (pyridostigmine bromide)</td>
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<td>NEOSTIGMINE METHYSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</td>
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<td>NEOSTIGMINE METHYSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
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<td>pyridostigmine bromide er oral tablet extended release</td>
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<tr>
<td>pyridostigmine bromide oral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>pyridostigmine bromide oral tablet</td>
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<td>REGONOL INTRAVENOUS SOLUTION (pyridostigmine bromide)</td>
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<td>RUZURGI ORAL TABLET (amifampridine)</td>
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<td><em><strong>ANTIMYASTHENIC/CHOLINERGIC AGENTS</strong></em></td>
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<tr>
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<td>pyridostigmine bromide oral tablet</td>
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<td>RUZURGI ORAL TABLET (amifampridine)</td>
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<td>CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED (capreomycin sulfate)</td>
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<td>cycloserine oral capsule</td>
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<tr>
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<td>isoniazid injection solution</td>
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<td>isoniazid oral syrup</td>
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<td>MYAMBUTOL ORAL TABLET (ethambutol hcl)</td>
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<td>MYCOBUTIN ORAL CAPSULE (rifabutin)</td>
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<td>PASER ORAL PACKET (aminosalicylic acid)</td>
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<td>PRETOMANID ORAL TABLET</td>
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<td>rifabutin oral capsule</td>
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<td>SIRTURO ORAL TABLET (bedaquiline fumarate)</td>
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<td>TRECATOR ORAL TABLET (ethionamide)</td>
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<td><strong>ANTINEOPLASTIC - BCL-2 INHIBITORS</strong>*</td>
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<tr>
<td>VENCLEXTA ORAL TABLET 10 MG (venetoclax)</td>
<td>3; OC</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
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<tr>
<td>VENCLEXTA ORAL TABLET 100 MG (venetoclax)</td>
<td>3; OC</td>
<td>PA; LD; QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>VENCLEXTA ORAL TABLET 50 MG (venetoclax)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 tablet per 1 day)</td>
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<td>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (venetoclax)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 365 days)</td>
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<tr>
<td><strong>ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS</strong>*</td>
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<td>BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (blinatumomab)</td>
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<td>PA; LD; SP</td>
</tr>
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<td><strong>ANTINEOPLASTIC - FGFR KINASE INHIBITORS</strong>*</td>
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<td>BALVERSA ORAL TABLET 3 MG (erdafitinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 tablets per 1 day)</td>
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<tr>
<td>BALVERSA ORAL TABLET 4 MG (erdafitinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
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<tr>
<td>BALVERSA ORAL TABLET 5 MG (erdafitinib)</td>
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<td>PA; LD; QL (1 tablet per 1 day)</td>
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<td>PEMAZYRE ORAL TABLET (pemigatinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (14 tablets per 21 days)</td>
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<td><strong>ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS</strong>*</td>
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<td>LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION</td>
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<td><strong>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</strong>*</td>
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<td>TAZVERIK ORAL TABLET (tazemetostat hbr)</td>
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<td>PA; LD; QL (8 tablets per 1 day)</td>
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<td>ROZLYTREK ORAL CAPSULE (entrectinib)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>VITRAKVI ORAL CAPSULE 100 MG (larotrectinib sulfate)</td>
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<td>PA; LD; SP; QL (10 mL per 1 day)</td>
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<td>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
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<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
</tr>
<tr>
<td>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
</tr>
<tr>
<td>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
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<tr>
<td>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
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<tr>
<td>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
</tr>
<tr>
<td>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (selinexor)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 pack per 1 week)</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***

**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***

ORMECA COMBINATION KIT (diclofenac-b6-fa-b12) 3

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**

**ALKYLATING AGENTS*** - DRUGS FOR CANCER

BELRAPZO INTRAVENOUS SOLUTION (bendamustine hcl) 3 PA; LD; SP

BENDEKA INTRAVENOUS SOLUTION (bendamustine hcl) 3 PA; LD; SP

busulfan intravenous solution 1 or 1b* SP

BUSULFEX INTRAVENOUS SOLUTION (busulfan) 3 SP
carboplatin intravenous solution 1 or 1b* SP
cisplatin intravenous solution 1 or 1b* SP

CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 3

MYLERAN ORAL TABLET (busulfan) 2; OC

oxaliplatin intravenous solution 1 or 1b* SP

oxaliplatin intravenous solution reconstituted 1 or 1b* SP
carboplatin (Paraplatin Intravenous Solution) 1 or 1b* SP

TEPADINA INJECTION SOLUTION RECONSTITUTED (thiotepa) 3 SP

thiotepa injection solution reconstituted 1 or 1b* SP

TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (bendamustine hcl) 3 PA; SP

ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (lurbinectedin) 3 PA; LD; SP

**ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER

abiraterone acetate oral tablet 1 or 1b*; OC PA; SP; QL (4 tablet per 1 day)

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<tr>
<th>Prescription Drug Name</th>
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</thead>
<tbody>
<tr>
<td>YONSA ORAL TABLET (<em>abiraterone acetate</em>)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>ZYTIGA ORAL TABLET 250 MG (<em>abiraterone acetate</em>)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
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<tr>
<td>ZYTIGA ORAL TABLET 500 MG (<em>abiraterone acetate</em>)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
</tbody>
</table>

**ANTIADRENALS*** - DRUGS FOR CANCER

| LYSODREN ORAL TABLET (*mitotane*) | 2; OC | LD; QL (38 tablet per 1 day) |

**ANTIANDROGENS*** - DRUGS FOR CANCER

| bicalutamide oral tablet | 1 or 1b*; OC |  |
| CASODEX ORAL TABLET (*bicalutamide*) | 3; OC |  |
| ERLEADA ORAL TABLET (*apalutamide*) | 2; OC | PA; LD; SP; QL (4 tablets per 1 day) |
| flutamide oral capsule | 1 or 1b*; OC |  |
| NILANDRON ORAL TABLET (*nilutamide*) | 3; OC | QL (1 tablet per 1 day) |
| nilutamide oral tablet | 1 or 1b*; OC | QL (1 tablet per 1 day) |
| NUBEQA ORAL TABLET (*darolutamide*) | 3; OC | PA; LD; SP; QL (4 tablets per 1 day) |
| XTANDI ORAL CAPSULE (*enzalutamide*) | 2; OC | PA; LD; SP; QL (4 capsule per 1 day) |

**ANTIESTROGENS*** - DRUGS FOR CANCER

| FARESTON ORAL TABLET (*toremifene citrate*) | 3; OC | QL (1 tablet per 1 day) |
| SOLTAMOX ORAL SOLUTION (*tamoxifen citrate*) | 2; OC; $0 |  |
| tamoxifen citrate oral tablet | 1 or 1b*; OC; $0 |  |
| toremifene citrate oral tablet | 1 or 1b*; OC | QL (1 tablet per 1 day) |

**ANTIMETABOLITES*** - DRUGS FOR CANCER

| ALIMTA INTRAVENOUS SOLUTION REconstituted (*pemetrexed disodium*) | 3 | PA; SP |
| ARRANON INTRAVENOUS SOLUTION (*nelarabine*) | 3 | SP |
| azacitidine injection suspension reconstituted | 1 or 1b* | PA; SP |
| capecitabine oral tablet | 1 or 1b*; OC | PA; SP |
| cladribine intravenous solution | 1 or 1b* | SP |
| clofarabine intravenous solution | 1 or 1b* | SP |
| CLOLAR INTRAVENOUS SOLUTION (*clofarabine*) | 3 | SP |
| cytarabine (pf) injection solution | 1 or 1b* | SP |
| cytarabine injection solution | 1 or 1b* | SP |
| DACOGEN INTRAVENOUS SOLUTION REconstituted (*decitabine*) | 3 | SP |
| decitabine intravenous solution reconstituted | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution | 1 or 1b* | SP |

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<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td>fludarabine phosphate intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>fluorouracil intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>FOLOTYN INTRAVENOUS SOLUTION (pralatrexate)</td>
<td>3</td>
<td>SP</td>
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<tr>
<td>GEMCITABINE HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>INFUGEM INTRAVENOUS SOLUTION (gemcitabine hcl-nacl)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>mercaptopurine oral tablet</td>
<td>1 or 1b*; OC</td>
<td></td>
</tr>
<tr>
<td>methotrexate oral tablet</td>
<td>1 or 1b*; OC</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>METHOTREXATE SODIUM ORAL TABLET</td>
<td>2; OC</td>
<td></td>
</tr>
<tr>
<td>ONUREG ORAL TABLET (azacitidine)</td>
<td>3; OC</td>
<td>PA; LD; QL (14 tablets per 28 days)</td>
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<tr>
<td>PURIXAN ORAL SUSPENSION (mercaptopurine)</td>
<td>3; OC</td>
<td>PA; LD</td>
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<tr>
<td>TABLOID ORAL TABLET (thioguanine)</td>
<td>2; OC</td>
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</tr>
<tr>
<td>TREPALL ORAL TABLET (methotrexate sodium)</td>
<td>2; OC</td>
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</tr>
<tr>
<td>VIDAZA INJECTION SUSPENSION RECONSTITUTED (azacitidine)</td>
<td>3</td>
<td>PA; SP</td>
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<tr>
<td>XATMEP ORAL SOLUTION (methotrexate)</td>
<td>3; OC</td>
<td>PA; SP</td>
</tr>
<tr>
<td>XELODA ORAL TABLET (capecitabine)</td>
<td>3; OC</td>
<td>PA; SP</td>
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<tr>
<td><strong>ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY</strong>* - DRUGS FOR CANCER</td>
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<tr>
<td>PROVENGE INTRAVENOUS SUSPENSION (sipuleucel-t)</td>
<td>5</td>
<td>PA; LD</td>
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<td><strong>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</strong>* - DRUGS FOR CANCER</td>
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<tr>
<td>BRAFTOVI ORAL CAPSULE (encorafenib)</td>
<td>3; OC</td>
<td>PA; LD; QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>TAFINLAR ORAL CAPSULE (dabrafenib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>ZELBORAF ORAL TABLET (vemurafenib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</strong>* - DRUGS FOR CANCER</td>
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<tr>
<td>DAURISMO ORAL TABLET 100 MG (glasdegib maleate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>DAURISMO ORAL TABLET 25 MG (glasdegib maleate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ERIVEDGE ORAL CAPSULE (vismodegib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td>ODOMZO ORAL CAPSULE (sonidegib phosphate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td><strong>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</strong>* - DRUGS FOR CANCER</td>
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</tr>
<tr>
<td>BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (belinostat)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
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<tbody>
<tr>
<td>FARYDAK ORAL CAPSULE 10 MG, 20 MG (panobinostat lactate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FARYDAK ORAL CAPSULE 15 MG (panobinostat lactate)</td>
<td>3; OC</td>
<td>PA; LD; SP</td>
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<tr>
<td>ISTOPAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (romidepsin)</td>
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<td>PA; LD; SP</td>
</tr>
<tr>
<td>ROMIDEPSIN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZOLINZA ORAL CAPSULE (vorinostat)</td>
<td>2; OC</td>
<td>PA; SP; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - IMMUNOMODULATORS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POMALYST ORAL CAPSULE 1 MG (pomalidomide)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (5 capsule per 1 day)</td>
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<tr>
<td>POMALYST ORAL CAPSULE 2 MG (pomalidomide)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 capsules per 1 day)</td>
</tr>
<tr>
<td>POMALYST ORAL CAPSULE 3 MG, 4 MG (pomalidomide)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<td><em>ANTINEOPLASTIC - MEK INHIBITORS</em>** - DRUGS FOR CANCER</td>
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<tr>
<td>COTELLIC ORAL TABLET (cobimetinib fumarate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>KOSELUGO ORAL CAPSULE 10 MG (selumetinib sulfate)</td>
<td>3; OC</td>
<td>PA; LD; QL (8 capsules per 1 day)</td>
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<tr>
<td>KOSELUGO ORAL CAPSULE 25 MG (selumetinib sulfate)</td>
<td>3; OC</td>
<td>PA; LD; QL (4 capsules per 1 day)</td>
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<tr>
<td>MEKINIST ORAL TABLET 0.5 MG (trametinib dimethyl sulfoxide)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>MEKINIST ORAL TABLET 2 MG (trametinib dimethyl sulfoxide)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>MEKTOVI ORAL TABLET (binimetinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (6 tablets per 1 day)</td>
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<tr>
<td><em>ANTINEOPLASTIC - MONOCLONAL ANTIBODIES</em>** - DRUGS FOR CANCER</td>
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<tr>
<td>ARZERRA INTRAVENOUS CONCENTRATE (ofatumumab)</td>
<td>3</td>
<td>PA; LD; SP</td>
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<tr>
<td>BAVENCIO INTRAVENOUS SOLUTION (avelumab)</td>
<td>3</td>
<td>PA; LD; SP</td>
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<tr>
<td>CAMPATH INTRAVENOUS SOLUTION (alemtuzumab)</td>
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<tr>
<td>DARZALEX INTRAVENOUS SOLUTION (daratumumab)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (elotuzumab)</td>
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<td>PA; LD; SP</td>
</tr>
<tr>
<td>ERBITUX INTRAVENOUS SOLUTION (cetuximab)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GAZYVA INTRAVENOUS SOLUTION (obinutuzumab)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab)</td>
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<td>LD; SP</td>
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<tr>
<td>HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-pkrb)</td>
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<td>LD; SP</td>
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<tr>
<td>IMFINZI INTRAVENOUS SOLUTION (durvalumab)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-anns)</td>
<td>3</td>
<td>LD; SP</td>
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<tr>
<td>KEYTRUDA INTRAVENOUS SOLUTION (pembrolizumab)</td>
<td>3</td>
<td>PA; LD; SP</td>
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<tr>
<td>LARTRUVO INTRAVENOUS SOLUTION (olaratumab)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>LIBTAYO INTRAVENOUS SOLUTION (cemiplimab-rwlc)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED (moxetumomab pasudotox-tdfk)</td>
<td>3</td>
<td>PA; LD; SP</td>
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<tr>
<td>MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (tafasitamab-cixix)</td>
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<tr>
<td>OGVIRI INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-dkst)</td>
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<td>LD; SP</td>
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<tr>
<td>ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-dtib)</td>
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<td>LD; SP</td>
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<tr>
<td>OPDIVO INTRAVENOUS SOLUTION (nivolumab)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>PERJETA INTRAVENOUS SOLUTION (pertuzumab)</td>
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<tr>
<td>PORTRAZZA INTRAVENOUS SOLUTION (necitumumab)</td>
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<tr>
<td>POTELIGEO INTRAVENOUS SOLUTION (mogamulizumab-kpdc)</td>
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<td>LD; SP</td>
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<tr>
<td>RITUXAN INTRAVENOUS SOLUTION (rituximab)</td>
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<tr>
<td>RUXIENCE INTRAVENOUS SOLUTION (rituximab-pvr)</td>
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<td>PA; SP</td>
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<tr>
<td>SARCLISA INTRAVENOUS SOLUTION (isatuximab-irfe)</td>
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<tr>
<td>TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (atezolizumab)</td>
<td>3</td>
<td>PA; LD; SP; QL (1 vial per 21 days)</td>
</tr>
<tr>
<td>TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (atezolizumab)</td>
<td>3</td>
<td>PA; LD; SP; QL (2 vials per 28 days)</td>
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<td>TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-qyyp)</td>
<td>3</td>
<td>SP</td>
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<tr>
<td>TRUXIMA INTRAVENOUS SOLUTION (rituximab-abbs)</td>
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</tr>
<tr>
<td>UNITUXIN INTRAVENOUS SOLUTION (dinutuximab)</td>
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<td>LD</td>
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<tr>
<td>VECTIBIX INTRAVENOUS SOLUTION (panitumumab)</td>
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</tr>
<tr>
<td>YERVOY INTRAVENOUS SOLUTION (ipilimumab)</td>
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<td>PA; SP</td>
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*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>AFINITOR DISPERZ ORAL TABLET SOLUBLE (everolimus)</td>
<td>3; OC</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AFINITOR ORAL TABLET 10 MG (everolimus)</td>
<td>2; OC</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (everolimus)</td>
<td>3; OC</td>
<td>PA; SP</td>
</tr>
<tr>
<td>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*; OC</td>
<td>PA; SP</td>
</tr>
<tr>
<td>temsirolimus intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TORISEL INTRAVENOUS SOLUTION (temsirolimus)</td>
<td>3</td>
<td>PA; SP</td>
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</tbody>
</table>

*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEXAVAR ORAL TABLET (sorafenib tosylate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>RYDAPT ORAL CAPSULE (midostaurin)</td>
<td>3; OC</td>
<td>PA; SP; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>STIVARGA ORAL TABLET (regorafenib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>SUTENT ORAL CAPSULE 12.5 MG (sunitinib malate)</td>
<td>2; OC</td>
<td>PA; SP; QL (3 capsule per 1 day)</td>
</tr>
</tbody>
</table>

BRAND=Brand drug  generic=generic drug  *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information  Tier 1 or 1a*=Drugs with the lowest cost share  Tier 1 or 1b*=drugs with a low cost share  Tier 2=Drugs with a higher cost share than Tier 1  Tier 3=Drugs with a higher cost share than Tier 2  Tier 4=Drugs with a higher cost share than Tier 3 and usually include preferred specialty brand and generic drugs  Tier 5=Drugs with the highest cost share and are non-preferred specialty brand and generic drugs  $0=Preventive Drug  DO=Dose Optimization  LD=Limited Distribution  OC=Oral Chemotherapy  PA=Prior Authorization  QL=Quantity Limit  SP=Specialty Pharmacy  ST=Step Therapy

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</thead>
<tbody>
<tr>
<td>SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (sunitinib malate)</td>
<td>2; OC</td>
<td>PA; SP; QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
<tbody>
<tr>
<td>BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>NINLARO ORAL CAPSULE (ixazomib citrate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 capsule per 28 days)</td>
</tr>
<tr>
<td>VELCADE INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; SP</td>
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*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
<tbody>
<tr>
<td>ALECENSA ORAL CAPSULE (alectinib hcl)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (8 capsule per 1 day)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET 180 MG (brigatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET 30 MG (brigatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET 90 MG (brigatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET THERAPY PACK (brigatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 pack per 30 days)</td>
</tr>
<tr>
<td>AYVAKIT ORAL TABLET (avapritinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>BOSULIF ORAL TABLET 100 MG (bosutinib)</td>
<td>2; OC</td>
<td>PA; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)</td>
<td>2; OC</td>
<td>PA; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>BRUKINSA ORAL CAPSULE (zanubrutinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>CABOMETYX ORAL TABLET (cabozantinib s-molate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>CALQUENCE ORAL CAPSULE (acalabrutinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 capsule per 1 day)</td>
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<tr>
<td>CAPRELSA ORAL TABLET 100 MG (vandetanib)</td>
<td>2; OC</td>
<td>PA; LD; QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>CAPRELSA ORAL TABLET 300 MG (vandetanib)</td>
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<td>PA; LD; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>COMETRIQ (100 MG DAILY DOSE) ORAL KIT (cabozantinib s-molate)</td>
<td>3; OC</td>
<td>PA; LD</td>
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<tr>
<td>COMETRIQ (140 MG DAILY DOSE) ORAL KIT (cabozantinib s-molate)</td>
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<td>PA; LD</td>
</tr>
<tr>
<td>COMETRIQ (60 MG DAILY DOSE) ORAL KIT (cabozantinib s-molate)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 dose pack per 28 days)</td>
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<tbody>
<tr>
<td>imatinib mesylate oral tablet 400 mg</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td>IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 capsule per 1 day)</td>
</tr>
<tr>
<td>IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)</td>
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<td>PA; LD; QL (1 tablet per 1 day)</td>
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<tr>
<td>IMBRUVICA ORAL TABLET (ibrutinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INLYTA ORAL TABLET 1 MG (axitinib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>INLYTA ORAL TABLET 5 MG (axitinib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>IRESSA ORAL TABLET (gefitinib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>lapatinib ditosylate oral tablet</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (30 capsules per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 pack per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (60 capsules per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 pack per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (60 capsules per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (90 capsules per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (30 capsules per 30 days)</td>
</tr>
<tr>
<td>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 pack per 30 days)</td>
</tr>
<tr>
<td>LORBRENA ORAL TABLET 100 MG (lorlatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>LORBRENA ORAL TABLET 25 MG (lorlatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>NERLYNX ORAL TABLET (neratinib maleate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>QINLOCK ORAL TABLET (ripretinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>RETEVMO ORAL CAPSULE 40 MG (selpercatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>RETEVMO ORAL CAPSULE 80 MG (selpercatinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>SPRYCEL ORAL TABLET (dasatinib)</td>
<td>2; OC</td>
<td>PA; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TABRECTA ORAL TABLET (capmatinib hcl)</td>
<td>3; OC</td>
<td>PA; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>TAGRISSO ORAL CAPSULE 40 MG (osimertinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TAGRISSO ORAL TABLET 80 MG (osimertinib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TARCEVA ORAL TABLET 100 MG, 150 MG (erlotinib hcl)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>TARCEVA ORAL TABLET 25 MG (erlotinib hcl)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>TASIGNA ORAL CAPSULE (nilotinib hcl)</td>
<td>2; OC</td>
<td>PA; SP; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>TUKYSA ORAL TABLET (tucatinib)</td>
<td>3; OC</td>
<td>PA; LD; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>TURALIO ORAL CAPSULE (pexidartinib hcl)</td>
<td>3; OC</td>
<td>PA; LD; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>TYKERB ORAL TABLET (lapatinib ditosylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (6 tablet per 1 day)</td>
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<tr>
<td>VIZIMPRO ORAL TABLET (dacomitinitib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>VOTRIENT ORAL TABLET (pazopanib hcl)</td>
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<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>XALKORI ORAL CAPSULE (crizotinib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>XOSPATA ORAL TABLET (gilteritinib fumarate)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>ZYKADIA ORAL TABLET (ceritinib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 capsules per 1 day)</td>
</tr>
</tbody>
</table>

*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER

- **doxorubicin hcl** (Adriamycin Intravenous Solution) 1 or 1b* SP
- **adriamycin intravenous solution reconstituted** 1 or 1b* SP
- **bleomycin sulfate injection solution reconstituted** 1 or 1b* SP
- **COSMGEN INTRAVENOUS SOLUTION RECONSTITUTED (dactinomycin)** 3 SP
- **dactinomycin intravenous solution reconstituted** 1 or 1b* SP
- **DAUNORUBICIN HCL INTRAVENOUS SOLUTION** 3 SP
- **DOXIL INTRAVENOUS INJECTABLE (doxorubicin hcl liposomal)** 3 PA; SP
- **doxorubicin hcl intravenous solution** 1 or 1b* SP
- **doxorubicin hcl liposomal intravenous injectable** 1 or 1b* PA; SP
- **ELLENCE INTRAVENOUS SOLUTION (epirubicin hcl)** 3 PA; SP
- **epirubicin hcl intravenous solution** 1 or 1b* PA; SP
- **IDAMYCIN PFS INTRAVENOUS SOLUTION (idarubicin hcl)** 3 SP
- **idarubicin hcl intravenous solution** 1 or 1b* SP
- **JELMYTO SOLUTION RECONSTITUTED (mitomycin)** 3 PA; LD
- **mitomycin intravenous solution reconstituted** 1 or 1b* SP
- **mitoxantrone hcl intravenous concentrate** 1 or 1b* SP
- **mitomycin** (Mutamycin Intravenous Solution Reconstituted) 1 or 1b* SP
- **valrubicin intravesical solution** 1 or 1b* SP
- **VALSTAR INTRAVESICAL SOLUTION (valrubicin)** 3 SP

*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER

- **ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (brentuximab vedotin)** 3 PA; LD; SP

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<tr>
<td>BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED <em>(inotuzumab ozogamicin)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>BLENREP INTRAVENOUS SOLUTION RECONSTITUTED <em>(belantamab mafodotin-blmf)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED <em>(fam-trastuzumab deruxtec-nxki)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED <em>(ado-trastuzumab emtansine)</em></td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED <em>(gemtuzumab ozogamicin)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PADCEV INTRAVENOUS SOLUTION RECONSTITUTED <em>(enfortumab vedotin-ejfv)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
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<tr>
<td>POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG <em>(polatuzumab vedotin-piiq)</em></td>
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<td>PA; LD; SP</td>
</tr>
<tr>
<td>POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG <em>(polatuzumab vedotin-piiq)</em></td>
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<td>PA; SP</td>
</tr>
<tr>
<td>TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED <em>(sacituzumab govitecan-hziy)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC COMBINATIONS</strong>* - DRUGS FOR CANCER</td>
<td></td>
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</tr>
<tr>
<td>DARZALEX FASPRO SUBCUTANEOUS SOLUTION <em>(daratumumab-hyaluronidase-fihj)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION <em>(trastuzumab-hyaluronidase-oysk)</em></td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>INQOVI ORAL TABLET <em>(decitabine-cedazuridine)</em></td>
<td>3; OC</td>
<td>PA; LD; SP; QL (5 tablets per 28 days)</td>
</tr>
<tr>
<td>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK <em>(ribociclib-letrazole)</em></td>
<td>2; OC</td>
<td>PA; SP; QL (0.04 unit per 1 day)</td>
</tr>
<tr>
<td>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK <em>(ribociclib-letrazole)</em></td>
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<td>PA; SP; QL (0.04 unit per 1 day)</td>
</tr>
<tr>
<td>KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK <em>(ribociclib-letrazole)</em></td>
<td>2; OC</td>
<td>PA; SP; QL (0.04 unit per 1 day)</td>
</tr>
<tr>
<td>LONSURF ORAL TABLET <em>(trifluridine-tipiracil)</em></td>
<td>3; OC</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PHESGO SUBCUTANEOUS SOLUTION <em>(pertuz-trastuz-hyaluron-zzxf)</em></td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>RITUXAN HYCELA SUBCUTANEOUS SOLUTION <em>(rituximab-hyaluronidase human)</em></td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED <em>(daunorubicin-cytarabine lipo)</em></td>
<td>3</td>
<td>LD</td>
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<tr>
<td><strong>ANTINEOPLASTIC ENZYMES</strong>* - DRUGS FOR CANCER</td>
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<tr>
<td>ASPARLAS INTRAVENOUS SOLUTION <em>(calaspargase pegol-mknl)</em></td>
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<td>PA; LD; SP</td>
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<tr>
<td>ERWINAZE INJECTION SOLUTION RECONSTITUTED <em>(asparaginase erwinia chrysanths)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>ONCASPAR INJECTION SOLUTION <em>(pegaspargase)</em></td>
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<td>PA; SP</td>
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<td></td>
</tr>
<tr>
<td>AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION <em>(iobenguane i 131)</em></td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION <em>(iobenguane i 131)</em></td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>LUTATHERA INTRAVENOUS SOLUTION <em>(lutetium lu 177 dotate)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>QUADRAMET INTRAVENOUS SOLUTION <em>(samarium sm 153 lexidronam)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>XOFIGO INTRAVENOUS SOLUTION <em>(radium ra 223 dichloride)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td><em><strong>ANTINEOPLASTICS - INTERLEUKINS</strong></em> - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELZONRIS INTRAVENOUS SOLUTION <em>(tagraxofusp-erzs)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED <em>(aldesleukin)</em></td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em><strong>ANTINEOPLASTICS - PHOTOACTIVATED AGENTS</strong></em> - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED <em>(porfimer sodium)</em></td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em><strong>ANTINEOPLASTICS MISC.</strong></em> - DRUGS FOR CANCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIMMUNE SUBCUTANEOUS SOLUTION <em>(interferon gamma-1b)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>ALFERON N INJECTION SOLUTION <em>(interferon alfa-n3)</em></td>
<td>5</td>
<td>SP</td>
</tr>
<tr>
<td>arsenic trioxide intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>dacarbazine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>HYDREA ORAL CAPSULE <em>(hydroxyurea)</em></td>
<td>3; OC</td>
<td></td>
</tr>
<tr>
<td>hydroxyurea oral capsule</td>
<td>1 or 1b*</td>
<td>OC</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION <em>(interferon alfa-2b)</em></td>
<td>5</td>
<td>LD; SP</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION RECONSTITUTED <em>(interferon alfa-2b)</em></td>
<td>5</td>
<td>LD; SP</td>
</tr>
<tr>
<td>MATULANE ORAL CAPSULE <em>(procarbazine hcl)</em></td>
<td>2; OC</td>
<td>LD</td>
</tr>
<tr>
<td>NIPENT INTRAVENOUS SOLUTION RECONSTITUTED <em>(pentostatin)</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>SYNIRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED <em>(omacetaxine mepesuccinate)</em></td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED <em>(bcg live)</em></td>
<td>5</td>
<td>SP</td>
</tr>
<tr>
<td>TRISENOX INTRAVENOUS SOLUTION <em>(arsenic trioxide)</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em><strong>AROMATASE INHIBITORS</strong></em> - DRUGS FOR CANCEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anastrozole oral tablet</td>
<td>1 or 1b*</td>
<td>OC; $0</td>
</tr>
<tr>
<td>ARIMIDEX ORAL TABLET <em>(anastrozole)</em></td>
<td>3; OC</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>AROMASIN ORAL TABLET <em>(exemestane)</em></td>
<td>3; OC</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>exemestane oral tablet</td>
<td>1 or 1b*</td>
<td>OC; $0</td>
</tr>
<tr>
<td>FEMARA ORAL TABLET <em>(letrozole)</em></td>
<td>3; OC</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>letrozole oral tablet</td>
<td>1 or 1b*</td>
<td>OC; $0</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><em>CARBOXYPEPTIDASE ENZYME AGENTS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (glucarpidase)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>CARDIAC PROTECTIVE AGENTS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrazoxane hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (dextrazoxane hcl)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (rasburicase)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (palifermin)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGEN RECEPTOR ANTAGONIST</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FASLODEX INTRAMUSCULAR SOLUTION (fulvestrant)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>fulvestrant intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>ESTROGENS-ANTINEOPLASTIC</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMCYT ORAL CAPSULE (estramustine phosphate sodium)</td>
<td>2; OC</td>
<td>PA</td>
</tr>
<tr>
<td><em>FOLIC ACID ANTAGONISTS RESCUE AGENTS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (levoleucovorin)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>leucovorin calcium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levoeleucovorin calcium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>levoeleucovorin calcium pf intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (degarelix acetate)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (degarelix acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td><em>IMIDAZOTETRAZINES</em>** - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (temozolomide)</td>
<td>2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (temozolomide)</td>
<td>3; OC</td>
<td>PA; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>TEMODAR ORAL CAPSULE 20 MG (temozolomide)</td>
<td>3; OC</td>
<td>PA; SP; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>TEMODAR ORAL CAPSULE 5 MG (temozolomide)</td>
<td>3; OC</td>
<td>PA; SP; QL (3 capsule per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>temozolomide oral capsule 20 mg</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>temozolomide oral capsule 5 mg</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (3 capsule per 1 day)</td>
</tr>
</tbody>
</table>

**JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INREBIC ORAL CAPSULE (fedratinib hcl)</td>
<td>3; OC</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET 10 MG (ruxolitinib phosphate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (5 tablet per 1 day)</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET 15 MG (ruxolitinib phosphate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (100 tablets per 30 days)</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET 20 MG (ruxolitinib phosphate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (2.5 tablet per 1 day)</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET 25 MG (ruxolitinib phosphate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (2 tablet per 1 day)</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET 5 MG (ruxolitinib phosphate)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (10 tablet per 1 day)</td>
</tr>
</tbody>
</table>

**LHRH ANALOGS*** - DRUGS FOR CANCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))</td>
<td>3</td>
<td>PA; SP; QL (1 syringe per 84 days)</td>
</tr>
<tr>
<td>ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))</td>
<td>3</td>
<td>PA; SP; QL (1 syringe per 112 days)</td>
</tr>
<tr>
<td>ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))</td>
<td>3</td>
<td>PA; SP; QL (1 syringe per 168 days)</td>
</tr>
<tr>
<td>ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td>leuprolide acetate injection kit</td>
<td>1 or 1b*</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (leuprolide acetate)</td>
<td>5</td>
<td>PA; SP; QL (1 syringe kit per 28 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (leuprolide acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (leuprolide acetate (3 month))</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 84 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (leuprolide acetate (3 month))</td>
<td>3</td>
<td>PA; SP; QL (1 kit per 84 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (leuprolide acetate (4 month))</td>
<td>3</td>
<td>PA; SP; QL (1 kit per 112 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (leuprolide acetate (6 month))</td>
<td>3</td>
<td>PA; SP; QL (1 syringe kit per 168 days)</td>
</tr>
<tr>
<td>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION REconstituted 11.25 MG (triptorelin pamoate)</td>
<td>3</td>
<td>PA; SP; QL (1 vial per 84 days)</td>
</tr>
<tr>
<td>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION REconstituted 22.5 MG (triptorelin pamoate)</td>
<td>3</td>
<td>PA; SP; QL (1 syringe per 168 days)</td>
</tr>
<tr>
<td>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION REconstituted 3.75 MG (triptorelin pamoate)</td>
<td>3</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>VANTAS SUBCUTANEOUS KIT (histrelin acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 implant per 365 days)</td>
</tr>
</tbody>
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<tr>
<td>ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (goserelin acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 EA per 84 days)</td>
</tr>
<tr>
<td>ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (goserelin acetate)</td>
<td>3</td>
<td>PA; SP; QL (1 unit per 28 days)</td>
</tr>
<tr>
<td><strong>MITOTIC INHIBITORS</strong>* - DRUGS FOR CANCER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (paclitaxel protein-bound part)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>DOCETAXEL INTRAVENOUS CONCENTRATE</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>DOCETAXEL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (etoposide phosphate)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>etoposide intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>etoposide oral capsule</td>
<td>1 or 1b*; OC</td>
<td>SP</td>
</tr>
<tr>
<td>HALAVEN INTRAVENOUS SOLUTION (eribulin mesylate)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (ixabepilone)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>JEVTANA INTRAVENOUS SOLUTION (cabazitaxel)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MARQIBO INTRAVENOUS SUSPENSION (vincristine sulfate liposome)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>NAVELBINE INTRAVENOUS SOLUTION (vinorelbine tartrate)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>paclitaxel intravenous concentrate</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TAXOTERE INTRAVENOUS CONCENTRATE (docetaxel)</td>
<td>3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TENIPOSIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>etoposide (Toposar Intravenous Solution)</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vinblastine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vincristine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vinorelbine tartrate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><em>NITROGEN MUSTARDS</em>** - DRUGS FOR CANCERN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (melphalan hcl)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>ALKERAN ORAL TABLET (melphalan)</td>
<td>3; OC</td>
<td>SP</td>
</tr>
<tr>
<td>cyclophosphamide injection solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>cyclophosphamide oral capsule</td>
<td>1 or 1b*; OC</td>
<td>SP</td>
</tr>
<tr>
<td>EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (melphalan hcl)</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>IFEX INTRAVENOUS SOLUTION RECONSTITUTED (ifosfamide)</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>ifosfamide intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>ifosfamide intravenous solution reconstituted 1 gm</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>LEUKERAN ORAL TABLET (chlorambucil)</td>
<td>2; OC</td>
<td>SP</td>
</tr>
<tr>
<td>melphalan hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
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<tr>
<td>melphalan oral tablet</td>
<td>1 or 1b*; OC</td>
<td>SP</td>
</tr>
<tr>
<td><strong>NITROSOUREAS</strong>* - DRUGS FOR CANCER**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICNU INTRAVENOUS SOLUTION RECONSTITUTED (carmustine)</td>
<td>3</td>
<td>SP</td>
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<tr>
<td>carmustine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
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<tr>
<td>GLEOSTINE ORAL CAPSULE (lomustine)</td>
<td>3; OC PA</td>
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<tr>
<td>GLIADEL WAFER IMPLANT WAFER (carmustine in polifeprosan)</td>
<td>3</td>
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<tr>
<td>ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (streptozocin)</td>
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<td>SP</td>
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<tr>
<td><strong>PROGESTINS-ANTINEOPLASTIC</strong>* - DRUGS FOR CANCER**</td>
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</tr>
<tr>
<td>hydroxyprogesterone caproate intramuscular solution</td>
<td>1 or 1b*</td>
<td>LD</td>
</tr>
<tr>
<td>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</td>
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<tr>
<td>megestrol acetate oral tablet</td>
<td>1 or 1b*; OC</td>
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<tr>
<td><strong>RETINOIDS</strong>* - DRUGS FOR CANCER**</td>
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<tr>
<td>tretinoin oral capsule</td>
<td>1 or 1b*; OC</td>
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<tr>
<td><strong>SELECTIVE RETINOID X RECEPTOR AGONISTS</strong>* - DRUGS FOR CANCER**</td>
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<tr>
<td>bexarotene oral capsule</td>
<td>1 or 1b*; OC</td>
<td>PA; SP; QL (10 capsules per 1 day)</td>
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<tr>
<td>TARGETRETIN ORAL CAPSULE (bexarotene)</td>
<td>3; OC PA; SP; QL (10 capsules per 1 day)</td>
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<tr>
<td><strong>TOPOISOMERASE I INHIBITORS</strong>* - DRUGS FOR CANCER**</td>
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<tr>
<td>CAMPTOSAR INTRAVENOUS SOLUTION (irinotecan hcl)</td>
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<td>SP</td>
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<tr>
<td>HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (topotecan hcl)</td>
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<td>SP</td>
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<tr>
<td>HYCAMTIN ORAL CAPSULE (topotecan hcl)</td>
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<tr>
<td>irinotecan hcl intravenous solution</td>
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<td>SP</td>
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<tr>
<td>ONIVYDE INTRAVENOUS INJECTABLE (irinotecan hcl liposome)</td>
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<td>LD</td>
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<tr>
<td>TOPOTECAN HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>topotecan hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>URINARY TRACT PROTECTIVE AGENTS</strong>* - DRUGS FOR CANCER**</td>
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<tr>
<td>ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED (amifostine)</td>
<td>3</td>
<td>PA; SP</td>
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<tr>
<td>mesna intravenous solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>MESNEX INTRAVENOUS SOLUTION (mesna)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>MESNEX ORAL TABLET (mesna)</td>
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<td>PA</td>
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<tr>
<td><strong>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</strong>* - DRUGS FOR CANCER**</td>
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<tr>
<td>AVASTIN INTRAVENOUS SOLUTION (bevacizumab)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>CYRAMZA INTRAVENOUS SOLUTION (ramucirumab)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>MVASI INTRAVENOUS SOLUTION (bevacizumab-awwb)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>ZALTRAP INTRAVENOUS SOLUTION (ziv-afiblercept)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>ZIRABEV INTRAVENOUS SOLUTION (bevacizumab-bvzr)</td>
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<td>PA; LD; SP</td>
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<tr>
<td><em>ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS</em>**</td>
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<tr>
<td><em>ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS</em>**</td>
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<tr>
<td>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<em>liraglutide - weight management</em>)</td>
<td>3</td>
<td>PA</td>
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<tr>
<td><em>ANTI-OBESITY AGENT COMBINATIONS</em>*</td>
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</tr>
<tr>
<td><em>ANTI-OBESITY AGENT COMBINATIONS</em>*</td>
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<tr>
<td>CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<em>naltrexone-bupropion hcl</em>)</td>
<td>3</td>
<td>PA</td>
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<td><em>ANTIPARKINSON AGENTS</em></td>
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<tr>
<td><em>ANTIPARKINSON ANTICHOLINERGICS</em>**</td>
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</tr>
<tr>
<td>benztropine mesylate injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>benztropine mesylate oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>COGENTIN INJECTION SOLUTION (<em>benztropine mesylate</em>)</td>
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<tr>
<td>trihexyphenidyl hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>trihexyphenidyl hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
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<tr>
<td><em>ANTIPARKINSON DOPAMINERGICS</em>**</td>
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<tr>
<td>amantadine hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsule per 1 day)</td>
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<tr>
<td>amantadine hcl oral syrup</td>
<td>1 or 1b*</td>
<td>QL (40 mL per 1 day)</td>
</tr>
<tr>
<td>amantadine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>bromocriptine mesylate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bromocriptine mesylate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (<em>amantadine hcl</em>)</td>
<td>3</td>
<td>PA; LD; QL (2 capsules per 1 day)</td>
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<tr>
<td>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (<em>amantadine hcl</em>)</td>
<td>3</td>
<td>PA; DO; LD</td>
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<tr>
<td>INBRIJA INHALATION CAPSULE (<em>levodopa</em>)</td>
<td>5</td>
<td>PA; LD; SP; QL (5 kits per 30 days)</td>
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<tr>
<td>OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK (<em>amantadine hcl</em>)</td>
<td>3</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
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<tr>
<td>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<em>amantadine hcl</em>)</td>
<td>3</td>
<td>PA; DO; LD</td>
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<tr>
<td>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG (<em>amantadine hcl</em>)</td>
<td>3</td>
<td>PA; LD; QL (1 tablet per 1 day)</td>
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<tr>
<td>PARLODEL ORAL CAPSULE (<em>bromocriptine mesylate</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>PARLODEL ORAL TABLET (<em>bromocriptine mesylate</em>)</td>
<td>3</td>
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<tr>
<td><em>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</em>**</td>
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<tr>
<td>AZILECT ORAL TABLET (<em>rasagiline mesylate</em>)</td>
<td>3</td>
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<tr>
<td>rasagiline mesylate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XADAGO ORAL TABLET 100 MG (<em>safinamide mesylate</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>XADAGO ORAL TABLET 50 MG (safinamide mesylate)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>ZELAPAR ORAL TABLET DISPERIBLE (selegiline hcl)</td>
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<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td><strong>CENTRAL/PERIPHERAL COMT INHIBITORS</strong>*</td>
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<tr>
<td>TASMAR ORAL TABLET (tolcapone)</td>
<td>3</td>
<td>PA; QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>tolcapone oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (6 tablet per 1 day)</td>
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<tr>
<td><strong>DECARBOXYLASE INHIBITORS</strong>*</td>
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<td>carbidopa oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>LODOSYN ORAL TABLET (carbidopa)</td>
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<tr>
<td><strong>LEVODOPA COMBINATIONS</strong>*</td>
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<tr>
<td>carbidopa-levodopa er oral tablet extended release</td>
<td>1 or 1b*</td>
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<tr>
<td>carbidopa-levodopa oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>carbidopa-levodopa oral tablet dispersible</td>
<td>1 or 1b*</td>
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<td>carbidopa-levodopa-entacapone oral tablet</td>
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<td>DUOPA ENTERAL SUSPENSION (carbidopa-levodopa)</td>
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<td><strong>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</strong>*</td>
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<tr>
<td>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (apomorphine hcl)</td>
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<tr>
<td>KYNMOBI SUBLINGUAL FILM (apomorphine hcl)</td>
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<td>PA; QL (5 films per 1 day)</td>
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<td>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>(pramipexole dihydrochloride)</td>
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<td>MIRAPEX ORAL TABLET (pramipexole dihydrochloride)</td>
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<td>QL (3 tablet per 1 day)</td>
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<tr>
<td>NEUPRO TRANSDERMAL PATCH 24 HOUR (rotigotine)</td>
<td>3</td>
<td>QL (1 patch per 1 day)</td>
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<tr>
<td>pramipexole dihydrochloride er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>ropinirole hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
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<tr>
<td>ropinirole hcl oral tablet</td>
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<td><strong>PERIPHERAL COMT INHIBITORS</strong>*</td>
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<td>COMTAN ORAL TABLET (entacapone)</td>
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<td>QL (8 tablet per 1 day)</td>
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<tr>
<td>entacapone oral tablet</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>ONGENTYS ORAL CAPSULE (opicapone)</td>
<td>3</td>
<td>PA; QL (6 tablets per 1 day)</td>
</tr>
</tbody>
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<td><strong>ANTIPSORIATIC COMBINATIONS</strong>*</td>
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<td>NUDERMXPAXK 60 EXTERNAL THERAPY PACK (calcipotriene-dimethicone)</td>
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<td><em><em>ANTIPSYCHOTICS/ANTIMANIC AGENTS</em> - DRUGS FOR THE NERVOUS SYSTEM</em>*</td>
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<td><strong>ANTIMANIC AGENTS</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
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<tr>
<td>lithium carbonate er oral tablet extended release</td>
<td>1 or 1a*</td>
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<tr>
<td>lithium carbonate oral capsule</td>
<td>1 or 1a*</td>
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<tr>
<td>lithium carbonate oral tablet</td>
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<tr>
<td>LITHOBID ORAL TABLET EXTENDED RELEASE (lithium carbonate)</td>
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<td><strong>ANTIPSYCHOTICS - MISC.</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
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<tr>
<td>CAPLYTA ORAL CAPSULE (lumateperone tosylate)</td>
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</tr>
<tr>
<td>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (carbamazepine (antipsychotic))</td>
<td>3</td>
<td>QL (8 capsules per 1 day)</td>
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<tr>
<td>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (carbamazepine (antipsychotic))</td>
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<td>QL (5 capsules per 1 day)</td>
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<td>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (ziprasidone mesylate)</td>
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<td>GEODON ORAL CAPSULE 20 MG, 40 MG (ziprasidone hcl)</td>
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<td>ST; DO</td>
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<td>GEODON ORAL CAPSULE 60 MG, 80 MG (ziprasidone hcl)</td>
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<td>LATUDA ORAL TABLET 120 MG (lurasidone hcl)</td>
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<td>QL (1 tablet per 1 day)</td>
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<td>LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (lurasidone hcl)</td>
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<tr>
<td>LATUDA ORAL TABLET 80 MG (lurasidone hcl)</td>
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<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>NUPLAZID ORAL CAPSULE (pimavanserin tartrate)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td>NUPLAZID ORAL TABLET (pimavanserin tartrate)</td>
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<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (cariprazine hcl)</td>
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<td>ST; DO</td>
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<td>VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (cariprazine hcl)</td>
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<td>ST</td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE THERAPY PACK (cariprazine hcl)</td>
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<td>ST; QL (1 pack per 1 year)</td>
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<tr>
<td>ziprasidone hcl oral capsule 20 mg, 40 mg</td>
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<td>DO</td>
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<tr>
<td>ziprasidone hcl oral capsule 60 mg, 80 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
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<tr>
<td>ziprasidone mesylate intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>BENZISOXAZOLES</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
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<tr>
<td>FANAPRT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (iloperidone)</td>
<td>3</td>
<td>ST; DO</td>
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<tr>
<td>FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (iloperidone)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>FANAPT TITRATION PACK ORAL TABLET (iloperidone)</td>
<td>3</td>
<td>ST; QL (1 pack per 1 year)</td>
</tr>
<tr>
<td>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG (paliperidone)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (paliperidone)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (paliperidone)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (paliperidone palmitate)</td>
<td>3</td>
<td>QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (paliperidone palmitate)</td>
<td>3</td>
<td>QL (1 syringe per 90 days)</td>
</tr>
<tr>
<td>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paliperidone er oral tablet extended release 24 hour 6 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>paliperidone er oral tablet extended release 24 hour 9 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (risperidone)</td>
<td>3</td>
<td>QL (1 syringe per 30 days)</td>
</tr>
<tr>
<td>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (risperidone microspheres)</td>
<td>2</td>
<td>QL (2 injections per 1 day)</td>
</tr>
<tr>
<td>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (risperidone microspheres)</td>
<td>2</td>
<td>QL (2 injections per 28 days)</td>
</tr>
<tr>
<td>RISPERDAL ORAL SOLUTION (risperidone)</td>
<td>3</td>
<td>ST; QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (risperidone)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>RISPERDAL ORAL TABLET 3 MG, 4 MG (risperidone)</td>
<td>3</td>
<td>ST; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>risperidone oral solution</td>
<td>1 or 1b*</td>
<td>ST; QL (8 mL per 1 day)</td>
</tr>
<tr>
<td>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>risperidone oral tablet 3 mg, 4 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>risperidone oral tablet dispersible 3 mg, 4 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
</tbody>
</table>

*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS

| Haloperidol Dicanoate Intramuscular Solution 100 mg/ml | 3 | QL (5 injections per 30 days) |
| Haloperidol Dicanoate Intramuscular Solution 50 mg/ml | 3 | QL (5 ampules per 30 days) |
| Haloperidol Injection Solution (haloperidol lactate) | 3 | |
| haloperidol dicanoate intramuscular solution 100 mg/ml | 1 or 1b* | QL (5 injections per 30 days) |
| haloperidol dicanoate intramuscular solution 50 mg/ml | 1 or 1b* | QL (5 ampules per 30 days) |
| haloperidol lactate injection solution | 1 or 1b* | |
| haloperidol lactate oral concentrate | 1 or 1b* | |
| haloperidol oral tablet | 1 or 1b* | |

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<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clozapine oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>clozapine oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>clozapine oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 100 mg</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 12.5 mg, 25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 150 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 200 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>CLOZARIL ORAL TABLET 100 MG (clozapine)</td>
<td>3</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>CLOZARIL ORAL TABLET 200 MG (clozapine)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>CLOZARIL ORAL TABLET 25 MG, 50 MG (clozapine)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>VERSACLOZ ORAL SUSPENSION (clozapine)</td>
<td>3</td>
<td>QL (18 mL per 1 day)</td>
</tr>
<tr>
<td>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG (asenapine maleate)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG (asenapine maleate)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>SECUADO TRANSDERMAL PATCH 24 HOUR (asenapine)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>quetiapine fumarate oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>quetiapine fumarate oral tablet 300 mg, 400 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG (quetiapine fumarate)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>SEROQUEL ORAL TABLET 200 MG (quetiapine fumarate)</td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>SEROQUEL ORAL TABLET 300 MG, 400 MG (quetiapine fumarate)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (quetiapine fumarate)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (quetiapine fumarate)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (loxapine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loxapine succinate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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<td><em><strong>DIHYDROINDOLONES</strong></em> - DRUGS FOR SEVERE MENTAL DISORDERS</td>
<td></td>
<td></td>
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<tr>
<td>molindone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td><em><strong>PHENOTHIAZINES</strong></em> - DRUGS FOR SEVERE MENTAL DISORDERS</td>
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<td></td>
</tr>
<tr>
<td>chlorpromazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlorpromazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine (Compro Rectal Suppository)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine decanoate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>perphenazine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine edisylate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>thioridazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trifluoperazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em><strong>QUINOLINONE DERIVATIVES</strong></em> - DRUGS FOR SEVERE MENTAL DISORDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE <em>(aripiprazole)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER <em>(aripiprazole)</em></td>
<td>3</td>
<td>QL (1 injection per 30 days)</td>
</tr>
<tr>
<td>ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG <em>(aripiprazole)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ABILIFY MYCITE ORAL TABLET 20 MG, 30 MG <em>(aripiprazole)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG <em>(aripiprazole)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ABILIFY ORAL TABLET 20 MG, 30 MG <em>(aripiprazole)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>aripiprazole oral solution</td>
<td>1 or 1b*</td>
<td>QL (30 mL per 1 day)</td>
</tr>
<tr>
<td>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>aripiprazole oral tablet 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>aripiprazole oral tablet dispersible 10 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>aripiprazole oral tablet dispersible 15 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE <em>(aripiprazole lauroxil)</em></td>
<td>3</td>
<td>QL (1 syringe per 1 fill)</td>
</tr>
<tr>
<td>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE <em>(aripiprazole lauroxil)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG <em>(brexpiprazole)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>REXULTI ORAL TABLET 3 MG, 4 MG <em>(brexpiprazole)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>THIENBENZODIAZEPINES</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
<td></td>
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</tr>
<tr>
<td>olanzapine intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olanzapine oral tablet 15 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablets per 1 day)</td>
</tr>
<tr>
<td>olanzapine oral tablet dispersible 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olanzapine oral tablet dispersible 15 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablets per 1 day)</td>
</tr>
<tr>
<td>olanzapine oral tablet dispersible 20 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED <em>(olanzapine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG <em>(olanzapine)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ZYPREXA ORAL TABLET 15 MG, 20 MG <em>(olanzapine)</em></td>
<td>3</td>
<td>ST; QL (1 tablets per 1 day)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED <em>(olanzapine pamoate)</em></td>
<td>3</td>
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</tr>
<tr>
<td>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG <em>(olanzapine)</em></td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG <em>(olanzapine)</em></td>
<td>3</td>
<td>ST; QL (1 tablets per 1 day)</td>
</tr>
<tr>
<td>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG <em>(olanzapine)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
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<td><strong>THIOXANTHENES</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
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<tr>
<td>thiothixene oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR</strong>*</td>
<td></td>
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<tr>
<td><strong>ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR</strong>*</td>
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<tr>
<td>TROGARZO INTRAVENOUS SOLUTION <em>(ibalizumab-uiyk)</em></td>
<td>3</td>
<td>PA; LD; QL (8 vials per 28 days)</td>
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<tr>
<td><strong>ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR</strong>*</td>
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<td><strong>ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR</strong>*</td>
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<tr>
<td>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>ANTIRETROVIRALS ADJUVANTS</strong>*</td>
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<tr>
<td><strong>ANTIRETROVIRALS ADJUVANTS</strong>*</td>
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<tr>
<td>TYBOST ORAL TABLET <em>(cobicistat)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
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<tr>
<td><strong>ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS</strong>*</td>
<td></td>
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<tr>
<td><strong>ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS</strong>*</td>
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<tr>
<td>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(inotersen sodium)</em></td>
<td>5</td>
<td>PA; LD; QL (4 syringes per 28 days)</td>
</tr>
</tbody>
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<td><strong>ANTISEPTICS &amp; DISINFECTANTS</strong> - ANTISEPTICS AND DISINFECTANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>formaldehyde external solution 10 %</td>
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<tr>
<td>FORMALDEHYDE EXTERNAL SOLUTION 37 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTARALDEHYDE EXTERNAL SOLUTION</td>
<td>2</td>
<td></td>
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<tr>
<td><strong>CHLORINE ANTISEPTICS</strong> - ANTISEPTICS AND DISINFECTANTS</td>
<td></td>
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<tr>
<td>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION</td>
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<td><strong>IODINE ANTISEPTICS</strong> - ANTISEPTICS AND DISINFECTANTS</td>
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<td>IODINE TINCTURE EXTERNAL TINCTURE 2 %</td>
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<td>IODOFLEX EXTERNAL PAD (cadexomer iodine)</td>
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<td>IODOSORB EXTERNAL GEL (cadexomer iodine)</td>
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<td><strong>ANTIVIRALS</strong> - DRUGS FOR INFECTIONS</td>
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<tr>
<td>abacavir sulfate-lamivudine oral tablet</td>
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<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>abacavir-lamivudine-zidovudine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>ATRIPLA ORAL TABLET (efavirenz-emtricitab-tenofovir)</td>
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<td>CIMDUX ORAL TABLET (lamivudine-tenofovir)</td>
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<td>COMBIVIR ORAL TABLET (lamivudine-zidovudine)</td>
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<tr>
<td>COMPLERA ORAL TABLET (emtricitab-ralpivir-tenofovir)</td>
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<tr>
<td>DELSTRIGO ORAL TABLET (doravirin-lamividin-tenofof df)</td>
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<td>DESCOVY ORAL TABLET (emtricitab-tenofovir af)</td>
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<td>efavirenz-lamivudine-tenofoir oral tablet</td>
<td>1 or 1b*</td>
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<td>emtricitabine-tenofoir df oral tablet</td>
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<td>EPZICOM ORAL TABLET (abacavir sulfate-lamivudine)</td>
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<td>EVOTAZ ORAL TABLET (atazanavir-cobicistat)</td>
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<td>GENVOYA ORAL TABLET (elviteg-cobic-emtricit-tenofof)</td>
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<td>JULUCA ORAL TABLET (dolugravin-rlipvirine)</td>
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<td>KALETRA ORAL SOLUTION (lopavir-ritonavir)</td>
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<td>KALETRA ORAL TABLET 100-25 MG (lopavir-ritonavir)</td>
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<td>KALETRA ORAL TABLET 200-50 MG (lopavir-ritonavir)</td>
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<td>lamivudine-zidovudine oral tablet</td>
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<tr>
<td>lopavir-ritonavir oral solution</td>
<td>1 or 1b*</td>
<td>QL (16 mL per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>ODEFSEY ORAL TABLET (emtricitab-rilpivir-tenofovir af)</td>
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<td>PREZCOBIX ORAL TABLET (darunavir-cobicistat)</td>
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<tr>
<td>STRIBILD ORAL TABLET (elviteg-cobic-emtricit-tenofvd)</td>
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<td>SYMFI LO ORAL TABLET (efavirenz-lamivudine-tenofovir)</td>
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<td>TEMIXYS ORAL TABLET (lamivudine-tenofovir)</td>
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<td>TRIUMEQ ORAL TABLET (abacavir-dolutegravir-lamivud)</td>
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<td>TRIZIVIR ORAL TABLET (abacavir-lamivudine-zidovudine)</td>
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<td>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)</td>
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<tr>
<td>TRUVADA ORAL TABLET 200-300 MG (emtricitabine-tenofovir df)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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</tbody>
</table>

*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS

| SELZENTRY ORAL SOLUTION (maraviroc)                          | 3         | QL (62 mL per 1 day)                                  |
| SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)            | 2         | QL (4 tablets per 1 day)                              |
| SELZENTRY ORAL TABLET 25 MG (maraviroc)                     | 2         | QL (8 tablets per 1 day)                              |
| SELZENTRY ORAL TABLET 75 MG (maraviroc)                     | 2         | QL (2 tablets per 1 day)                              |

*ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS

| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (enfuvirtide)    | 2         | PA; QL (60 vials per 30 days)                         |

*ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS

| ISENTRESS HD ORAL TABLET (raltegravir potassium)           | 3         | QL (2 tablets per 1 day)                              |
| ISENTRESS ORAL PACKET (raltegravir potassium)              | 3         | QL (2 packets per 1 day)                              |
| ISENTRESS ORAL TABLET (raltegravir potassium)              | 2         | QL (4 tablets per 1 day)                              |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG (raltegravir potassium) | 2         | QL (6 tablets per 1 day)                              |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG (raltegravir potassium) | 2         | QL (24 tablets per 1 day)                             |
| TIVICAY ORAL TABLET 10 MG (dolutegravir sodium)            | 3         | QL (4 tablets per 1 day)                              |
| TIVICAY ORAL TABLET 25 MG, 50 MG (dolutegravir sodium)     | 3         | QL (2 tablets per 1 day)                              |
| TIVICAY PD ORAL TABLET SOLUBLE (dolutegravir sodium)       | 3         | QL (12 tablets per 1 day)                             |

*ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS

| APTIVUS ORAL CAPSULE (tipranavir)                           | 2         | PA; QL (4 capsules per 1 day)                         |
| APTIVUS ORAL SOLUTION (tipranavir)                          | 2         | PA; QL (13 mL per 1 day)                              |
| atazanavir sulfate oral capsule 150 mg, 200 mg              | 1 or 1b*  | QL (2 capsules per 1 day)                             |
| atazanavir sulfate oral capsule 300 mg                      | 1 or 1b*  | QL (1 capsule per 1 day)                              |
| CRIXIVAN ORAL CAPSULE 200 MG (indinavir sulfate)            | 2         | QL (12 capsules per 1 day)                            |
| CRIXIVAN ORAL CAPSULE 400 MG (indinavir sulfate)            | 2         | QL (6 capsules per 1 day)                             |

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<tbody>
<tr>
<td>fosamprenavir calcium oral tablet</td>
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<tr>
<td>INVIRASE ORAL TABLET (saquinavir mesylate)</td>
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<tr>
<td>LEXIVA ORAL SUSPENSION (fosamprenavir calcium)</td>
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<td>QL (60 mL per 1 day)</td>
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<td>QL (4 tablets per 1 day)</td>
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<td>NORVIR ORAL PACKET (ritonavir)</td>
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<td>QL (12 packets per 1 day)</td>
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<tr>
<td>NORVIR ORAL SOLUTION (ritonavir)</td>
<td>2</td>
<td>QL (16 mL per 1 day)</td>
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<tr>
<td>PREZISTA ORAL SUSPENSION (darunavir ethanolate)</td>
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<td>QL (14 mL per 1 day)</td>
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<tr>
<td>PREZISTA ORAL TABLET 150 MG (darunavir ethanolate)</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>PREZISTA ORAL TABLET 600 MG (darunavir ethanolate)</td>
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<tr>
<td>PREZISTA ORAL TABLET 75 MG (darunavir ethanolate)</td>
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<td>QL (10 tablets per 1 day)</td>
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<tr>
<td>PREZISTA ORAL TABLET 800 MG (darunavir ethanolate)</td>
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<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>REYATAZ ORAL CAPSULE 150 MG, 200 MG (atazanavir sulfate)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
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<tr>
<td>REYATAZ ORAL CAPSULE 300 MG (atazanavir sulfate)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
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<tr>
<td>REYATAZ ORAL PACKET (atazanavir sulfate)</td>
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<td>QL (5 packets per 1 day)</td>
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<td>efavirenz oral capsule 200 mg</td>
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<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>efavirenz oral capsule 50 mg</td>
<td>1 or 1b*</td>
<td>QL (12 capsules per 1 day)</td>
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<tr>
<td>efavirenz oral tablet</td>
<td>1 or 1b*</td>
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<td>INTELENCE ORAL TABLET 100 MG (etravirine)</td>
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<td>nevirapine er oral tablet extended release 24 hour 400 mg</td>
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<tr>
<td>nevirapine oral suspension</td>
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<td>nevirapine oral tablet</td>
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<td>PIFELTRO ORAL TABLET (doravirine)</td>
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<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>SUSTIVA ORAL CAPSULE 200 MG (efavirenz)</td>
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<td>QL (4 capsules per 1 day)</td>
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<tr>
<td>SUSTIVA ORAL CAPSULE 50 MG (efavirenz)</td>
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<td>QL (1 tablet per 1 day)</td>
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<td>VIRAMUNE ORAL SUSPENSION (nevirapine)</td>
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<td>QL (40 mL per 1 day)</td>
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<tr>
<td>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (nevirapine)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><em><strong>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-</strong>&lt;br&gt;PURINES</em>** - DRUGS FOR VIRAL INFECTIONS</td>
<td></td>
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<tr>
<td>abacavir sulfate oral solution</td>
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<td>QL (2 tablets per 1 day)</td>
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<td>didanosine oral capsule delayed release 250 mg, 400 mg</td>
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<tr>
<td>ZIAGEN ORAL SOLUTION (abacavir sulfate)</td>
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<td>QL (32 mL per 1 day)</td>
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<td>QL (2 tablets per 1 day)</td>
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<td>tenofovir disoproxil fumarate oral tablet</td>
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<tr>
<td>VIREAD ORAL POWDER (tenofovir disoproxil fumarate)</td>
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<td>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)</td>
<td>2</td>
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<td><strong>CMV AGENTS</strong>* - DRUGS FOR VIRAL INFECTIONS</td>
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<tr>
<td>cidofovir intravenous solution</td>
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</tr>
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<tr>
<td>GANCICLOVIR INTRAVENOUS SOLUTION</td>
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<td>SP</td>
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<td>GANCICLOVIR SODIUM INTRAVENOUS SOLUTION</td>
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<td>SP</td>
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<td>ganciclovir sodium intravenous solution reconstituted</td>
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<td>PREVYMIS INTRAVENOUS SOLUTION (letermovir)</td>
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<td>PA; SP; QL (1 vial per 1 day)</td>
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<tr>
<td>valganciclovir hcl oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valganciclovir hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>HEPATITIS B AGENTS</strong>* - DRUGS FOR VIRAL INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adefovir dipivoxil oral tablet</td>
<td>4</td>
<td>SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>BARACLUDE ORAL SOLUTION (entecavir)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>BARACLUDE ORAL TABLET (entecavir)</td>
<td>5</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>entecavir oral tablet</td>
<td>4</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EPIVIR HBV ORAL SOLUTION (lamivudine)</td>
<td>5</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>EPIVIR HBV ORAL TABLET (lamivudine)</td>
<td>5</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>HEPERSA ORAL TABLET (adefovir dipivoxil)</td>
<td>5</td>
<td>SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>lamivudine oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VEMLIDY ORAL TABLET (tenofovir alafenamide fumarate)</td>
<td>5</td>
<td>SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>HEPATITIS C AGENTS</strong>* - DRUGS FOR VIRAL INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (peginterferon alfa-2a)</td>
<td>4</td>
<td>SP; QL (2 syringe per 28 days)</td>
</tr>
<tr>
<td>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)</td>
<td>4</td>
<td>SP; QL (4 vials per 28 days)</td>
</tr>
<tr>
<td>PEGINTRON SUBCUTANEOUS KIT (peginterferon alfa-2b)</td>
<td>5</td>
<td>SP</td>
</tr>
<tr>
<td>ribavirin oral capsule</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>ribavirin oral tablet</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>SOVALDI ORAL PACKET 150 MG (sofosbuvir)</td>
<td>5</td>
<td>PA; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>SOVALDI ORAL PACKET 200 MG (sofosbuvir)</td>
<td>5</td>
<td>PA; QL (2 packets per 1 day)</td>
</tr>
<tr>
<td>SOVALDI ORAL TABLET 200 MG (sofosbuvir)</td>
<td>4</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SOVALDI ORAL TABLET 400 MG (sofosbuvir)</td>
<td>4</td>
<td>PA; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>HERPES AGENTS - PURINE ANALOGUES</strong>* - DRUGS FOR VIRAL INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acyclovir oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acyclovir oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acyclovir oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acyclovir sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SITAVIG BUCCAL TABLET (acyclovir)</td>
<td>3</td>
<td>PA; QL (1 tablet per 30 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>valacyclovir hcl oral tablet 1 gm</td>
<td>1 or 1b*</td>
<td>QL (30 tablets per 1 fill)</td>
</tr>
<tr>
<td>valacyclovir hcl oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (60 tablets per 1 fill)</td>
</tr>
<tr>
<td>VALTREX ORAL TABLET 1 GM (valacyclovir hcl)</td>
<td>3</td>
<td>QL (30 tablets per 1 fill)</td>
</tr>
<tr>
<td>VALTREX ORAL TABLET 500 MG (valacyclovir hcl)</td>
<td>3</td>
<td>QL (60 tablets per 1 fill)</td>
</tr>
<tr>
<td>ZOVIRAX ORAL SUSPENSION (acyclovir)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>famciclovir oral tablet 125 mg, 250 mg</td>
<td>1 or 1b*</td>
<td>QL (60 tablets per 1 fill)</td>
</tr>
<tr>
<td>famciclovir oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (21 tablets per 1 fill)</td>
</tr>
</tbody>
</table>

**INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>rimantadine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

**NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>oseltamivir phosphate oral capsule 30 mg</td>
<td>1 or 1b*</td>
<td>QL (20 capsule per 90 days)</td>
</tr>
<tr>
<td>oseltamivir phosphate oral capsule 45 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>QL (10 capsule per 90 days)</td>
</tr>
<tr>
<td>oseltamivir phosphate oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>QL (20 Ml per 90 days)</td>
</tr>
<tr>
<td>RAPIVAB INTRAVENOUS SOLUTION (peramivir)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (zanamivir)</td>
<td>2</td>
<td>QL (1 package per 90 days)</td>
</tr>
<tr>
<td>TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)</td>
<td>3</td>
<td>QL (20 capsule per 90 days)</td>
</tr>
<tr>
<td>TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir phosphate)</td>
<td>3</td>
<td>QL (10 capsule per 90 days)</td>
</tr>
<tr>
<td>TAMIFLU ORAL SUSPENSION RECONSTITUTED (oseltamivir phosphate)</td>
<td>3</td>
<td>QL (180 ML per 90 days)</td>
</tr>
</tbody>
</table>

**RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ribavirin inhalation solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VIRAZOLE INHALATION SOLUTION RECONSTITUTED (ribavirin)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**ANTI-VON WILLEBRAND FACTOR AGENTS***

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABLIVI INJECTION KIT (caplacizumab-yhdp)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
</tbody>
</table>

**ASSORTED CLASSES***

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)</td>
<td>2; OC</td>
<td>PA; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>THALOMID ORAL CAPSULE 150 MG, 200 MG (thalidomide)</td>
<td>2; OC</td>
<td>PA; SP; QL (2 capsules per 1 day)</td>
</tr>
</tbody>
</table>

**B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS***

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (belimumab)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(belimumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (4 autoinjectors per 28 days)</td>
</tr>
<tr>
<td>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(belimumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (4 pens per 28 days)</td>
</tr>
<tr>
<td><strong>CHELATING AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trientine hcl (Clovique Oral Capsule)</td>
<td>1 or 1b*</td>
<td>PA; SP; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>CUPRIMINE ORAL CAPSULE <em>(penicillamine)</em></td>
<td>3</td>
<td>PA; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>DEPEN TITRATABS ORAL TABLET <em>(penicillamine)</em></td>
<td>3</td>
<td>PA; QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>EDETATE DISODIUM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>penicillamine oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>penicillamine oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>SYPRINE ORAL CAPSULE <em>(trientine hcl)</em></td>
<td>3</td>
<td>PA; SP; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td>trientine hcl oral capsule</td>
<td>1 or 1b*</td>
<td>PA; SP; QL (8 capsules per 1 day)</td>
</tr>
<tr>
<td><strong>CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOXILLUM B22K4/0 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHOXILLUM BK4/2.5 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION <em>(bicarb-dextrose-k (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION <em>(bicarb-dextrose-ca (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION <em>(bicarb-dextrose-k (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION <em>(bicarb-dextrose-k-ca (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION <em>(bicarb-dextrose-k-ca (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION <em>(bicarb-mg (crrt))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRISODIUM CITRATE/CRRT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>CYCLOSPORINE ANALOGS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>cyclosporine modified oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified <em>(Gengraf Oral Capsule)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified <em>(Gengraf Oral Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NEORAL ORAL CAPSULE <em>(cyclosporine modified)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEORAL ORAL SOLUTION <em>(cyclosporine modified)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE INTRAVENOUS SOLUTION <em>(cyclosporine)</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>SANDIMMUNE ORAL CAPSULE <em>(cyclosporine)</em></td>
<td>3</td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>SANDIMMUNE ORAL SOLUTION <em>(cyclosporine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ENZYMES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHADASE INJECTION SOLUTION <em>(hyaluronidase bovine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HYLENEX INJECTION SOLUTION <em>(hyaluronidase human)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VITRASE INJECTION SOLUTION <em>(hyaluronidase ovine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XIAFLEX INJECTION SOLUTION RECONSTITUTED <em>(collagenase clostrid histolyt)</em></td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td><strong>FECAL INCONTINENCE BULKING AGENT - COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLESTA INJECTION GEL <em>(dextranomer-sodium hyaluronate)</em></td>
<td>5</td>
<td>LD; SP</td>
</tr>
<tr>
<td><strong>HOMEOPATHIC PRODUCTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAPID GEL RX EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WELLMIND VERTIGO ORAL TABLET <em>(homeopathic products)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>IMMUNE GLOBULIN IMMUNOSUPPRESSANTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATGAM INTRAVENOUS INJECTABLE <em>(lymphocyte,anti-thymo imm glob)</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>THYMoglobulin INTRAVENOUS SOLUTION RECONSTITUTED <em>(anti-thymocyte glob (rabbit))</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><strong>IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVLIMID ORAL CAPSULE <em>(lenalidomide)</em></td>
<td>2; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><strong>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED <em>(mycophenolate mofetil hcl)</em></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>CELLCEPT ORAL CAPSULE <em>(mycophenolate mofetil)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT ORAL SUSPENSION RECONSTITUTED <em>(mycophenolate mofetil)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT ORAL TABLET <em>(mycophenolate mofetil)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>mycophenolate mofetil oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MYFORTIC ORAL TABLET DELAYED RELEASE <em>(mycophenolate sodium)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>IRRIGATION SOLUTIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>water for irrigation, sterile <em>(Argyle Sterile Water Irrigation Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactated ringers irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>irrigation solns physiological <em>(Physiolyte Irrigation Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>irrigation solns physiological <em>(Physiosol Irrigation Irrigation Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ringers irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sterile water for irrigation irrigation solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ringers irrigation (Tis-U-Sol Irrigation Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>water for irrigation, sterile irrigation solution</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>MACROLIDE IMMUNOSUPPRESSANTS</strong>*</td>
<td></td>
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<tr>
<td>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tacrolimus)</td>
<td>3</td>
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<tr>
<td>ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (tacrolimus)</td>
<td>3</td>
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<tr>
<td>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>PROGRAF INTRAVENOUS SOLUTION (tacrolimus)</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>PROGRAF ORAL CAPSULE (tacrolimus)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROGRAF ORAL PACKET (tacrolimus)</td>
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</tr>
<tr>
<td>RAPAMUNE ORAL SOLUTION (sirolimus)</td>
<td>3</td>
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<tr>
<td>RAPAMUNE ORAL TABLET (sirolimus)</td>
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<tr>
<td>sirolimus oral solution</td>
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<td></td>
</tr>
<tr>
<td>sirolimus oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tacrolimus oral capsule</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ZORTRESS ORAL TABLET (everolimus)</td>
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<tr>
<td><strong>MONOCLONAL ANTIBODIES</strong>*</td>
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<td></td>
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<tr>
<td>ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (satralizumab-mwge)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 28 days)</td>
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<tr>
<td>GAMIFANT INTRAVENOUS SOLUTION (emapalumab-lzsg)</td>
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<td>PA; LD; SP</td>
</tr>
<tr>
<td>SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (basiliximab)</td>
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<tr>
<td>UPLIZNA INTRAVENOUS SOLUTION (inebilizumab-cdon)</td>
<td>5</td>
<td>PA; LD; QL (30 mL per 180 days)</td>
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<td><strong>PERITONIAL DIALYSIS SOLUTIONS</strong>*</td>
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<td>DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<td></td>
</tr>
<tr>
<td>DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<td>DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<td></td>
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<tr>
<td>DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
<td>3</td>
<td></td>
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<tr>
<td>EXTRANEOUS INTRAPERITONEAL SOLUTION (icodextrin-electrolytes)</td>
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<tr>
<td>ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td>ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<td>ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)</td>
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<tr>
<td><em>POTASSIUM REMOVING RESINS</em>**</td>
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<tr>
<td>sodium polystyrene sulfonate (Kionex Oral Suspension)</td>
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<td>LOKELMA ORAL PACKET (sodium zirconium cyclosilicate)</td>
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<tr>
<td>sodium polystyrene sulfonate oral powder</td>
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</tr>
<tr>
<td>sodium polystyrene sulfonate oral suspension</td>
<td>1 or 1b*</td>
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<td>sodium polystyrene sulfonate rectal suspension</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium polystyrene sulfonate (Sps Oral Suspension)</td>
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<tr>
<td>VELTASSA ORAL PACKET (patiromer sorbitex calcium)</td>
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<td>LD</td>
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<td><em>PROSTAGLANDINS</em>**</td>
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<td>alprostadil injection solution</td>
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<td>PROSTIN VR INJECTION SOLUTION (alprostadil)</td>
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<tr>
<td><em>PURINE ANALOGS</em>**</td>
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<tr>
<td>AZASAN ORAL TABLET (azathioprine)</td>
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<tr>
<td>azathioprine oral tablet</td>
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<tr>
<td>AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED</td>
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<tr>
<td>IMURAN ORAL TABLET (azathioprine)</td>
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<tr>
<td><em>SCLEROSING AGENTS</em>**</td>
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<tr>
<td>ASCLERA INTRAVENOUS SOLUTION (polidocanol)</td>
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<tr>
<td>ETHAMOLIN INTRAVENOUS SOLUTION (ethanolamine olate)</td>
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<tr>
<td>POLIDOCANOL INTRAVENOUS SOLUTION</td>
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<tr>
<td>sodium tetradecyl sulfate intravenous solution</td>
<td>1 or 1b*</td>
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<tbody>
<tr>
<td>SOTRADECOL INTRAVENOUS SOLUTION 1 % (sodium tetradecyl sulfate)</td>
<td>3</td>
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</tr>
<tr>
<td>sodium tetradecyl sulfate (Sotradecol Intravenous Solution 3 %)</td>
<td>1 or 1b*</td>
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<tr>
<td>VARITHENA INTRAVENOUS FOAM (polidocanol)</td>
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<td>LD</td>
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<tr>
<td><em>SELECTIVE T-CELL COSTIMULATION BLOCKERS</em>**</td>
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<tr>
<td>NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (belatacept)</td>
<td>3</td>
<td>PA; SP</td>
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<tr>
<td><em>ATOPIC DERMATITIS - MONOClonAL ANTIBOdIES</em>**</td>
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</tr>
<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PEN-JECTOR (dupilumab)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (dupilumab)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td><em>BACTERIAL MONOClonAL ANTIBOdIES</em>**</td>
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</tr>
<tr>
<td>ZINPLAVA INTRAVENOUS SOLUTION (bezlotoxumab)</td>
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<td>PA</td>
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<tr>
<td><em>BETA BLOCKERS</em> - DRUGS FOR THE HEART</td>
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<tr>
<td>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>carvedilol oral tablet 25 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>carvedilol phosphate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
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<td>COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (carvedilol phosphate)</td>
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<td>COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG (carvedilol)</td>
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<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>COREG ORAL TABLET 25 MG (carvedilol)</td>
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<td>LABETALOL HCL INTRAVENOUS SOLUTION</td>
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<td>LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
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<td>labetalol hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td><em>BETA BLOCKERS CARDIO-SELECTIVE</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>acebutolol hcl oral capsule</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>atenolol oral tablet</td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td>betaxolol hcl oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>bisoprolol fumarate oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>BREVIBLOC IN NACL INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)</td>
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<tr>
<td>BREVIBLOC INTRAVENOUS SOLUTION (esmolol hcl)</td>
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<tr>
<td>BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)</td>
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<td>BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)</td>
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<tbody>
<tr>
<td>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<em>nebivolol hcl</em>)</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>BYSTOLIC ORAL TABLET 20 MG (<em>nebivolol hcl</em>)</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>esmolol hcl intravenous solution 100 mg/10ml</td>
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<tr>
<td>ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML</td>
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<tr>
<td>esmolol hcl-sodium chloride intravenous solution</td>
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<tr>
<td>FIRST - METOPROLOL ORAL SOLUTION (metoprolol tartrate)</td>
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<tr>
<td>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (metoprolol succinate)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
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<tr>
<td>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG (metoprolol succinate)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>LOPRESSOR ORAL TABLET 100 MG (metoprolol tartrate)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>LOPRESSOR ORAL TABLET 50 MG (metoprolol tartrate)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>metoprolol succinate er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>metoprol tartrate intravenous solution</td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td>metoprol tartrate oral tablet 100 mg</td>
<td>1 or 1a*</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>metoprol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>TENORMIN ORAL TABLET (atenolol)</td>
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<tr>
<td>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (metoprolol succinate)</td>
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*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE

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<tr>
<td>BETAPACE AF ORAL TABLET (sotalol hcl af)</td>
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<tr>
<td>BETAPACE ORAL TABLET (sotalol hcl)</td>
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<tr>
<td>CORGARD ORAL TABLET (nadolol)</td>
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<tr>
<td>HEMANGEOL ORAL SOLUTION (propranolol hcl)</td>
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</tr>
<tr>
<td>INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl)</td>
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<td></td>
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<tr>
<td>INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)</td>
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<tr>
<td>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)</td>
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<tr>
<td>nadolol oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>pindolol oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>propranolol hcl er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
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<tr>
<td>propranolol hcl intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>propranolol hcl oral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>propranolol hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>sotalol hcl (Sorine Oral Tablet)</td>
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</tr>
<tr>
<td>sotalol hcl (af) oral tablet</td>
<td>1 or 1b*</td>
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<td>SOTALOL HCL INTRAVENOUS SOLUTION</td>
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<tr>
<td>sotalol hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>SOTYLIZE ORAL SOLUTION (sotalol hcl)</td>
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<tr>
<td>timolol maleate oral tablet</td>
<td>1 or 1b*</td>
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</tbody>
</table>

*BILE ACID SYNTHESIS DISORDER AGENTS***

*BILE ACID SYNTHESIS DISORDER AGENTS***

| CHOLBAM ORAL CAPSULE (cholic acid)                  | 3         | PA; LD; QL (4 capsule per 1 day)                  |

*BIOLOGICALS MISC*

*ALLERGENIC EXTRACTS***

| ACACIA SUBCUTANEOUS SOLUTION                         | 3         |                                                  |
| ACREMONIUM SUBCUTANEOUS SOLUTION                     | 3         |                                                  |
| ALDER SUBCUTANEOUS SOLUTION                          | 3         |                                                  |
| ALTERNARIA SUBCUTANEOUS SOLUTION                     | 3         |                                                  |
| AMERICAN BEECH SUBCUTANEOUS SOLUTION                 | 3         |                                                  |
| AMERICAN COCKROACH SUBCUTANEOUS SOLUTION             | 3         |                                                  |
| AMERICAN ELM SUBCUTANEOUS SOLUTION                   | 3         |                                                  |
| AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION              | 3         |                                                  |
| ARIZONA CYPRESS SUBCUTANEOUS SOLUTION                | 3         |                                                  |
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<td>MITE (D. PTERONYSSINUS) INJECTION SOLUTION</td>
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<td>PALFORZIA (12 MG DAILY DOSE) ORAL (peanut powder-dnfp)</td>
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<td>PALFORZIA (240 MG DAILY DOSE) ORAL (peanut powder-dnfp)</td>
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<td>PALFORZIA (6 MG DAILY DOSE) ORAL (peanut powder-dnfp)</td>
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<td>PALFORZIA INITIAL ESCALATION ORAL (peanut powder-dnfp)</td>
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<td>PENICILLIUM NOTATUM INJECTION SOLUTION</td>
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<td>PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION</td>
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<td>PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION</td>
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<td>PRIVET SUBCUTANEOUS SOLUTION</td>
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<td>RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (short ragweed pollen ext)</td>
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<tr>
<td>RED BIRCH SUBCUTANEOUS SOLUTION</td>
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<td>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (galcanezumab-gnlm)</td>
<td>3</td>
<td>PA; QL (1 syringe per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (galcanezumab-gnlm)</td>
<td>3</td>
<td>PA; QL (1 pen per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (galcanezumab-gnlm)</td>
<td>3</td>
<td>PA; QL (1 syringe per 30 days)</td>
</tr>
<tr>
<td>VYEPTI INTRAVENOUS SOLUTION (eptinezumab-jjr)</td>
<td>5</td>
<td>PA; LD; QL (1 vial per 3 monthss)</td>
</tr>
<tr>
<td>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</td>
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</tr>
<tr>
<td>NURTEC ORAL TABLET DISPERSIBLE (rimegepant sulfate)</td>
<td>2</td>
<td>ST; QL (15 tablets per 30 days)</td>
</tr>
<tr>
<td>UBRELVY ORAL TABLET (ubrogepant)</td>
<td>3</td>
<td>ST; QL (16 tablets per 30 days)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS</strong>*</td>
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</tr>
<tr>
<td>CONSENSI ORAL TABLET <em>(amlodipine besylate-celecoxib)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><strong>CALCIUM CHANNEL BLOCKERS</strong>* - DRUGS FOR THE HEART</td>
<td></td>
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<tr>
<td>amlodipine besylate oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>amlodipine besylate oral tablet 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>CALAN SR ORAL TABLET EXTENDED RELEASE <em>(verapamil hcl)</em></td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>CARDENE IV INTRAVENOUS SOLUTION <em>(nicardipine hcl in nacl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG <em>(diltiazem hcl coated beads)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG <em>(diltiazem hcl coated beads)</em></td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG <em>(diltiazem hcl coated beads)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG, 420 MG <em>(diltiazem hcl coated beads)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>CARDIZEM ORAL TABLET 120 MG <em>(diltiazem hcl)</em></td>
<td>3</td>
<td>QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>CARDIZEM ORAL TABLET 30 MG, 60 MG <em>(diltiazem hcl)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl coated beads <em>(Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)</em></td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl coated beads <em>(Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)</em></td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>CLEVIPREX INTRAVENOUS EMULSION <em>(clevidipine)</em></td>
<td>3</td>
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<tr>
<td>CONJUPRI ORAL TABLET 2.5 MG <em>(levamlodipine maleate)</em></td>
<td>3</td>
<td>ST; DO</td>
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<tr>
<td>CONJUPRI ORAL TABLET 5 MG <em>(levamlodipine maleate)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er oral capsule extended release 24 hour 240 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>diltiazem hcl intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
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<tr>
<td>diltiazem hcl oral tablet 120 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>diltiazem hcl oral tablet 30 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl oral tablet 90 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablet per 1 day)</td>
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<tr>
<td>DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION</td>
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<td></td>
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<tr>
<td>DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>dilt-xr oral capsule extended release 24 hour 240 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>felodipine er oral tablet extended release 24 hour 10 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>isradipine oral capsule 2.5 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>isradipine oral capsule 5 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>KATERZIA ORAL SUSPENSION (amlodipine benzoate)</td>
<td>3</td>
<td>QL (300 mL per 30 days)</td>
</tr>
<tr>
<td>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION</td>
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<tr>
<td>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
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</tr>
<tr>
<td>nicardipine hcl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nicardipine hcl oral capsule 20 mg</td>
<td>1 or 1b*</td>
<td>QL (6 capsule per 1 day)</td>
</tr>
<tr>
<td>nicardipine hcl oral capsule 30 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>nifedipine er oral tablet extended release 24 hour 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>nifedipine oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>nimodipine oral capsule</td>
<td>1 or 1b*</td>
<td>QL (12 capsule per 1 day)</td>
</tr>
<tr>
<td>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NORVASC ORAL TABLET 10 MG (amlodipine besylate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NORVASC ORAL TABLET 2.5 MG, 5 MG (amlodipine besylate)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>NYMALIZE ORAL SOLUTION (nimodipine)</td>
<td>3</td>
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</tr>
<tr>
<td>PROCARDIA ORAL CAPSULE (nifedipine)</td>
<td>3</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG <em>(nifedipine)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG <em>(nifedipine)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG <em>(nisoldipine)</em></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG <em>(nisoldipine)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>diltiazem hcl er beads</em> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>diltiazem hcl er beads</em> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>diltiazem hcl er beads</em> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>diltiazem hcl er beads</em> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 420 Mg)</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG <em>(diltiazem hcl er beads)</em></td>
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<td>DO</td>
</tr>
<tr>
<td>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 420 MG <em>(diltiazem hcl er beads)</em></td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</em></td>
<td>1 or 1b*</td>
<td>DO</td>
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<tr>
<td><em>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</em></td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>verapamil hcl er oral capsule extended release 24 hour 240 mg</em></td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td><em>verapamil hcl er oral tablet extended release</em></td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>verapamil hcl intravenous solution</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>verapamil hcl oral tablet 120 mg, 80 mg</em></td>
<td>1 or 1b*</td>
<td>QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td><em>verapamil hcl oral tablet 40 mg</em></td>
<td>1 or 1b*</td>
<td>QL (3 tablet per 1 day)</td>
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<tr>
<td>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG <em>(verapamil hcl)</em></td>
<td>3</td>
<td>DO</td>
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<tr>
<td>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG <em>(verapamil hcl)</em></td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG <em>(verapamil hcl)</em></td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
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<tr>
<td>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG <em>(verapamil hcl)</em></td>
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<td>DO</td>
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<tr>
<td>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG <em>(verapamil hcl)</em></td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

**CARDIOTONICS* - DRUGS FOR THE HEART**

**CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART

**digoxin** (Digitek Oral Tablet) | 1 or 1b* |
| **digoxin** (Digox Oral Tablet) | 1 or 1b* |

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<td>digoxin injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>digoxin oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>digoxin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
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<td>LANOXIN INJECTION SOLUTION (digoxin)</td>
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<tr>
<td>LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)</td>
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</tr>
<tr>
<td>LANOXIN ORAL TABLET 62.5 MCG (digoxin)</td>
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<tr>
<td>LANOXIN PEDIATRIC INJECTION SOLUTION (digoxin)</td>
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<td><strong>PHOSPHODIESTERASE INHIBITORS</strong>* - DRUGS FOR THE HEART</td>
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<td>milrinone lactate in dextrose intravenous solution</td>
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<td></td>
</tr>
<tr>
<td>milrinone lactate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>*<em>CARDIOVASCULAR AGENTS - MISC.</em> - DRUGS FOR THE HEART</td>
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<tr>
<td><strong>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</strong>* - DRUGS FOR CHOLESTEROL</td>
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<tr>
<td>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (amlodipine-atorvastatin)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (amlodipine-atorvastatin)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><strong>NITRATE &amp; VASODILATOR COMBINATIONS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<td>BIDIL ORAL TABLET (isosorb dinitrate-hydralazine)</td>
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<tr>
<td><strong>PROSTAGLANDIN - IMPOTENCE AGENTS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<td>CAVERJECT IMPULSE INTRACAVERNOSAL KIT (alprostadil (vasodilator))</td>
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<td>PA</td>
</tr>
<tr>
<td>CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (alprostadil (vasodilator))</td>
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<td>PA</td>
</tr>
<tr>
<td>EDEX INTRACAVERNOSAL KIT (alprostadil (vasodilator))</td>
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<td>PA</td>
</tr>
<tr>
<td>MUSE URETHRAL PELLET (alprostadil (vasodilator))</td>
<td>3</td>
<td>PA</td>
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<tr>
<td><strong>PROSTAGLANDIN VASODILATORS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>epoprostenol sodium intravenous solution reconstituted</td>
<td>4</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (epoprostenol sodium)</td>
<td>5</td>
<td>PA; LD; SP</td>
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<tr>
<td>ORENITRAM ORAL TABLET EXTENDED RELEASE (treprostinil diolamine)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>REMODULIN INJECTION SOLUTION (treprostinil)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>treprostinil injection solution</td>
<td>4</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>TYVASO INHALATION SOLUTION (treprostinil)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>TYVASO REFILL INHALATION SOLUTION (treprostinil)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>TYVASO STARTER INHALATION SOLUTION (treprostinil)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 kit per 28 days)</td>
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<tr>
<td>VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (epoprostensol sodium)</td>
<td>4</td>
<td>PA; LD; SP</td>
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<tr>
<td>VENTAVIS INHALATION SOLUTION (iloprost)</td>
<td>5</td>
<td>PA; LD; SP; QL (9 mL per 1 day)</td>
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<td><em>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>ADEMPAS ORAL TABLET (riociguat)</td>
<td>4</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
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<td><em>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>ambrisentan oral tablet</td>
<td>4</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>bosentan oral tablet</td>
<td>4</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LETAIRIS ORAL TABLET (ambrisentan)</td>
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<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>OPSUMIT ORAL TABLET (macitentan)</td>
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<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>TRACLEER ORAL TABLET (bosentan)</td>
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<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td>TRACLEER ORAL TABLET SOLUBLE (bosentan)</td>
<td>4</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td><em>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>ADCIRCA ORAL TABLET (tadalafil (pah))</td>
<td>5</td>
<td>PA; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td>tadalafil (pah) (Alyq Oral Tablet)</td>
<td>4</td>
<td>PA; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td>REVATIO INTRAVENOUS SOLUTION (sildenafil citrate)</td>
<td>5</td>
<td>PA; SP; QL (3 vial per 1 day)</td>
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<tr>
<td>REVATIO ORAL SUSPENSION RECONSTITUTED (sildenafil citrate)</td>
<td>5</td>
<td>PA; SP; QL (6 mL per 1 day)</td>
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<tr>
<td>REVATIO ORAL TABLET (sildenafil citrate)</td>
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<td>PA; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>sildenafil citrate intravenous solution</td>
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<td>PA; SP; QL (3 vial per 1 day)</td>
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<tr>
<td>sildenafil citrate oral suspension reconstituted</td>
<td>4</td>
<td>PA; SP; QL (6 mL per 1 day)</td>
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<tr>
<td>sildenafil citrate oral tablet 20 mg</td>
<td>4</td>
<td>PA; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>tadalafil (pah) oral tablet</td>
<td>4</td>
<td>PA; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td><em>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</em>** - DRUGS FOR HIGH BLOOD PRESSURE</td>
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<tr>
<td>CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>CIALIS ORAL TABLET 2.5 MG, 5 MG (tadalafil)</td>
<td>3</td>
<td>PA; QL (30 tablets per 30 days)</td>
</tr>
<tr>
<td>LEVITRA ORAL TABLET (vardenafil hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>PA</td>
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<tr>
<td>STAXYN ORAL TABLET DISPERSIBLE (vardenafil hcl)</td>
<td>3</td>
<td>PA</td>
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</tbody>
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<tbody>
<tr>
<td>STENDRA ORAL TABLET (avanafil)</td>
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<tr>
<td><strong>tadalafil oral tablet 10 mg, 20 mg</strong></td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td><strong>tadalafil oral tablet 2.5 mg, 5 mg</strong></td>
<td>1 or 1b*</td>
<td>PA; QL (30 tablets per 30 days)</td>
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<tr>
<td>vardenafil hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>vardenafil hcl oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>VIAGRA ORAL TABLET (sildenafil citrate)</td>
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<td>PA</td>
</tr>
<tr>
<td><strong>CEPHALOSPORIN COMBINATIONS</strong>*</td>
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<tr>
<td>AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (ceftazidime-avibactam)</td>
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<td>ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (ceftolozane-tazobactam)</td>
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<td><strong>CEPHALOSPORINS - SIDEROPHORES</strong>*</td>
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<tr>
<td>FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (cefiderocol sulfate tosylate)</td>
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<td><em><em>CEPHALOSPORINS</em> - DRUGS FOR INFECTIONS</em>*</td>
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<td><strong>CEPHALOSPORINS - 1ST GENERATION</strong>* - ANTIBIOTICS**</td>
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<tr>
<td>cefadroxil oral capsule</td>
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<tr>
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<tr>
<td>cefadroxil oral tablet</td>
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<td>CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
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<tr>
<td>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</td>
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<tr>
<td>CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM</td>
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<td>CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
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<td>cefazolin sodium intravenous solution reconstituted</td>
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<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION</td>
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<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<tr>
<td>cephalixin oral capsule</td>
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<tr>
<td>cephalixin oral suspension reconstituted</td>
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<tr>
<td>cephalixin oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>KEFLEX ORAL CAPSULE (cephalexin)</td>
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<td><strong>CEPHALOSPORINS - 2ND GENERATION</strong>* - ANTIBIOTICS**</td>
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<td>CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<td>cefaclor oral capsule</td>
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<tr>
<td>cefaclor oral suspension reconstituted</td>
<td>1 or 1b*</td>
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<tr>
<td>CEFOTAN INJECTION SOLUTION RECONSTITUTED <em>(cefotetan disodium)</em></td>
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<td>cefotetan disodium injection solution reconstituted</td>
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<tr>
<td>cefozitin sodium intravenous solution reconstituted</td>
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<td>CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<tr>
<td>ceproliz oral suspension reconstituted</td>
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<tr>
<td>ceproliz oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>cefoxitin sodium intravenous solution reconstituted</td>
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<td>CEFPROZIL ORAL SUSPENSION RECONSTITUTED 1 or 1b*</td>
<td>1 or 1b*</td>
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<td>cefuroxime axetil oral tablet</td>
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<tr>
<td>cefuroxime sodium injection solution reconstituted</td>
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<td>cefuroxime sodium intravenous solution reconstituted</td>
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<td><em>CEPHALOSPORINS - 3RD GENERATION</em>** - ANTIBIOTICS</td>
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<tr>
<td>cefdinir oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>cefdinir oral suspension reconstituted 125 mg/5ml</td>
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<td>QL (240 mL per 1 fill)</td>
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<tr>
<td>cefdinir oral suspension reconstituted 250 mg/5ml</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 1 fill)</td>
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<tr>
<td>cefixime oral capsule</td>
<td>1 or 1b*</td>
<td>QL (10 capsules per 1 fill)</td>
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<tr>
<td>cefixime oral suspension reconstituted 100 mg/5ml</td>
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<td>QL (200 mL per 1 fill)</td>
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<td>cefixime oral suspension reconstituted 200 mg/5ml</td>
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<td>QL (100 mL per 1 fill)</td>
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<td>cefpodoxime proxetil oral suspension reconstituted</td>
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<td>cefpodoxime proxetil oral tablet</td>
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<td>CFETAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<tr>
<td>ceftriaxone sodium in dextrose intravenous solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</td>
<td>1 or 1b*</td>
<td>QL (1 injection per 1 fill)</td>
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<td>CFETRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</td>
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<td>ceftriaxone sodium intravenous solution reconstituted</td>
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<td>CFETRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>FORTAZ INJECTION SOLUTION RECONSTITUTED <em>(ceftazidime)</em></td>
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<td>FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED <em>(ceftazidime)</em></td>
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<tr>
<td>SUPRAX ORAL CAPSULE <em>(cefixime)</em></td>
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<td>QL (10 capsules per 1 fill)</td>
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<tr>
<td>SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML <em>(cefixime)</em></td>
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<td>QL (200 mL per 1 fill)</td>
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<tr>
<td>SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML <em>(cefixime)</em></td>
<td>3</td>
<td>QL (100 mL per 1 fill)</td>
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<tr>
<td>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<em>cefixime</em>)</td>
<td>3</td>
<td>QL (40 mL per 1 fill)</td>
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<td>SUPRAX ORAL TABLET CHEWABLE 100 MG (<em>cefixime</em>)</td>
<td>3</td>
<td>QL (40 tablets per 1 fill)</td>
</tr>
<tr>
<td>SUPRAX ORAL TABLET CHEWABLE 200 MG (<em>cefixime</em>)</td>
<td>3</td>
<td>QL (20 tablets per 1 fill)</td>
</tr>
<tr>
<td><em>CEPHALOSPORINS - 4TH GENERATION</em>** - ANTIBIOTICS</td>
<td></td>
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<tr>
<td>cefpime hcl injection solution reconstituted</td>
<td>1 or 1b*</td>
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</tr>
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<td>CEFEPIME HCL INTRAVENOUS SOLUTION</td>
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<td></td>
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<tr>
<td>CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td><em>CEPHALOSPORINS - 5TH GENERATION</em>** - ANTIBIOTICS</td>
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<td>TEFALARO INTRAVENOUS SOLUTION RECONSTITUTED (<em>ceftaroline fosamil</em>)</td>
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<td><em>CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES</em>**</td>
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<td>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-JECTOR (<em>erenumab-aooe</em>)</td>
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<td>PA; QL (1 autoinjector per 30 days)</td>
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<td>AJOVY SUBCUTANEOUS SOLUTION AUTO-JECTOR (<em>fremanezumab-vfrm</em>)</td>
<td>3</td>
<td>PA; QL (3 syringes per 90 days)</td>
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<td>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<em>fremanezumab-vfrm</em>)</td>
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<td>PA; QL (3 syringes per 90 days)</td>
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<td>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<em>galcanezumab-gnlm</em>)</td>
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<td>PA; QL (1 syringe per 30 days)</td>
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<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION AUTO-JECTOR (<em>galcanezumab-gnlm</em>)</td>
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<td>PA; QL (1 pen per 30 days)</td>
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<td>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<em>galcanezumab-gnlm</em>)</td>
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<td>PA; QL (1 syringe per 30 days)</td>
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<tr>
<td>VYEPTI INTRAVENOUS SOLUTION (<em>optineumab-ijmr</em>)</td>
<td>5</td>
<td>PA; LD; QL (1 vial per 3 monthss)</td>
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<td><em>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</em>**</td>
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<td>TRULANCE ORAL TABLET (<em>plecanatide</em>)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
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<td><em>CONTRACEPTIVES</em> - DRUGS FOR WOMEN</td>
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Effective 12/01/2020
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<th>Prescription Drug Name</th>
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<th>Coverage Requirements and Limits</th>
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*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS

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<tr>
<td>TAYTULLA ORAL CAPSULE</td>
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<tr>
<td>tyblume oral tablet</td>
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</tr>
<tr>
<td>drospirene-estradiol</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>levonorgestrel-estradiol</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>norethindrone-estradiol</td>
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<tr>
<td>norethindrone-estradiol</td>
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<tr>
<td>norethin-estradiol</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>YAZ ORAL TABLET</td>
<td>3</td>
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<tr>
<td>drospirenone-estradiol</td>
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<tr>
<td>ethynodiol diac-estradiol</td>
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<tr>
<td>drospirenone-estradiol</td>
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<td><em>COMBINATION CONTRACEPTIVES - TRANSDERMAL</em>** - BIRTH CONTROL PILLS</td>
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<tr>
<td>TWIRLA TRANSDERMAL PATCH WEEKLY</td>
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<tr>
<td>xulane transdermal patch weekly</td>
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<td><em>COMBINATION CONTRACEPTIVES - VAGINAL</em>** - BIRTH CONTROL PILLS</td>
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<tr>
<td>ANNOVERA VAGINAL RING</td>
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<tr>
<td>etonogestrel-estradiol</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>etonogestrel-estradiol</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>NUVARING VAGINAL RING</td>
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<td><em>CONTINUOUS CONTRACEPTIVES - ORAL</em>** - BIRTH CONTROL PILLS</td>
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<td>levonorgestrel-estradiol</td>
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<tr>
<td>levonorgestrel-estradiol oral tablet 90-20 mcg</td>
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<td><em>EMERGENCY CONTRACEPTIVES</em>** - BIRTH CONTROL PILLS</td>
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<tr>
<td>aftera oral tablet</td>
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<tr>
<td>econtra ez oral tablet</td>
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<tr>
<td>econtra one-step oral tablet</td>
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</tr>
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<table>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>ELLA ORAL TABLET (ulipristal acetate)</td>
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<tr>
<td>my choice oral tablet</td>
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<td>my way oral tablet</td>
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<td>new day oral tablet</td>
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<td>opcicon one-step oral tablet</td>
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<td>option 2 oral tablet</td>
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<td>preventza oral tablet</td>
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<td>react oral tablet</td>
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<td>take action oral tablet</td>
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<td><strong>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</strong>* - BIRTH CONTROL PILLS**</td>
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<td>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet)</td>
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<tr>
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<td>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet)</td>
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<td>levonorgest-eth estrad 91-day (Camrese Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Dayssee Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Fayosim Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Introvale Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Jaimiess Oral Tablet)</td>
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<td>levonorgest-eth estrad 91-day (Jolessa Oral Tablet)</td>
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<td>levonorgest-eth est &amp; eth est oral tablet</td>
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<td>levonorgest-eth estrad 91-day oral tablet</td>
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<td>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet)</td>
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<td>LOSEASONIQUE ORAL TABLET (levonorgest-eth estrad 91-day)</td>
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<td>QUARTETTE ORAL TABLET (levonorgest-eth estrad 91-day)</td>
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<td>levonorgest-eth estrad 91-day (Rivelsa Oral Tablet)</td>
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<tr>
<td>SEASONIQUE ORAL TABLET (levonorgest-eth estrad 91-day)</td>
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<td>levonorgest-eth estrad 91-day (Setlakin Oral Tablet)</td>
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<tr>
<td>levonorgest-eth estrad 91-day (Simpesse Oral Tablet)</td>
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<td><strong>FOUR PHASE CONTRACEPTIVES - ORAL</strong>* - BIRTH CONTROL PILLS**</td>
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<tr>
<td>NATAZIA ORAL TABLET (estradiol valerate-dienogest)</td>
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<td><strong>PROGESTIN CONTRACEPTIVES - IMPLANTS</strong>* - BIRTH CONTROL PILLS**</td>
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<tr>
<td>NEXPLANON SUBCUTANEOUS IMPLANT (etonogestrel)</td>
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<td>LD; SP</td>
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<td><strong>PROGESTIN CONTRACEPTIVES - INJECTABLE</strong>* - BIRTH CONTROL PILLS</td>
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<td>DEPO-PROVERA INTRAMUSCULAR SUSPENSION (medroxyprogesterone acetate)</td>
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<td>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (medroxyprogesterone acetate)</td>
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<tr>
<td>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (medroxyprogesterone acetate)</td>
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<td>medroxyprogesterone acetate intramuscular suspension</td>
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<tr>
<td>medroxyprogesterone acetate intramuscular suspension prefilled syringe</td>
<td>1 or 1b*; $0</td>
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<td><strong>PROGESTIN CONTRACEPTIVES - IUD</strong>* - BIRTH CONTROL PILLS</td>
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<td>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)</td>
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<td>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)</td>
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<td>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)</td>
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<tr>
<td>SKYLA INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)</td>
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<td>norethindrone (Nora-Be Oral Tablet)</td>
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<td>norethindrone (Norlyda Oral Tablet)</td>
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<td>norethindrone (Norlyroc Oral Tablet)</td>
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<td>ORTHO MICRONOR ORAL TABLET (norethindrone)</td>
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<td>SLYND ORAL TABLET (drospirenone)</td>
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<td>norethindrone (Tulana Oral Tablet)</td>
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<td><strong>TRIPHASIC CONTRACEPTIVES - ORAL</strong>* - BIRTH CONTROL PILLS</td>
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<td>alycacen 7/7/7 oral tablet</td>
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<tr>
<td>desogestrel-ethinyl estradiol (Caziant Oral Tablet)</td>
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</tr>
</tbody>
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<tr>
<td>norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet)</td>
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<td>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet)</td>
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<td>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet)</td>
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<td>ESTROSTEP FE ORAL TABLET (norethindron-ethinyl estrad-fe)</td>
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<td>norethin-eth estrad triphasic (Leena Oral Tablet)</td>
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<td>levonorg-eth estrad triphasic (Levonest Oral Tablet)</td>
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<td>norgestim-eth estrad triphasic oral tablet</td>
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<td>nortrel 7/7/7 Oral Tablet</td>
<td>1 or 1a*; $0</td>
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<td>ORTHO TRI-CYCLEN LO ORAL TABLET (norgestim-eth estrad triphasic)</td>
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<td>norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet)</td>
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<td>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet)</td>
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<tr>
<td>desogestrel-ethinyl estradiol (Velivet Oral Tablet)</td>
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</table>

**CONTRACEPTIVES**

**COPPER CONTRACEPTIVES - IUD*** (NEW)

| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper) | 3 |  |

**COPPER CONTRACEPTIVES - IUD***

| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper) | 3 |  |

**CORTICOSTEROIDS*** - HORMONES

**GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION

| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (hydrocortisone) | 3 |  |
| budesonide er oral tablet extended release 24 hour | 1 or 1b* | QL (1 tablet per 1 day) |

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<td>budesonide oral capsule delayed release particles</td>
<td>1 or 1b*</td>
<td>QL (3 capsule per 1 day)</td>
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<td>CORTEF ORAL TABLET (hydrocortisone)</td>
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<tr>
<td>cortisone acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>dexamethasone (Decadron Oral Tablet)</td>
<td>1 or 1a*</td>
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<tr>
<td>DEPO-MEDROL INJECTION SUSPENSION (methylprednisolone acetate)</td>
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<td>DEXABLIS ORAL TABLET THERAPY PACK</td>
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<td>DEXAMETHASONE (LA) INJECTION SUSPENSION</td>
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<td>dexamethasone sod phosphate pf injection solution</td>
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<td>DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
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<td>DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML</td>
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<td>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</td>
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<tr>
<td>DXEVO 11-DAY ORAL TABLET THERAPY PACK (dexamethasone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMFLAZA ORAL SUSPENSION (deflazacort)</td>
<td>5 PA; LD</td>
<td></td>
</tr>
<tr>
<td>EMFLAZA ORAL TABLET (deflazacort)</td>
<td>5 PA; LD</td>
<td></td>
</tr>
<tr>
<td>ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES (budesonide)</td>
<td>3 QL (3 capsule per 1 day)</td>
<td></td>
</tr>
<tr>
<td>HEMADY ORAL TABLET (dexamethasone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KENALOG INJECTION SUSPENSION (triamcinolone acetonide)</td>
<td>3</td>
<td></td>
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<tr>
<td>KENALOG-80 INJECTION SUSPENSION (triamcinolone acetonide)</td>
<td>3</td>
<td></td>
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<tr>
<td>MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (methylprednisolone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MEDROL ORAL TABLET 2 MG (methylprednisolone)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MEDROL ORAL TABLET THERAPY PACK (methylprednisolone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone acetate injection suspension 40 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>METHYLpredNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone oral tablet therapy pack</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone sodium succ injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK (prednisolone)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>MILLIPRED ORAL TABLET (<em>prednisolone</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG (<em>prednisolone sodium phosphate</em>)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (<em>prednisolone sodium phosphate</em>)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>ORITIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<em>budesonide</em>)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PEDIAPRED ORAL SOLUTION (<em>prednisolone sodium phosphate</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet dispersible 15 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>PREDNISONE INTENSOL ORAL CONCENTRATE (<em>prednisone</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>prednisone oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisone oral tablet therapy pack</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>RAYOS ORAL TABLET DELAYED RELEASE (<em>prednisone</em>)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<em>hydrocortisone sod succinate</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<em>methylprednisolone sodium succ</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>taperdex 12-day oral tablet therapy pack</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack)</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>taperdex 7-day oral tablet therapy pack</td>
<td>1 or 1b*</td>
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<tr>
<td>TOPIDEX INJECTION KIT</td>
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</tr>
<tr>
<td>TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION</td>
<td>3</td>
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</tr>
<tr>
<td>TRIAMCINOLONE DIACETATE INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (<em>budesonide</em>)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZCORT 7-DAY ORAL TABLET THERAPY PACK</td>
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<tr>
<td>ZILRETZA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (<em>triamcinolone acetonide</em>)</td>
<td>5</td>
<td>PA; LD; QL (1 injection per 1 knee)</td>
</tr>
</tbody>
</table>

*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION

| fludrocortisone acetate oral tablet | 1 or 1b* |  |

*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION

| ACTIVE INJECTION BLM-1 INJECTION KIT | 3 |  |
| ACTIVE INJECTION BM INJECTION KIT | 3 |  |
| ACTIVE INJECTION DL INJECTION KIT | 3 |  |
| ACTIVE INJECTION DLM INJECTION KIT | 3 |  |
| ACTIVE INJECTION KIT L INJECTION KIT (*methylprednisolone ace-lido*) | 3 |  |

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<tr>
<td>ACTIVE INJECTION KL-3 COMBINATION KIT</td>
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<tr>
<td>ACTIVE INJECTION KM INJECTION KIT</td>
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<td></td>
</tr>
<tr>
<td>ACTIVE INJECTION LM-DEP-2 INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACTIVE INJECTION M-1 INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE SOD PHOS &amp; ACET INJECTION SUSPENSION 7 (4-3) MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BSP 0820 INJECTION KIT</td>
<td>3</td>
<td></td>
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<tr>
<td>CELESTONE SOLUSPAN INJECTION SUSPENSION (betamethasone sod phos &amp; acet)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE ACE &amp; SOD PHOS INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
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<tr>
<td>METHYLprednisolone ACE-LIDO INJECTION SUSPENSION</td>
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<tr>
<td>P-CARE K40MX INJECTION KIT</td>
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<tr>
<td>P-CARE K80MX INJECTION KIT</td>
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<tr>
<td>POD-CARE 100CMX INJECTION KIT</td>
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<tr>
<td>POD-CARE 100KMX INJECTION KIT</td>
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<tr>
<td>POINT OF CARE KM INJECTION KIT (triamcinolone-bupivacaine)</td>
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</tr>
<tr>
<td>POINT OF CARE L.2 INJECTION KIT (methylprednisolone ace-lido)</td>
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</tr>
<tr>
<td>POINT OF CARE L.5 INJECTION KIT (methylprednisolone ace-lido)</td>
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<td></td>
</tr>
<tr>
<td>POINT OF CARE LM DEP 2 INJECTION KIT (methylprednisol &amp; bupiv &amp; lido)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>READYSHARP ANESTH + BETAMETH INJECTION KIT (betamethasone &amp; bupiv &amp; lido)</td>
<td>3</td>
<td></td>
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<tr>
<td>READYSHARP ANESTH + DEXAMETH INJECTION KIT (dexameth sod phos-bupiv-lido)</td>
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<td></td>
</tr>
<tr>
<td>READYSHARP ANESTH + METHYLpred INJECTION KIT (methylprednisol &amp; bupiv &amp; lido)</td>
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</tr>
<tr>
<td><em>CORTISOL SYNTHESIS INHIBITORS</em>**</td>
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</tr>
<tr>
<td>ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)</td>
<td>5</td>
<td>PA; LD; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>ISTURISA ORAL TABLET 10 MG (osilodrostat phosphate)</td>
<td>5</td>
<td>PA; LD; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td><em>COUGH/COLD/ALLERGY</em> - DRUGS FOR THE LUNGS</td>
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<td></td>
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<tr>
<td><em>ANTITUSSIVE - NONNARCOTIC</em>** - DRUGS FOR ALLERGIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benzonatate oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>TESSALON PERLES ORAL CAPSULE (benzonatate)</td>
<td>3</td>
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<tr>
<td><em>ANTITUSSIVE - OPIOID</em>** - DRUGS FOR COUGH AND COLD</td>
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<td></td>
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<tr>
<td>hydrocodone-homatropine oral syrup</td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td>hydrocodone-homatropine oral tablet</td>
<td>1 or 1a*</td>
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<tbody>
<tr>
<td>hydromet oral syrup</td>
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<tr>
<td><em>ANTITUSSIVE-EXpectorANT</em>** - DRUGS FOR COUGH AND COLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cheratussin ac oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>CODITUSSIN AC ORAL LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>g tussin ac oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>guaiatussin ac oral syrup</td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td>guaifenesin ac oral syrup</td>
<td>1 or 1a*</td>
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<tr>
<td>guaifenesin-codeine oral solution</td>
<td>1 or 1a*</td>
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<tr>
<td>MAR-COF CG EXPECTORANT ORAL LIQUID (guaifenesin-codeine)</td>
<td>2</td>
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<tr>
<td>maxi-tuss ac oral solution</td>
<td>1 or 1a*</td>
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<tr>
<td>M-CLEAR WC ORAL SOLUTION</td>
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<tr>
<td>NINJACOF-XG ORAL LIQUID (guaifenesin-codeine)</td>
<td>3</td>
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<tr>
<td>trymine cg oral liquid</td>
<td>1 or 1a*</td>
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<tr>
<td>virtussin a/c oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>virtussin ac w/alc oral liquid</td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td><em>ANTITUSSIVE-EXpectorANTS-DECONGESTANT</em>** - DRUGS FOR COUGH AND COLD</td>
<td></td>
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<tr>
<td>CODITUSSIN DAC ORAL LIQUID</td>
<td>3</td>
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</tr>
<tr>
<td>GILTUSS TR ORAL TABLET (phenylephrine-dm-gg)</td>
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<tr>
<td>TUSNEL C ORAL SYRUP (pseudoephedrine-codeine-gg)</td>
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<tr>
<td>virtussin dac oral solution</td>
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<tr>
<td><em>DECONGESTANT &amp; ANTIHISTAMINE</em>** - DRUGS FOR COUGH AND COLD</td>
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<tr>
<td>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (desloratadine-pseudoephedrine)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>promethazine-phenylephrine oral syrup</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td>SEMPREX-D ORAL CAPSULE (acrivastine-pseudoephedrine)</td>
<td>3</td>
<td>ST; QL (4 capsules per 1 day)</td>
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<tr>
<td><em>DECONGESTANT W/ EXPECTORANT</em>** - DRUGS FOR COUGH AND COLD</td>
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<td></td>
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<tr>
<td>GILPHEX TR ORAL TABLET (phenylephrine-guaifenesin)</td>
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<tr>
<td><em>IODINE EXPECTORANTS</em>** - DRUGS FOR COUGH AND COLD</td>
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<tr>
<td>SSKI ORAL SOLUTION (potassium iodide (expectorant))</td>
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<tr>
<td><em>MISC. RESPIRATORY INHALANTS</em>** - DRUGS FOR ALLERGIES</td>
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<tr>
<td>HYPERsal inHAlATION NEBULIZATION SOLUTION (sodium chloride)</td>
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<td></td>
</tr>
<tr>
<td>sodium chloride inhalation nebulization solution</td>
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<tr>
<td><em>MUCOLYTICS</em>** - DRUGS FOR THE LUNGS</td>
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</tr>
<tr>
<td>acetylcysteine inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
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<tr>
<td><em>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</em>** - DRUGS FOR COUGH AND COLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>promethazine-dm oral syrup</td>
<td>1 or 1a*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td><em>NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</em>** - DRUGS FOR COUGH AND COLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NEOTUSS PLUS ORAL LIQUID (phenylephrine-chlorphen-dm)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>pseudoeph-bromphen-dm oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPIOID ANTITUSSIVE-ANTIHISTAMINE</em>** - DRUGS FOR COUGH AND COLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydrocod polst-cpm polst er oral suspension extended release</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td>promethazine-codeine oral solution</td>
<td>1 or 1a*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td>promethazine-codeine oral syrup</td>
<td>1 or 1a*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td>TUSCICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR (hydrocod polst-chlorphen polst)</td>
<td>2</td>
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</tr>
<tr>
<td>TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (chlorpheniramine-codeine)</td>
<td>3</td>
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<tr>
<td>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (codeine polst-chlorphen polst)</td>
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<tr>
<td>Z-TUSS AC ORAL LIQUID (chlorpheniramine-codeine)</td>
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<tr>
<td><em>OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</em>** - DRUGS FOR COUGH AND COLD</td>
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<tr>
<td>CAPCOF ORAL SYRUP</td>
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<td>HISTEX-AC ORAL SYRUP (phenyleph-triprolidine-codeine)</td>
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<td>MAR-COF BP ORAL LIQUID (pseudoeph-bromphen-cod)</td>
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<td>MAXI-TUSS CD ORAL LIQUID</td>
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<tr>
<td>M-END PE ORAL LIQUID (phenylephrine-bromphen-codeine)</td>
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<td>POLY-TUSSIN AC ORAL LIQUID</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>promethazine vc/codeine oral syrup</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 1 fill)</td>
</tr>
<tr>
<td>promethazine-phenyleph-codeine oral syrup</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 1 fill)</td>
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<tr>
<td>PRO-RED AC ORAL SYRUP (phenyleph-dexchlorphen-codeine)</td>
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<tr>
<td>RYDEX ORAL LIQUID (pseudoeph-bromphen-cod)</td>
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<tr>
<td><em>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</em>**</td>
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<tr>
<td><em>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</em>**</td>
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<tr>
<td>IBRANCE ORAL CAPSULE (palbociclib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>IBRANCE ORAL TABLET (palbociclib)</td>
<td>2; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (ribociclib succinate)</td>
<td>2; OC</td>
<td>PA; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (ribociclib succinate)</td>
<td>2; OC</td>
<td>PA; SP; QL (3 tablets per 1 day)</td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (ribociclib succinate)</td>
<td>2; OC</td>
<td>PA; SP; QL (3 tablets per 1 day)</td>
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<td>VERZENIO ORAL TABLET (abemaciclib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
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<td><strong>CYSTIC FIBROSIS AGENT - COMBINATIONS</strong>*</td>
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<tr>
<td><strong>CYSTIC FIBROSIS AGENT - COMBINATIONS</strong>*</td>
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<tr>
<td>ORKAMBI ORAL PACKET (lumacaftor-ivacaftor)</td>
<td>5</td>
<td>PA; LD; QL (2 packets per 1 day)</td>
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<tr>
<td>ORKAMBI ORAL TABLET (lumacaftor-ivacaftor)</td>
<td>5</td>
<td>PA; LD; QL (4 tablet per 1 day)</td>
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<tr>
<td>SYMDEKO ORAL TABLET THERAPY PACK (tezacaftor-ivacaftor)</td>
<td>5</td>
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<tr>
<td>TRIKAFTA ORAL TABLET THERAPY PACK (elecaftor-tezacaftor-ivacaftor)</td>
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<td>PA; LD; QL (1 carton per 28 days)</td>
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<tr>
<td>*<em>DERMATOLOGICALS</em> - DRUGS FOR THE SKIN</td>
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<td></td>
</tr>
<tr>
<td><strong>ACNE ANTIBIOTICS</strong>* - DRUGS FOR THE SKIN</td>
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<td></td>
</tr>
<tr>
<td>ACZONE EXTERNAL GEL (dapsone)</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>AMZEEQ EXTERNAL FOAM (minocycline hcl micronized)</td>
<td>3</td>
<td>PA; QL (30 grams per 30 days)</td>
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<tr>
<td>CLEOCIN-T EXTERNAL LOTION (clindamycin phosphate)</td>
<td>3</td>
<td>ST; QL (4 mL per 1 day)</td>
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<tr>
<td>clindamycin phosphate (Clindacin Etz External Swab)</td>
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<tr>
<td>clindamycin phosphate (Clindacin-P External Swab)</td>
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<tr>
<td>CLINDAGEL EXTERNAL GEL (clindamycin phosphate)</td>
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<tr>
<td>clindamycin phosphate external foam</td>
<td>1 or 1b*</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>clindamycin phosphate external gel</td>
<td>1 or 1b*</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>clindamycin phosphate external lotion</td>
<td>1 or 1b*</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>clindamycin phosphate external solution</td>
<td>1 or 1b*</td>
<td>QL (4 mL per 1 day)</td>
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<tr>
<td>clindamycin phosphate external swab</td>
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<td>QL (2 pads per 1 day)</td>
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<tr>
<td>dapsone external gel</td>
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<td>ery external pad</td>
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<td>ERYGEL EXTERNAL GEL (erythromycin)</td>
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<tr>
<td>erythromycin external gel</td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>erythromycin external solution</td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
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<tr>
<td>EVOCLIN EXTERNAL FOAM (clindamycin phosphate)</td>
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<td>ST</td>
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<tr>
<td>KLRARON EXTERNAL LOTION (sulfacetamide sodium (acne))</td>
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<tr>
<td>sulfacetamide sodium (acne) external lotion</td>
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<td><strong>ACNE COMBINATIONS</strong>* - DRUGS FOR THE SKIN</td>
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<tr>
<td>ACANYA EXTERNAL GEL (clindamycin phos-benzoyl perox)</td>
<td>3</td>
<td>ST; QL (50 grams per 30 days)</td>
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<tr>
<td>adapalene-benzoyl peroxide external gel</td>
<td>1 or 1b*</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>BENZACLIN EXTERNAL GEL (clindamycin phos-benzoyl perox)</td>
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<td>ST; QL (50 grams per 30 days)</td>
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<tr>
<td>BENZACLIN WITH PUMP EXTERNAL GEL (clindamycin phos-benzoyl perox)</td>
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<td>ST; QL (50 grams per 30 days)</td>
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<tr>
<td>BENZAMYCIN EXTERNAL GEL (benzoyl peroxide-erythromycin)</td>
<td>3</td>
<td>ST; QL (46.6 grams per 30 days)</td>
</tr>
</tbody>
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<tr>
<td>benzoyl perox-hydrocortisone external lotion</td>
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<tr>
<td>BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION</td>
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<tr>
<td>benzoyl peroxide-erythromycin external gel</td>
<td>1 or 1b*</td>
<td>QL (2 packets per 1 day)</td>
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<td>clindamycin phos-benzoyl perox external gel 1.2-5 %</td>
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<tr>
<td>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</td>
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<td>QL (50 grams per 30 days)</td>
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<tr>
<td>clindamycin-tretinoin external gel</td>
<td>1 or 1b*</td>
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<tr>
<td>CLINOIN EXTERNAL CREAM (clindamycin-tretinoin-cholesty)</td>
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<tr>
<td>EPIDUO EXTERNAL GEL (adapalene-benzoyl peroxide)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<td>EPIDUO FORTE EXTERNAL GEL (adapalene-benzoyl peroxide)</td>
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<td>clindamycin-benzoyl per (refr) (Neuc External Gel)</td>
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<td>NIACINAMIDE-TRETINOIN EXTERNAL GEL 4-0.025 %</td>
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<td>ONEXTON EXTERNAL GEL (clindamycin phos-benzoyl perox)</td>
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<td>QL (50 grams per 30 days)</td>
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<tr>
<td>resorcinol-sulfur external lotion</td>
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<tr>
<td>sulfacetamide sodium-sulfur external pad</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>sulfamez wash external emulsion</td>
<td>1 or 1b*</td>
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<tr>
<td>VELTIN EXTERNAL GEL (clindamycin-tretinoin)</td>
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<td>ST</td>
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<tr>
<td>ZACARE EXTERNAL KIT (benzoyl peroxide-hyaluronate)</td>
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<td>ZIANA EXTERNAL GEL (clindamycin-tretinoin)</td>
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<tr>
<td><strong>ACNE PRODUCTS</strong>* - DRUGS FOR THE SKIN</td>
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<tr>
<td>ABSORICA LD ORAL CAPSULE (isotretinoin micronized)</td>
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<td>PA</td>
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<tr>
<td>ABSORICA ORAL CAPSULE (isotretinoin)</td>
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<td>PA</td>
</tr>
<tr>
<td>adapalene external cream</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>adapalene external gel</td>
<td>1 or 1b*</td>
<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>adapalene external pad</td>
<td>1 or 1b*</td>
<td>PA</td>
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<td>ADAPALENE EXTERNAL SOLUTION</td>
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<td>PA</td>
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<td>AKLIEF EXTERNAL CREAM (trifarotene)</td>
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<td>ST; QL (1 pump per 30 days)</td>
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<tr>
<td>ALTRENO EXTERNAL LOTION (tretinoin)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>isotretinoin (Amnesteem Oral Capsule)</td>
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<td>PA</td>
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<tr>
<td>ARAZLO EXTERNAL LOTION (tazarotene)</td>
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<td>ST; QL (45 grams per 30 days)</td>
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<tr>
<td>ATRALIN EXTERNAL GEL (tretinoin)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>tretinoin (Avita External Cream)</td>
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<td>PA; QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>tretinoin (Avita External Gel)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>AZELEX EXTERNAL CREAM (azelaic acid)</td>
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<tr>
<td>BENZAC AC WASH EXTERNAL LIQUID (benzoyl peroxide)</td>
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<tr>
<td>benzoyl peroxide (Benzepro Short Contact External Foam)</td>
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<tr>
<td>benzoyl peroxide external foam</td>
<td>1 or 1b*</td>
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<tr>
<td>BENZOYLOPEROXIDE EXTERNAL GEL 6.5 %</td>
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<tr>
<td>benzoyl peroxide external gel 8 %</td>
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<td>PA; QL (42.5 grams per 30 days)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>bp wash external liquid 2.5 %, 7 %</td>
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<tr>
<td>isotretinoin (Claravis Oral Capsule)</td>
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<td>PA</td>
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<tr>
<td>DIFFERIN EXTERNAL CREAM (adapalene)</td>
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<td>DIFFERIN EXTERNAL GEL (adapalene)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<td>DIFFERIN EXTERNAL LOTION (adapalene)</td>
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<td>PA; QL (59 mL per 30 days)</td>
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<tr>
<td>FABIOR EXTERNAL FOAM (tazarotene)</td>
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<td>ST; QL (50 grams per 30 days)</td>
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<td>isotretinoin oral capsule</td>
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<td>isotretinoin (Myorisan Oral Capsule)</td>
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<td>RETIN-A EXTERNAL CREAM (tretinoin)</td>
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<td>RETIN-A EXTERNAL GEL (tretinoin)</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>RETIN-A MICRO EXTERNAL GEL (tretinoin microsphere)</td>
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<td>RETIN-A MICRO PUMP EXTERNAL GEL (tretinoin microsphere)</td>
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<tr>
<td>tretinoin external cream</td>
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<td>PA; QL (45 grams per 30 days)</td>
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<tr>
<td>tretinoin external gel</td>
<td>1 or 1b*</td>
<td>PA; QL (45 grams per 30 days)</td>
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<td>tretinoin microsphere external gel</td>
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<td>tretinoin microsphere pump external gel</td>
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<td>ZACLIR CLEANSING EXTERNAL LOTION</td>
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<td>isotretinoin (Zenatane Oral Capsule)</td>
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<td><em>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</em>** - DRUGS FOR THE SKIN</td>
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<td>VEREGEN EXTERNAL OINTMENT (sinecatechins)</td>
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<td><em>AGENTS FOR FACIAL WRINKLES - RETINOIDS</em>** - DRUGS FOR THE SKIN</td>
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<td>refissa external cream</td>
<td>1 or 1b*</td>
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<td>RENOVA EXTERNAL CREAM (tretinoin (facial wrinkles))</td>
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<td>PA; QL (40 grams per 30 days)</td>
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<tr>
<td>RENOVA PUMP EXTERNAL CREAM (tretinoin (facial wrinkles))</td>
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<td><em>ANTIBIOTIC STERIOD COMBINATIONS - TOPICAL</em>** - DRUGS FOR THE SKIN</td>
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<tr>
<td>CORTISPORIN EXTERNAL CREAM (neomycin-polymyxin-hc)</td>
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<td>CORTISPORIN EXTERNAL OINTMENT (bacit-poly-neo hc)</td>
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<td>NEO-SYNALAR EXTERNAL CREAM (neomycin-fluocinolone)</td>
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<td><em>ANTIBIOTICS - TOPICAL</em>** - DRUGS FOR THE SKIN</td>
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<td>ALTABAX EXTERNAL OINTMENT (retapamulin)</td>
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<td>CENTANY AT EXTERNAL KIT (mupirocin)</td>
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<tr>
<td>gentamicin sulfate ointment</td>
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<tr>
<td>mupirocin calcium external cream</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
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<td>QL (30 grams per 1 fill)</td>
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<td>XEPI EXTERNAL CREAM (oxenoxacin)</td>
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<td>QL (45 grams per 1 fill)</td>
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<td><strong>ANTIFUNGALS - TOPICAL COMBINATIONS</strong>* - DRUGS FOR THE SKIN**</td>
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<tr>
<td>clotrimazole-betamethasone external cream</td>
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<tr>
<td>clotrimazole-betamethasone external lotion</td>
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<td>EXODERM EXTERNAL LOTION (sodium thiosulfate-salicylic acid)</td>
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<td>QL (120 mL per 30 days)</td>
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<td>FUNGIMEZ EXTERNAL SOLUTION</td>
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<tr>
<td>iodoquinol-hc-aloe polysacchar external gel</td>
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<tr>
<td>miconazole-zinc oxide-petrolat external ointment</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin-triamcinolone external cream</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin-triamcinolone external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RECURA EXTERNAL CREAM (misc antifungal combo products)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VUSION EXTERNAL OINTMENT (miconazole-zinc oxide-petrolat)</td>
<td>3</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td>XOLEGEL COREPAK EXTERNAL KIT (ketoconazole-hydrocortisone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XOLEGEL DUO/HEAD &amp; SHOULDERS EXTERNAL KIT (ketoconazole &amp; pyrithione zinc)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XOLEGEL DUO/XOLEX EXTERNAL KIT (ketoconazole &amp; pyrithione zinc)</td>
<td>3</td>
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<tr>
<td><strong>ANTIFUNGALS - TOPICAL</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ciclopirox external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox external shampoo</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox external solution</td>
<td>1 or 1b*</td>
<td>QL (7 mL per 30 days)</td>
</tr>
<tr>
<td>ciclopirox olamine external cream</td>
<td>1 or 1b*</td>
<td>QL (90 grams per 30 days)</td>
</tr>
<tr>
<td>ciclopirox olamine external suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LOPROX EXTERNAL CREAM (ciclopirox olamine)</td>
<td>3</td>
<td>ST; QL (90 grams per 30 days)</td>
</tr>
<tr>
<td>LOPROX EXTERNAL SHAMPOO (ciclopirox)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOPROX EXTERNAL SUSPENSION (ciclopirox olamine)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>MENTAX EXTERNAL CREAM (butenafine hcl)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>nafiniste hcl external cream</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>nafiniste hcl external gel</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>NAFTIN EXTERNAL CREAM (nafiniste hcl)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>NAFTIN EXTERNAL GEL (nafiniste hcl)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>nystatin (Nyamyc External Powder)</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin external cream</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin external ointment</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin external powder</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>nystatin (Nystop External Powder)</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>diclofenac epolamine external patch</td>
<td>3</td>
<td>ST; QL (2 patch per 1 day)</td>
</tr>
<tr>
<td>diclofenac sodium external gel 1 %</td>
<td>1 or 1b*</td>
<td>QL (1000 gm per 30 days)</td>
</tr>
<tr>
<td>diclofenac sodium external solution</td>
<td>3</td>
<td>ST; QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>FLECTOR EXTERNAL PATCH (diclofenac epolamine)</td>
<td>3</td>
<td>ST; QL (2 patch per 1 day)</td>
</tr>
<tr>
<td>LICART EXTERNAL PATCH 24 HOUR (diclofenac epolamine)</td>
<td>3</td>
<td>ST; QL (1 topical system per 1 day)</td>
</tr>
<tr>
<td>PENNSAID EXTERNAL SOLUTION (diclofenac sodium)</td>
<td>3</td>
<td>ST; QL (224 gm per 30 days)</td>
</tr>
<tr>
<td>VOLTAREN EXTERNAL GEL (diclofenac sodium)</td>
<td>3</td>
<td>ST; QL (1000 gm per 30 days)</td>
</tr>
<tr>
<td>AIF #2 DRUG PREPARATION KIT EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AIF #3 DRUG PREPARATION KIT EXTERNAL CREAM</td>
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<td></td>
</tr>
<tr>
<td>DFS/MS/MENTH/CAP PAK COMBINATION KIT</td>
<td>3</td>
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</tr>
<tr>
<td>K.B.G.L. IN TERODERM EXTERNAL CREAM (ketoprofen-baclofen-gabapentin)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NP #2 DRUG PREPARATION KIT EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VALchlor EXTERNAL GEL (mechlorethamine hcl (topical))</td>
<td>3</td>
<td>PA; LD; QL (1 tube per 30 days)</td>
</tr>
<tr>
<td>CARAC EXTERNAL CREAM (fluorouracil)</td>
<td>3</td>
<td>ST; QL (30 gm per 365 days)</td>
</tr>
<tr>
<td>EFUDEX EXTERNAL CREAM (fluorouracil)</td>
<td>3</td>
<td>ST; QL (40 gm per 365 days)</td>
</tr>
<tr>
<td>FLUOROPLEX EXTERNAL CREAM (fluorouracil)</td>
<td>3</td>
<td>ST; QL (60 gm per 365 days)</td>
</tr>
<tr>
<td>fluorouracil external cream 0.5 %</td>
<td>1 or 1b*</td>
<td>ST; QL (30 gm per 365 days)</td>
</tr>
<tr>
<td>fluorouracil external cream 5 %</td>
<td>1 or 1b*</td>
<td>QL (40 gm per 365 days)</td>
</tr>
<tr>
<td>fluorouracil external solution</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 365 days)</td>
</tr>
<tr>
<td>TOLAK EXTERNAL CREAM (fluorouracil)</td>
<td>3</td>
<td>ST; QL (40 gm per 365 days)</td>
</tr>
<tr>
<td>PICATO EXTERNAL GEL 0.015 % (ingenol mebutate)</td>
<td>3</td>
<td>ST; QL (3 tube per 365 days)</td>
</tr>
<tr>
<td>PICATO EXTERNAL GEL 0.05 % (ingenol mebutate)</td>
<td>3</td>
<td>ST; QL (2 tube per 365 days)</td>
</tr>
<tr>
<td>diclofenac sodium external gel 3 %</td>
<td>1 or 1b*</td>
<td>PA; QL (300 gm per 365 days)</td>
</tr>
<tr>
<td>PANRETIN EXTERNAL GEL (alitretinoin)</td>
<td>3</td>
<td>SP</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><strong>ANTIPRURITICS - TOPICAL</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxepin hcl external cream</td>
<td>1 or 1b*</td>
<td>PA; QL (1 tube per 1 fill)</td>
</tr>
<tr>
<td>PRUDOXIN EXTERNAL CREAM (doxepin hcl (antipruritic))</td>
<td>3</td>
<td>PA; QL (1 tube per 1 fill)</td>
</tr>
<tr>
<td>ZONALON EXTERNAL CREAM (doxepin hcl (antipruritic))</td>
<td>3</td>
<td>PA; QL (1 tube per 1 fill)</td>
</tr>
<tr>
<td><strong>ANTIPSORIATICS - SYSTEMIC</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (secukinumab)</td>
<td>4</td>
<td>PA; LD; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (secukinumab)</td>
<td>4</td>
<td>PA; LD; SP; QL (2 pens per 28 days)</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (secukinumab)</td>
<td>4</td>
<td>PA; LD; SP; QL (2 pens per 28 days)</td>
</tr>
<tr>
<td>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (secukinumab)</td>
<td>4</td>
<td>PA; LD; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tildrakizumab-asmn)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 12 weeks)</td>
</tr>
<tr>
<td>methoxsalen rapid oral capsule</td>
<td>1 or 1b*; OC</td>
<td>SP</td>
</tr>
<tr>
<td>OXSORALEN ULTRA ORAL CAPSULE (methoxsalen rapid)</td>
<td>3; OC</td>
<td>SP</td>
</tr>
<tr>
<td>SILQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brodalumab)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (risankizumab-rzaa)</td>
<td>4</td>
<td>PA; SP; QL (2 syringes per 84 days)</td>
</tr>
<tr>
<td>SORIATANE ORAL CAPSULE (acitretin)</td>
<td>3</td>
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</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION (ustekinumab)</td>
<td>4</td>
<td>PA; SP; QL (1 vial per 84 days)</td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ustekinumab)</td>
<td>4</td>
<td>PA; SP; QL (1 syringe per 84 days)</td>
</tr>
<tr>
<td>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ixekizumab)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 auto-injector per 28 days)</td>
</tr>
<tr>
<td>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ixekizumab)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (guselkumab)</td>
<td>4</td>
<td>PA; SP; QL (1 syringe per 47 days)</td>
</tr>
<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (guselkumab)</td>
<td>4</td>
<td>PA; SP; QL (1 syringe per 47 days)</td>
</tr>
</tbody>
</table>

| **ANTIPSORIATICS*** - DRUGS FOR THE SKIN | | |
| calcipotriene external foam | 1 or 1b* | QL (120 grams per 30 days) |
| calcipotriene external ointment | 1 or 1b* | QL (120 grams per 30 days) |
| calcipotriene external solution | 1 or 1b* | QL (60 mL per 30 days) |
| calcipotriene (Calcitrene External Ointment) | 1 or 1b* | QL (120 grams per 30 days) |
| calcitriol external ointment | 1 or 1b* | QL (800 grams per 28 days) |
| DOVONEX EXTERNAL CREAM (calcipotriene) | 3 | QL (120 grams per 30 days) |

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<tbody>
<tr>
<td>SORILUX EXTERNAL FOAM (<em>calcipotriene</em>)</td>
<td>3</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td><em>tazarotene external cream</em></td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL CREAM *0.05 % (<em>tazarotene</em>)</td>
<td>2</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL CREAM *0.1 % (<em>tazarotene</em>)</td>
<td>3</td>
<td>ST; QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL GEL *0.05 % (<em>tazarotene</em>)</td>
<td>2</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL GEL *0.1 % (<em>tazarotene</em>)</td>
<td>2</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>VECTICAL EXTERNAL OINTMENT (<em>calcitriol</em>)</td>
<td>3</td>
<td>QL (800 grams per 28 days)</td>
</tr>
<tr>
<td><strong>ANTISEBORRHEIC COMBINATIONS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID</td>
<td>3</td>
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</tr>
<tr>
<td><strong>ANTISEBORRHEIC PRODUCTS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVACE WASH EXTERNAL LIQUID (<em>sulfacetamide sodium</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>selenium sulfide external lotion</td>
<td>1 or 1a*</td>
<td>QL (120 mL per 30 days)</td>
</tr>
<tr>
<td>sodium sulfacetamide external shampoo</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIVIRAL TOPICAL COMBINATIONS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XERESE EXTERNAL CREAM (<em>acyclovir-hydrocortisone</em>)</td>
<td>3</td>
<td>PA; QL (5 gm per 30 days)</td>
</tr>
<tr>
<td><strong>ANTIVIRALS - TOPICAL</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
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</tr>
<tr>
<td><em>acyclovir external cream</em></td>
<td>1 or 1b*</td>
<td>PA; QL (5 gm per 30 days)</td>
</tr>
<tr>
<td><em>acyclovir external ointment</em></td>
<td>1 or 1b*</td>
<td>QL (30 gm per 30 days)</td>
</tr>
<tr>
<td>DENAVIR EXTERNAL CREAM (<em>penciclovir</em>)</td>
<td>3</td>
<td>PA; QL (5 gm per 30 days)</td>
</tr>
<tr>
<td>ZOVIRAX EXTERNAL CREAM (<em>acyclovir</em>)</td>
<td>3</td>
<td>PA; QL (5 gm per 30 days)</td>
</tr>
<tr>
<td>ZOVIRAX EXTERNAL OINTMENT (<em>acyclovir</em>)</td>
<td>3</td>
<td>QL (30 gm per 30 days)</td>
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<tr>
<td><strong>BURN PRODUCTS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
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<tr>
<td>mafenide acetate external packet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>SILVADENE EXTERNAL CREAM (<em>silver sulfadiazine</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>silver sulfadiazine external cream</em></td>
<td>1 or 1a*</td>
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</tr>
<tr>
<td><em>silver sulfadiazine</em> (Ssd External Cream)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLON EXTERNAL CREAM (<em>mafenide acetate</em>)</td>
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<td></td>
</tr>
<tr>
<td>SULFAMYLON EXTERNAL PACKET (<em>mafenide acetate</em>)</td>
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<tr>
<td><strong>CORTICOSTEROIDS - TOPICAL</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALA SCALP EXTERNAL LOTION (<em>hydrocortisone</em>)</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>ala-cort external cream</td>
<td>1 or 1a*</td>
<td>QL (454 grams per 30 days)</td>
</tr>
<tr>
<td>aclometasone dipropionate external cream</td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>aclometasone dipropionate external ointment</td>
<td>1 or 1b*</td>
<td>QL (2 grams per 1 day)</td>
</tr>
<tr>
<td>amcinonide external cream</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>amcinonide external lotion</td>
<td>3</td>
<td>ST; QL (60 mL per 30 days)</td>
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<tr>
<td>AMCINONIDE EXTERNAL OINTMENT</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>APEXICON E EXTERNAL CREAM (<em>diflorsone diacet emoll base</em>)</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
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<tr>
<td><em>fluticasone propionate</em> (Beser External Lotion)</td>
<td>3</td>
<td>QL (120 mL per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> aug external cream</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> aug external gel</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> aug external lotion</td>
<td>1 or 1b*</td>
<td>QL (60 mL per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> aug external ointment</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> external cream</td>
<td>3</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td><em>betamethasone dipropionate</em> external lotion</td>
<td>3</td>
<td>QL (60 mL per 30 days)</td>
</tr>
<tr>
<td>*betamethasone valerate external cream</td>
<td>3</td>
<td>ST; QL (100 grams per 30 days)</td>
</tr>
<tr>
<td>*betamethasone valerate external lotion</td>
<td>3</td>
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<tr>
<td><em>BRYHALI EXTERNAL LOTION</em> (<em>halobetasol propionate</em>)</td>
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<tr>
<td><em>CAPEX EXTERNAL SHAMPOO</em> (<em>fluocinolone acetonide</em>)</td>
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<tr>
<td><em>clobetasol prop emollient base external cream</em></td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>*clobetasol propionate e external cream</td>
<td>1 or 1b*</td>
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<tr>
<td><em>clobetasol propionate emulsion external foam</em></td>
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<tr>
<td>*clobetasol propionate external cream</td>
<td>1 or 1b*</td>
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<tr>
<td>*clobetasol propionate external foam</td>
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<tr>
<td>*clobetasol propionate external gel</td>
<td>1 or 1b*</td>
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<tr>
<td>*clobetasol propionate external liquid</td>
<td>1 or 1b*</td>
<td>QL (125 mL per 30 days)</td>
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<tr>
<td>*clobetasol propionate external lotion</td>
<td>1 or 1b*</td>
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<tr>
<td>*clobetasol propionate external ointment</td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>*clobetasol propionate external shampoo</td>
<td>1 or 1b*</td>
<td>QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>*clobetasol propionate external solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td><em>CLOBEX EXTERNAL LOTION</em> (<em>clobetasol propionate</em>)</td>
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<tr>
<td><em>CLOBEX EXTERNAL SHAMPOO</em> (<em>clobetasol propionate</em>)</td>
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<tr>
<td><em>CLOBEX SPRAY EXTERNAL LIQUID</em> (<em>clobetasol propionate</em>)</td>
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<td>*clocortolone pivalate external cream</td>
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<td><em>CLODERM EXTERNAL CREAM</em> (<em>clocortolone pivalate</em>)</td>
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<tr>
<td><em>CORDRAN EXTERNAL CREAM</em> (<em>flurandrenolide</em>)</td>
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<td><em>CORDRAN EXTERNAL LOTION</em> (<em>flurandrenolide</em>)</td>
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<td><em>CORDRAN EXTERNAL TAPE</em> (<em>flurandrenolide</em>)</td>
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<td><em>CUTIVATE EXTERNAL LOTION</em> (<em>fluticasone propionate</em>)</td>
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<td><em>DERMA-SMOOTHE/FS BODY EXTERNAL OIL</em> (<em>fluocinolone acetonide</em>)</td>
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<tr>
<td><em>DESONATE EXTERNAL GEL</em> (<em>desonide</em>)</td>
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<tr>
<th>Prescription Drug Name</th>
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<th>Coverage Requirements and Limits</th>
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<tbody>
<tr>
<td>desonide external cream</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>fluocinolone acetonide scalp external oil</td>
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<tr>
<td>fluocinolone emulsified base external cream</td>
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<tr>
<td>fluocinolone external cream</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
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<tr>
<td>fluocinolone external gel</td>
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<tr>
<td>fluocinolone external ointment</td>
<td>1 or 1b*</td>
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<td>HALOLOG EXTERNAL SOLUTION (halcinonide)</td>
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<tr>
<td>hydrocortisone butyrate base external cream</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone butyrate external cream</td>
<td>3</td>
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<td>hydrocortisone butyrate external lotion</td>
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<td>ST</td>
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<tr>
<td>hydrocortisone butyrate external ointment</td>
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<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>hydrocortisone butyrate external solution</td>
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<td>ST; QL (60 mL per 30 days)</td>
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<tr>
<td>hydrocortisone external cream 1 %, 2.5 %</td>
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<td>QL (454 grams per 30 days)</td>
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<tr>
<td>hydrocortisone external ointment 2.5 %</td>
<td>1 or 1a*</td>
<td>QL (118 mL per 30 days)</td>
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<tr>
<td>hydrocortisone valerate external cream</td>
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<td>QL (454 grams per 30 days)</td>
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<tr>
<td>hydrocortisone valerate external ointment</td>
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<td>LOCOID LIPOCREAM EXTERNAL CREAM (hydrocortisone butyr lipo base)</td>
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<td>mometasone furoate external ointment</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
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<td>mometasone furoate external solution</td>
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<td>flurandrenolide (Nolix External Lotion)</td>
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<td>ST; QL (120 mL per 30 days)</td>
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<td>OLUX EXTERNAL FOAM (clobetasol propionate)</td>
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<tr>
<td>OLUX-E EXTERNAL FOAM (clobetasol propionate emulsion)</td>
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<td>PSORCON EXTERNAL CREAM</td>
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<td>SERNIVO EXTERNAL EMULSION (betamethasone dipropionate)</td>
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<td>SYNALAR EXTERNAL CREAM (fluocinolone acetonide)</td>
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<td>SYNALAR EXTERNAL OINTMENT (fluocinolone acetonide)</td>
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<td>TEMOVATE EXTERNAL CREAM (clobetasol propionate)</td>
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<tr>
<td>TOPICORT EXTERNAL GEL (desoximetasone)</td>
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</tr>
<tr>
<td>TOPICORT EXTERNAL OINTMENT (desoximetasone)</td>
<td>3</td>
<td>ST; QL (100 grams per 30 days)</td>
</tr>
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<td>TOPICORT SPRAY EXTERNAL LIQUID (desoximetasone)</td>
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<td>ST; QL (100 mL per 30 days)</td>
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<tr>
<td>clobetasol propionate emulsion (Tovet External Foam)</td>
<td>1 or 1b*</td>
<td>QL (100 grams per 30 days)</td>
</tr>
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<tbody>
<tr>
<td>triamcinolone acetonide external aerosol solution</td>
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<tr>
<td>triamcinolone acetonide external cream</td>
<td>1 or 1a*</td>
<td>QL (454 grams per 30 days)</td>
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<tr>
<td>triamcinolone acetonide external lotion</td>
<td>1 or 1a*</td>
<td>QL (60 mL per 30 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide external ointment 0.025 %, 0.1 %</td>
<td>1 or 1a*</td>
<td>QL (454 grams per 30 days)</td>
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<td>triamcinolone acetonide external ointment 0.05 %</td>
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**DEPIGMENTING AGENTS*** - DRUGS FOR THE SKIN

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<th>Drug Name</th>
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<tbody>
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<tr>
<td>EPIQUIN MICRO EXTERNAL CREAM (hydroquinone microspheres)</td>
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<tr>
<td>hydroquinone (Remergent Hq External Cream)</td>
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<td>tl hydroquinone external cream</td>
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**DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN

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<td>TRI-LUMA EXTERNAL CREAM (fluocin-hydroquinone-tretinoin)</td>
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**EMOLLIENT COMBINATIONS*** - DRUGS FOR THE SKIN

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<tr>
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**EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN

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<tbody>
<tr>
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<tr>
<td>urea external cream 40 %</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>UREA EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>urea external suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>urea nail external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>urea-c40 external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>urea (Uredeb External Cream)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>uremez-40 external cream</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>URESOL EXTERNAL CREAM (urea)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**EMOLLIENTS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ammonium lactate external cream</td>
<td>1 or 1b*</td>
<td>QL (450 grams per 30 days)</td>
</tr>
<tr>
<td>ammonium lactate external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactic acid external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium hyaluronate external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

---

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENZYMES - TOPICAL</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTYL EXTERNAL OINTMENT (collagenase)</td>
<td>3</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td><strong>GLABELLAR LINES (FROWN LINES) AGENTS</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (onabotulinumtoxina (cosmetic))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td><strong>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clotrimazole external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clotrimazole external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>econazole nitrate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ECOZA EXTERNAL FOAM (econazole nitrate)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>ERTACZO EXTERNAL CREAM (sertaconazole nitrate)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>EXELDERM EXTERNAL CREAM (sulconazole nitrate)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>EXELDERM EXTERNAL SOLUTION (sulconazole nitrate)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>EXTINA EXTERNAL FOAM (ketoconazole)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JUBLIA EXTERNAL SOLUTION (efinaconazole)</td>
<td>3</td>
<td>QL (4 mL per 1 day)</td>
</tr>
<tr>
<td>ketoconazole external cream</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>ketoconazole external foam</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoconazole external shampoo</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 30 days)</td>
</tr>
<tr>
<td>luliconazole external cream</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>LUZU EXTERNAL CREAM (luliconazole)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>oxiconazole nitrate external cream</td>
<td>1 or 1b*</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>OXISTAT EXTERNAL CREAM (oxiconazole nitrate)</td>
<td>3</td>
<td>ST; QL (60 grams per 30 days)</td>
</tr>
<tr>
<td>OXISTAT EXTERNAL LOTION (oxiconazole nitrate)</td>
<td>3</td>
<td>ST; QL (60 mL per 30 days)</td>
</tr>
<tr>
<td>sulconazole nitrate external cream</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>sulconazole nitrate external solution</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>XOLEGEL EXTERNAL GEL (ketoconazole)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDARA EXTERNAL CREAM (imiquimod)</td>
<td>3</td>
<td>ST; QL (48 packet per 365 days)</td>
</tr>
<tr>
<td>imiquimod external cream</td>
<td>1 or 1b*</td>
<td>QL (48 packet per 365 days)</td>
</tr>
<tr>
<td>imiquimod pump external cream</td>
<td>1 or 1b*</td>
<td>ST; QL (2 bottle per 365 days)</td>
</tr>
<tr>
<td>ZYCLARA EXTERNAL CREAM (imiquimod)</td>
<td>3</td>
<td>ST; QL (28 packet per 365 days)</td>
</tr>
<tr>
<td>ZYCLARA PUMP EXTERNAL CREAM (imiquimod)</td>
<td>3</td>
<td>ST; QL (2 bottle per 365 days)</td>
</tr>
<tr>
<td><strong>KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS</strong>* - DRUGS FOR THE SKIN**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GORDOFILM EXTERNAL SOLUTION (salicylic acid-lactic acid)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PYROGALIC ACID EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>SALVAX DUO PLUS EXTERNAL KIT (salicylic acid-urea in lactac)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>KERATOLYTIC/ANTIMITOTIC AGENTS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONDYLOX EXTERNAL GEL (podofilox)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>podofilox external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>salicylic acid external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>LINIMENT COMBINATIONS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDROX-RX EXTERNAL OINTMENT (capsaicin-menthol-methyl sal)</td>
<td>2</td>
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<tr>
<td><strong>LINIMENTS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYL SALICYLATE EXTERNAL LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TURPENTINE EXTERNAL SPIRIT</td>
<td>3</td>
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<tr>
<td><strong>LOCAL ANESTHETICS - TOPICAL</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEN7T EXTERNAL PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (Glydo External Prefilled Syringe)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine external ointment</td>
<td>1 or 1b*</td>
<td>QL (5 grams per 1 day)</td>
</tr>
<tr>
<td>lidocaine external patch 5 %</td>
<td>1 or 1b*</td>
<td>PA; QL (3 patches per 1 day)</td>
</tr>
<tr>
<td>LIDOCAINE HCL EXTERNAL CREAM 4.12 %</td>
<td>3</td>
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</tr>
<tr>
<td>lidocaine hcl external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl external solution</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal external prefilled syringe</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDODERM EXTERNAL PATCH (lidocaine)</td>
<td>3</td>
<td>PA; QL (3 patches per 1 day)</td>
</tr>
<tr>
<td>LIDOPIN EXTERNAL CREAM 3.25 %</td>
<td>3</td>
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</tr>
<tr>
<td>PRAMOX EXTERNAL GEL (pramoxine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUTENZA (2 PATCH) EXTERNAL KIT (capsaicin-cleansing gel)</td>
<td>2</td>
<td>LD</td>
</tr>
<tr>
<td>QUTENZA EXTERNAL KIT (capsaicin-cleansing gel)</td>
<td>2</td>
<td>LD</td>
</tr>
<tr>
<td>zionodil 100 external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZTLIDO EXTERNAL PATCH (lidocaine)</td>
<td>3</td>
<td>PA; QL (3 patches per 1 day)</td>
</tr>
<tr>
<td><strong>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIDEL EXTERNAL CREAM (pimecrolimus)</td>
<td>3</td>
<td>ST; QL (100 grams per 90 days)</td>
</tr>
<tr>
<td>pimecrolimus external cream</td>
<td>1 or 1b*</td>
<td>ST; QL (100 grams per 90 days)</td>
</tr>
<tr>
<td>PROTOPIC EXTERNAL OINTMENT (tacrolimus)</td>
<td>3</td>
<td>ST; QL (100 grams per 90 days)</td>
</tr>
<tr>
<td>tacrolimus external ointment</td>
<td>1 or 1b*</td>
<td>ST; QL (100 grams per 90 days)</td>
</tr>
<tr>
<td><strong>MISC. DERMATOLOGICAL PRODUCTS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALEVAMAX EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMULSION SB EXTERNAL EMULSION (dermatological products, misc.)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HYLATOPIC PLUS EXTERNAL CREAM (dermatological products, misc.)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>HYLATOPIC PLUS EXTERNAL LOTION <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ILIDERM EXTERNAL EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEOSALUS EXTERNAL FOAM <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NUVAIL EXTERNAL SOLUTION <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENLEN EXTERNAL EMULSION <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRESERA EXTERNAL FOAM <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REMIGEN EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TETRIX EXTERNAL CREAM <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XERALUX EXTERNAL CREAM <em>(dermatological products, misc.)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>MISC. TOPICAL COMBINATIONS</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE &amp; POST SX POUCH EXTERNAL THERAPY PACK <em>(chlorhex-mupirocin-dimethicone)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>MISC. TOPICAL</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORIC ACID EXTERNAL GRANULES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QBREXZA EXTERNAL PAD <em>(glycopyrronium tosylate)</em></td>
<td>3</td>
<td>PA; QL (1 cloth per 1 day)</td>
</tr>
<tr>
<td><strong>ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANIAQA EXTERNAL CREAM <em>(eflornithine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PHOTODYNAMIC THERAPY AGENTS - TOPICAL</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMELUZ EXTERNAL GEL <em>(aminolevulinic acid hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED <em>(aminolevulinic acid hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PROSTAGLANDINS - TOPICAL</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bimatoprost external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LATISSE EXTERNAL SOLUTION <em>(bimatoprost)</em></td>
<td>3</td>
<td></td>
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<tr>
<td><strong>ROSACEA AGENTS</strong> - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azealia acid external gel</td>
<td>1 or 1b*</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td>doxycycline oral capsule delayed release</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>FINACEA EXTERNAL FOAM <em>(azealia acid)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FINACEA EXTERNAL GEL <em>(azealia acid)</em></td>
<td>3</td>
<td>QL (50 grams per 30 days)</td>
</tr>
<tr>
<td>METROCREAM EXTERNAL CREAM <em>(metronidazole)</em></td>
<td>3</td>
<td>ST; QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>METROGEL EXTERNAL GEL <em>(metronidazole)</em></td>
<td>3</td>
<td>ST; QL (55 grams per 30 days)</td>
</tr>
<tr>
<td>METROLOTION EXTERNAL LOTION <em>(metronidazole)</em></td>
<td>3</td>
<td>ST; QL (59 mL per 30 days)</td>
</tr>
<tr>
<td>metronidazole external cream</td>
<td>1 or 1b*</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>metronidazole external gel 0.75 %</td>
<td>1 or 1b*</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>metronidazole external gel 1 %</td>
<td>1 or 1b*</td>
<td>QL (55 grams per 30 days)</td>
</tr>
<tr>
<td>metronidazole external lotion</td>
<td>1 or 1b*</td>
<td>QL (59 mL per 30 days)</td>
</tr>
<tr>
<td>MIRVASO EXTERNAL GEL <em>(brimonidine tartrate)</em></td>
<td>3</td>
<td>QL (30 grams per 30 days)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>NORITATE EXTERNAL CREAM (metronidazole)</td>
<td>3 ST; QL</td>
<td>(60 grams per 30 days)</td>
</tr>
<tr>
<td>ORACEA ORAL CAPSULE DELAYED RELEASE (doxycycline)</td>
<td>3 ST; QL</td>
<td>(1 capsule per 1 day)</td>
</tr>
<tr>
<td>RHOFADE EXTERNAL CREAM (oxymetazoline hcl)</td>
<td>3 QL</td>
<td>(60 grams per 30 days)</td>
</tr>
<tr>
<td>metronidazole (Rosadan External Cream)</td>
<td>1 or 1b*</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>metronidazole (Rosadan External Gel)</td>
<td>1 or 1b*</td>
<td>QL (45 grams per 30 days)</td>
</tr>
<tr>
<td>SOOLANTRA EXTERNAL CREAM (ivermectin)</td>
<td>3 QL</td>
<td>(45 grams per 30 days)</td>
</tr>
<tr>
<td>ZILXI EXTERNAL FOAM (minocycline hcl micronized)</td>
<td>3 ST; QL</td>
<td>(1 gram per 1 day)</td>
</tr>
</tbody>
</table>

**SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>crotan external lotion</td>
<td>1 or 1b*</td>
<td>QL (60 mL per 30 days)</td>
</tr>
<tr>
<td>ELIMITE EXTERNAL CREAM (permethrin)</td>
<td>3</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>lindane external shampoo</td>
<td>1 or 1b*</td>
<td>QL (60 mL per 30 days)</td>
</tr>
<tr>
<td>malathion external lotion</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 7 days)</td>
</tr>
<tr>
<td>NATROBA EXTERNAL SUSPENSION (spinosad)</td>
<td>3</td>
<td>QL (120 mL per 7 days)</td>
</tr>
<tr>
<td>OVIDE EXTERNAL LOTION (malathion)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>permethrin external cream</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>SKLICE EXTERNAL LOTION (ivermectin)</td>
<td>3</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>spinosad external suspension</td>
<td>1 or 1b*</td>
<td>QL (120 mL per 7 days)</td>
</tr>
<tr>
<td>SULFURATED LIME EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
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**SKIN CLEANSERS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTRA WIPES 9X9&quot; EXTERNAL</td>
<td>3</td>
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</table>

**SKIN PROTECTANTS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>benzoin compound external tincture</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
</tr>
<tr>
<td>BENZOIN EXTERNAL TINCTURE</td>
<td>3</td>
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</tr>
</tbody>
</table>

**STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIFOAM EXTERNAL FOAM (pramoxine-hc)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIDOCaine-HYdrocortisone ACE EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE EXTERNAL LOTION (pramoxine-hc)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**TAR PRODUCTS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>coal tar external solution</td>
<td>1 or 1b*</td>
<td>QL (120 grams per 30 days)</td>
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</tbody>
</table>

**TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLEXIN EXTERNAL PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GEN7T PLUS EXTERNAL PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine-prilocaine external cream</td>
<td>1 or 1b*</td>
<td>QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>lidocaine-prilocaine external kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 30 days)</td>
</tr>
<tr>
<td>LIDOCaine-TETRAclaine EXTERNAL CREAM 7-7 %</td>
<td>3</td>
<td>PA; QL (30 grams per 30 days)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>PLIAGLIS EXTERNAL CREAM (<em>lidocaine-tetracaine</em>)</td>
<td>3</td>
<td>PA; QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>PLIAGLIS EXTERNAL KIT (<em>lidocaine-tetracaine</em>)</td>
<td>3</td>
<td>PA; QL (30 grams per 30 days)</td>
</tr>
<tr>
<td>PREPIV SUPPLY COMBINATION KIT</td>
<td>3</td>
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<tr>
<td>SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT (<em>lidocaine hcl &amp; post-op system</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SYNERA EXTERNAL PATCH (<em>lidocaine-tetracaine</em>)</td>
<td>3</td>
<td>PA; QL (2 patches per 30 days)</td>
</tr>
<tr>
<td>VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (<em>lidocaine hcl-blood collection</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK</td>
<td>3</td>
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<tr>
<td><em>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</em>** - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TARGRETIN EXTERNAL GEL (<em>bexarotene</em>)</td>
<td>2</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>TOPICAL STEROID COMBINATIONS</em>** - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcipotriene-betameth diprop external ointment</td>
<td>1 or 1b*</td>
<td>QL (400 grams per 28 days)</td>
</tr>
<tr>
<td>calcipotriene-betameth diprop external suspension</td>
<td>1 or 1b*</td>
<td>QL (420 grams per 28 days)</td>
</tr>
<tr>
<td>DUOBRII EXTERNAL LOTION (<em>halobetasol prop-tazarotene</em>)</td>
<td>3</td>
<td>PA; QL (200 grams per 30 days)</td>
</tr>
<tr>
<td>ENSTILAR EXTERNAL FOAM (<em>calcipotriene-betameth diprop</em>)</td>
<td>3</td>
<td>QL (420 grams per 28 days)</td>
</tr>
<tr>
<td>TACLONEX EXTERNAL OINTMENT (<em>calcipotriene-betameth diprop</em>)</td>
<td>3</td>
<td>QL (400 grams per 28 days)</td>
</tr>
<tr>
<td>TACLONEX EXTERNAL SUSPENSION (<em>calcipotriene-betameth diprop</em>)</td>
<td>3</td>
<td>QL (420 grams per 28 days)</td>
</tr>
<tr>
<td><em>TYPE II 5-ALPHA REDUCTASE INHIBITORS</em>** - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>finasteride oral tablet 1 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROPECIA ORAL TABLET (<em>finasteride</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>WOUND CARE - GROWTH FACTOR AGENTS</em>** - DRUGS FOR THE SKIN</td>
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<td></td>
</tr>
<tr>
<td>REGRANEX EXTERNAL GEL (<em>becaplermin</em>)</td>
<td>3</td>
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</tr>
<tr>
<td><em>WOUND CARE COMBINATIONS</em>** - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REXASIL PATCH &amp; VITAMIN E LIQ EXTERNAL KIT (<em>silicone-vitamin e</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM OIL EMULSION 2”X2” EXTERNAL PAD (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM OIL EMULSION GAUZE EXTERNAL PAD (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM OIL EMULSION STRIP EXTERNAL (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>XEROFORM OIL ROLL 4”X9” EXTERNAL (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM PETROLAT GAUZE 1”X8” EXTERNAL (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>XEROFORM PETROLAT GAUZE 5”X9” EXTERNAL (<em>bismuth tribromoph-petrolatum</em>)</td>
<td>3</td>
<td></td>
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<tr>
<td>XEROFORM PETROLAT PATCH 2&quot;X2&quot; EXTERNAL PAD <em>(bismuth tribromoph-petrolatum)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM PETROLAT PATCH 4&quot;X4&quot; EXTERNAL PAD <em>(bismuth tribromoph-petrolatum)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XEROFORM PETROLATUM ROLL 4&quot;X9’ EXTERNAL <em>(bismuth tribromoph-petrolatum)</em></td>
<td>3</td>
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</tr>
<tr>
<td><strong>WOUND CLEANSERS/DECUBITUS ULCER THERAPY</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATRAPRO DERMAL SPRAY EXTERNAL LIQUID <em>(wound cleansers)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LAVARE WOUND WASH EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MICROCYN EXTERNAL GEL <em>(wound cleansers)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MICROCYN EXTERNAL LIQUID <em>(wound cleansers)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MICROCYN SKIN AND WOUND EXTERNAL GEL <em>(wound cleansers)</em></td>
<td>3</td>
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</tr>
<tr>
<td><strong>WOUND DRESSINGS</strong>* - DRUGS FOR THE SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTICOAT 7 EXTERNAL PAD <em>(silver)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT 7 EXTERNAL SHEET <em>(silver)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT ABSORBENT EXTERNAL <em>(silver)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT ABSORBENT EXTERNAL PAD <em>(silver)</em></td>
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<tr>
<td>ACTICOAT ANTIMICROBIAL EXTERNAL PAD <em>(silver)</em></td>
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</tr>
<tr>
<td>ACTICOAT EXTERNAL SHEET 16&quot;X16&quot; , 4&quot;X4&quot; , 4&quot;X48&quot; , 4&quot;X8&quot; , 8&quot;X16&quot; <em>(silver)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>ACTICOAT EXTERNAL SHEET 5&quot;X5&quot; <em>(silver)</em></td>
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<td></td>
</tr>
<tr>
<td>ACTICOAT FLEX 3 4&quot;X4&quot; EXTERNAL PAD <em>(wound dressings)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT FLEX 3 EXTERNAL SHEET <em>(silver)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT FLEX 7 EXTERNAL SHEET <em>(silver)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT MOISTURE CONTROL EXTERNAL PAD 2&quot;X2&quot; <em>(silver)</em></td>
<td>2</td>
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</tr>
<tr>
<td>ACTICOAT MOISTURE CONTROL EXTERNAL PAD 4&quot;X4&quot; , 4&quot;X8&quot; <em>(silver)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACTICOAT SITE EXTERNAL DISK <em>(silver)</em></td>
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</tr>
<tr>
<td>ACTICOAT SURGICAL EXTERNAL PAD <em>(silver)</em></td>
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<td></td>
</tr>
<tr>
<td>ALLEVYN AG ADHESIVE EXTERNAL PAD <em>(silver)</em></td>
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<tr>
<td>ALLEVYN AG GENTLE BORDER EXTERNAL PAD <em>(silver)</em></td>
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<tr>
<td>ALLEVYN AG GENTLE EXTERNAL PAD <em>(silver)</em></td>
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<tr>
<td>ALLEVYN AG NON-ADHESIVE EXTERNAL PAD <em>(silver)</em></td>
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<tr>
<td>ALLEVYN AG SACRUM 6-3/4&quot; EXTERNAL <em>(silver)</em></td>
<td>2</td>
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<tr>
<td>ALLEVYN AG SACRUM 9&quot;X9&quot; EXTERNAL <em>(silver)</em></td>
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<tr>
<td>ALLEVYN GENTLE EXTERNAL PAD <em>(wound dressings)</em></td>
<td>2</td>
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<tr>
<td>AQUACEL AG BURN EXTERNAL PAD <em>(silver-carboxymethylcellulose)</em></td>
<td>3</td>
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</tr>
<tr>
<td>ARIDA EXTERNAL GEL <em>(silver)</em></td>
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<td></td>
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<tr>
<td>AVO CREAM EXTERNAL EMULSION (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AZADROX EXTERNAL GEL (silver)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BASADROX EXTERNAL GEL (silver)</td>
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</tr>
<tr>
<td>BIAFINE EXTERNAL EMULSION (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIOSTEP AG EXTERNAL SHEET (collagen matrix-silver)</td>
<td>2</td>
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</tr>
<tr>
<td>BIOSTEP EXTERNAL SHEET (collagen matrix (porcine))</td>
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</tr>
<tr>
<td>CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CURITY HYPERTONIC NACL STRIP EXTERNAL (wound dressings)</td>
<td>3</td>
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<tr>
<td>CURITY NACL DRESSING 6”X6-3/4” EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>DIAB EXTERNAL GEL (wound dressings)</td>
<td>3</td>
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<tr>
<td>DIAB F.D.G. FREEZE-DRIED EXTERNAL GEL (wound dressings)</td>
<td>3</td>
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<tr>
<td>DURAFIBER AG EXTERNAL PAD (silver)</td>
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</tr>
<tr>
<td>DURAFIBER EXTERNAL PAD (silver)</td>
<td>3</td>
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<tr>
<td>ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET (collagen matrix (ovine))</td>
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<td>ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET (collagen matrix (ovine))</td>
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<tr>
<td>HYDROFERA BLUE 4”X4” EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>HYDROFERA BLUE 6”X6” EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD (wound dressings)</td>
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<td>HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>HYDROFERA BLUE MRF DRESSING EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>HYDROFERA BLUE READY FOAM EXTERNAL PAD (wound dressings)</td>
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<tr>
<td>HYGEL EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KENDALL ALGINATE 12” ROPE EXTERNAL (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KENDALL ALGINATE DRESS 2”X2” EXTERNAL PAD (wound dressings)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>KENDALL ALGINATE DRESS 4”X4” EXTERNAL PAD (hydroactive dressings)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>KENDALL ALGINATE DRESS 4”X8” EXTERNAL PAD (wound dressings)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>KENDALL AMORPHOUS WOUND EXTERNAL GEL (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KENDALL HYDROGEL GAUZE 2”X2” EXTERNAL PAD (hydroactive dressings)</td>
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<td></td>
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<tr>
<td>KENDALL HYDROGEL GAUZE 4”X4” EXTERNAL PAD (hydroactive dressings)</td>
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<tr>
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<tr>
<td>KENDALL HYDROGEL WOUND DRESS EXTERNAL (hydroactive dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KERAGEL EXTERNAL GEL (wound dressings)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KERAGELT EXTERNAL GEL (wound dressings)</td>
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</tr>
<tr>
<td>MEDIHONEY CA ALGINATE 2”X2” EXTERNAL PAD (wound dressings)</td>
<td>2</td>
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<tr>
<td>MEDIHONEY CA ALGINATE 4”X5” EXTERNAL PAD (wound dressings)</td>
<td>2</td>
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<tr>
<td>MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (wound dressings)</td>
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<tr>
<td>MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD (wound dressings)</td>
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<td>SILVRSTAT WOUND DRESSING EXTERNAL GEL (silver)</td>
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<td>TEGADERM AG MESH EXTERNAL PAD (silver)</td>
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**DERMATOLOGICALS**

**SKIN TISSUE REPLACEMENTS***

| AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (amniotic membrane allograft)           | 3         |                                  |
| AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED                                      | 3         |                                  |

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<td>PALINGEN FLOW INJECTION INJECTABLE (amniotic memb-fluid allograft)</td>
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<tr>
<td>PTS PANELS GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>QUICKTEK TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RA TRUE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RELION BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RELION CONFIRM/MICRO TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RELION PREMIER TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RELION PRIME TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RELION ULTIMA TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>REXALL BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SMART SENSE PREMIUM TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SMART SENSE VALUE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SOLUS V2 TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SUPREME TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SURE EDGE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SURECHECK BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>TGT BLOOD GLUCOSE TEST IN VITRO STRIP</td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP</td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
<tr>
<td>TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP <em>(glucose blood)</em></td>
<td>3 ST; QL</td>
<td>(204 strips per 30 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUETEST TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>TRUETRACK TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>ULTIMA TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>ULTRATRAK PRO TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>ULTRATRAK ULTIMATE TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>UNISTRIP1 GENERIC IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>VIVAGUARD INO TEST STRIPS IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
<tr>
<td>VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (\text{glucose blood})</td>
<td>3</td>
<td>ST; QL (204 strips per 30 days)</td>
</tr>
</tbody>
</table>

**DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**

**DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (\text{pancrelipase (lip-prot-amy)})</td>
<td>2</td>
<td>QL (25 capsules per 1 day)</td>
</tr>
<tr>
<td>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (\text{pancrelipase (lip-prot-amy)})</td>
<td>3</td>
<td>ST; QL (25 capsules per 1 day)</td>
</tr>
<tr>
<td>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (\text{pancrelipase (lip-prot-amy)})</td>
<td>3</td>
<td>ST; QL (25 capsules per 1 day)</td>
</tr>
<tr>
<td>SUCRAID ORAL SOLUTION (\text{sacrosidase})</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>VIKACE ORAL TABLET (\text{pancrelipase (lip-prot-amy)})</td>
<td>3</td>
<td>QL (25 tablets per 1 day)</td>
</tr>
<tr>
<td>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (\text{pancrelipase (lip-prot-amy)})</td>
<td>2</td>
<td>QL (25 capsules per 1 day)</td>
</tr>
</tbody>
</table>

**DIRECT-ACTING P2Y12 INHIBITORS***

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRILINTA ORAL TABLET (\text{ticagrelor})</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (\text{cangrelor tetrasodium})</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**DIURETICS* - DRUGS FOR THE HEART**

**CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetzolamide or oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acetzolamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acetzolamide sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KEVEYIS ORAL TABLET (\text{dichlorphenamide})</td>
<td>5</td>
<td>PA; LD; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>methazolamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

**DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDACTAZIDE ORAL TABLET (\text{spironolactone-hctz})</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amiloride-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DYAZIDE ORAL CAPSULE (\text{triamterene-hctz})</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXZIDE ORAL TABLET (\text{triamterene-hctz})</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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## Prescription Drug Name

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXZIDE-25 ORAL TABLET (triamterene-hctz)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spironolactone-hctz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triamterene-hctz oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamterene-hctz oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><strong>LOOP DIURETICS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bumetanide injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bumetanide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BUMEX ORAL TABLET (bumetanide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EDECRIN ORAL TABLET (ethacrynic acid)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ethacrynate sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ethacrynic acid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>furosemide injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>furosemide oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>furosemide oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LASIX ORAL TABLET (furosemide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED (ethacrynate sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>torsemide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>OSMOTIC DIURETICS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mannitol intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>osmitrol intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>POTASSIUM Sparing DIURETICS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDACTONE ORAL TABLET (spironolactone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amiloride hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CAROSPIR ORAL SUSPENSION (spironolactone)</td>
<td>3</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>DYRENIUM ORAL CAPSULE (triamterene)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spironolactone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamterene oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>THIAZIDES AND THIAZIDE-LIKE DIURETICS</strong>* - DRUGS FOR HIGH BLOOD PRESSURE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorothiazide sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlorthalidone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DIURIL ORAL SUSPENSION (chlorothiazide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide oral capsule</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet 50 mg</td>
<td>1 or 1a*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>indapamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>metolazone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED (chlorothiazide sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNOSI ORAL TABLET 150 MG (solriamfetol hcl)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SUNOSI ORAL TABLET 75 MG (solriamfetol hcl)</td>
<td>3</td>
<td>PA; DO</td>
</tr>
<tr>
<td><em>ENDOCRINE AND METABOLIC AGENTS - MISC.</em> - HORMONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS</em>** - DRUGS FOR WOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIFEPREX ORAL TABLET (mifepristone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mifepristone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>BISPHOSPHONATES</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTONEL ORAL TABLET 150 MG (risedronate sodium)</td>
<td>3</td>
<td>QL (1 tablet per 30 days)</td>
</tr>
<tr>
<td>ACTONEL ORAL TABLET 35 MG (risedronate sodium)</td>
<td>3</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>alendronate sodium oral solution</td>
<td>1 or 1b*</td>
<td>QL (10.72 mg per 1 day)</td>
</tr>
<tr>
<td>alendronate sodium oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>alendronate sodium oral tablet 35 mg, 70 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>ATELVIA ORAL TABLET DELAYED RELEASE (risedronate sodium)</td>
<td>3</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>BINOSTO ORAL TABLET EFFERVESCENT (alendronate sodium)</td>
<td>3</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>BONIVA INTRAVENOUS SOLUTION (ibandronate sodium)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>BONIVA ORAL TABLET (ibandronate sodium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 28 days)</td>
</tr>
<tr>
<td>FOSAMAX ORAL TABLET (alendronate sodium)</td>
<td>3</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>FOSAMAX PLUS D ORAL TABLET (alendronate-cholecalciferol)</td>
<td>2</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>ibandronate sodium intravenous solution</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ibandronate sodium oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 28 days)</td>
</tr>
<tr>
<td>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>pamidronate disodium intravenous solution reconstituted</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>RECLAST INTRAVENOUS SOLUTION (zoledronic acid)</td>
<td>5</td>
<td>PA; SP; QL (100 mL per 375 days)</td>
</tr>
<tr>
<td>risedronate sodium oral tablet 150 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 30 days)</td>
</tr>
<tr>
<td>risedronate sodium oral tablet 30 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>risedronate sodium oral tablet 35 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>risedronate sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 28 days)</td>
</tr>
<tr>
<td>zoledronic acid intravenous concentrate</td>
<td>1 or 1b*</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML</td>
<td>4</td>
<td>PA; SP</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>zoledronic acid intravenous solution 5 mg/100ml</td>
<td>4</td>
<td>PA; SP; QL (100 mL per 375 days)</td>
</tr>
</tbody>
</table>

**CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

cinacalcet hcl oral tablet 30 mg, 60 mg                                            | 4         | PA; QL (2 tablets per 1 day)                           |
cinacalcet hcl oral tablet 90 mg                                                   | 4         | PA; QL (4 tablets per 1 day)                           |
PARSABIV INTRAVENOUS SOLUTION (etelcalcetide hcl)                                  | 5         | PA                                                    |
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet hcl)                                 | 5         | PA; QL (2 tablets per 1 day)                           |
SENSIPAR ORAL TABLET 90 MG (cinacalcet hcl)                                        | 5         | PA; QL (4 tablets per 1 day)                           |

**CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

calcitonin (salmon) nasal solution                                                   | 1 or 1b*  | QL (1 bottle per 30 days)                             |
MIACALCIN INJECTION SOLUTION (calcitonin (salmon))                                 | 5         |                                                       |

**CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

CARNITOR INTRAVENOUS SOLUTION (levocarnitine)                                      | 3         |                                                       |
CARNITOR ORAL SOLUTION (levocarnitine)                                              | 3         |                                                       |
CARNITOR ORAL TABLET (levocarnitine)                                                | 3         |                                                       |
CARNITOR SF ORAL SOLUTION (levocarnitine)                                           | 3         |                                                       |
LEVOCARNITINE INJECTION SOLUTION                                                   | 3         |                                                       |
levocarnitine oral solution                                                          | 1 or 1b*  |                                                       |
levocarnitine oral tablet                                                           | 1 or 1b*  |                                                       |
levocarnitine sf oral solution                                                      | 1 or 1b*  |                                                       |

**CORTICOTROPIN*** - HORMONES

ACTHAR INJECTION GEL (corticotropin)                                               | 4         | PA; LD; SP                                            |

**DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN

cabergoline oral tablet                                                             | 1 or 1b*  | QL (16 tablets per 30 days)                           |

**FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (agalsidase beta)                      | 5         | PA; LD; SP                                            |
GALAFOLD ORAL CAPSULE (migalastat hcl)                                             | 5         | PA; LD; QL (14 capsules per 30 days)                   |

**GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (alglucosidase alfa)                   | 5         | PA; LD; SP                                            |

**GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN

CETROTIDE SUBCUTANEOUS KIT (cetrorelix acetate)                                     | 5         | PA; SP                                                |
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                           | 5         | PA; SP                                                |
ORILISSA ORAL TABLET 150 MG (elagolix sodium)                                      | 3         | PA; QL (1 tablet per 1 day)                            |

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<tr>
<td>ORILISSA ORAL TABLET 200 MG <em>(elagolix sodium)</em></td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RECEPTOR ANTAGONISTS</strong>* - DRUGS FOR GROWTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOMAVERT SUBCUTANEOUS SOLUTION REconstituted <em>(pegvisomant)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RELEASING HORMONES (GHRH)</strong>* - DRUGS FOR GROWTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGRIFTA SV SUBCUTANEOUS SOLUTION REconstituted <em>(tesamorelin acetate)</em></td>
<td>5</td>
<td>PA; LD; QL (1 package per 30 days)</td>
</tr>
<tr>
<td><strong>GROWTH HORMONES</strong>* - DRUGS FOR GROWTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION REconstituted <em>(somatropin)</em></td>
<td>5</td>
<td>PA; SP; QL (1 syringe per 1 day)</td>
</tr>
<tr>
<td>GENOTROPIN SUBCUTANEOUS SOLUTION REconstituted <em>(somatropin)</em></td>
<td>5</td>
<td>PA; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>HUMATROPE INJECTION SOLUTION REconstituted 12 MG, 5 MG, 6 MG <em>(somatropin)</em></td>
<td>4</td>
<td>PA; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>HUMATROPE INJECTION SOLUTION REconstituted 24 MG <em>(somatropin)</em></td>
<td>4</td>
<td>PA; SP; QL (1 injection per 1 day)</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(somatropin)</em></td>
<td>5</td>
<td>PA; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(somatropin)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(somatropin)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(somatropin)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE <em>(somatropin)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>OMNITROPE SUBCUTANEOUS SOLUTION REconstituted <em>(somatropin)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>SAIZEN INJECTION SOLUTION REconstituted 5 MG <em>(somatropin (non-refrigerated))</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 injection per 1 day)</td>
</tr>
<tr>
<td>SAIZEN INJECTION SOLUTION REconstituted 8.8 MG <em>(somatropin (non-refrigerated))</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 cartridge per 1 day)</td>
</tr>
<tr>
<td>SAIZENPREP INJECTION SOLUTION REconstituted <em>(somatropin (non-refrigerated))</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 cartridge per 1 day)</td>
</tr>
<tr>
<td>SEROSTIM SUBCUTANEOUS SOLUTION REconstituted 4 MG <em>(somatropin (non-refrigerated))</em></td>
<td>5</td>
<td>PA; LD; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>SEROSTIM SUBCUTANEOUS SOLUTION REconstituted 5 MG, 6 MG <em>(somatropin (non-refrigerated))</em></td>
<td>5</td>
<td>PA; LD; QL (1 solution per 1 day)</td>
</tr>
<tr>
<td>ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION REconstituted <em>(somatropin)</em></td>
<td>5</td>
<td>PA; SP; QL (1 vial per 1 day)</td>
</tr>
<tr>
<td>ZOMACTON SUBCUTANEOUS SOLUTION REconstituted <em>(somatropin)</em></td>
<td>5</td>
<td>PA; SP; QL (1 vial per 1 day)</td>
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<tr>
<td>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin (non-refrigerated))</td>
<td>5</td>
<td>PA; SP; QL (1 injection per 1 day)</td>
</tr>
<tr>
<td><strong>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</strong>* - DRUGS FOR MENOPAUSE AND BONE LOSS**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>niitisinone oral capsule</td>
<td>4</td>
<td>PA; LD</td>
</tr>
<tr>
<td>NITYR ORAL TABLET (niitisinone)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>ORFADIN ORAL CAPSULE (niitisinone)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td>ORFADIN ORAL SUSPENSION (niitisinone)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td><strong>HOMOCYSTINURIA TREATMENT - AGENTS</strong>* - DRUGS FOR MENOPAUSE AND BONE LOSS**</td>
<td></td>
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</tr>
<tr>
<td>CYSTADANE ORAL POWDER (betaine)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><strong>HYPERAMMONEMIA TREATMENT - AGENTS</strong>* - DRUGS FOR MENOPAUSE AND BONE LOSS**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBAGLU ORAL TABLET (carglumic acid)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td><strong>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</strong>* - DRUGS FOR MENOPAUSE AND BONE LOSS**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitriol intravenous solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>calcitriol oral capsule</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>calcitriol oral solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>doxercalciferol intravenous solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>doxercalciferol oral capsule</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>HECTOROL INTRAVENOUS SOLUTION (doxercalciferol)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>paricalcitol intravenous solution</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>paricalcitol oral capsule</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>RAYALDEE ORAL CAPSULE EXTENDED RELEASE (calcifediol)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>ROCALTROL ORAL CAPSULE (calcitriol)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ROCALTROL ORAL SOLUTION (calcitriol)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZEMPLAR INTRAVENOUS SOLUTION (paricalcitol)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZEMPLAR ORAL CAPSULE (paricalcitol)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</strong>* - HORMONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCRELEX SUBCUTANEOUS SOLUTION (mecasermin)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><strong>LHRH/GNRH AGONIST ANALOG PITUINARY SUPPRESSANTS</strong>* - DRUGS FOR WOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (leuprolide acetate (6 month))</td>
<td>3</td>
<td>PA; LD; QL (1 kit per 24 weekss)</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (leuprolide acetate)</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (leuprolide acetate)</td>
<td>5</td>
<td>PA; SP; QL (1 syringe kit per 28 days)</td>
</tr>
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<tr>
<td>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) (leuprolide acetate (3 month))</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 12 weekss)</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED) (leuprolide acetate (3 month))</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 84 days)</td>
</tr>
<tr>
<td>SUPPRELIN LA SUBCUTANEOUS KIT (histrelin acetate (cpp))</td>
<td>5</td>
<td>PA; LD; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>SYNAVEL NASAL SOLUTION (nafarelin acetate)</td>
<td>5</td>
<td>PA; SP; QL (5 bottle per 30 days)</td>
</tr>
<tr>
<td>TRIPOTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (triptorelin pamoate)</td>
<td>5</td>
<td>PA; LD; QL (1 vial per 168 days)</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDURAZYME INTRAVENOUS SOLUTION (laronidase)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELAPRASE INTRAVENOUS SOLUTION (idursulfase)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
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</tr>
<tr>
<td>NAGLAZYME INTRAVENOUS SOLUTION (galsulfase)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><em>OVULATION STIMULANTS-GONADOTROPINS</em>** - DRUGS FOR WOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>FOLLISTIM AQ SUBCUTANEOUS SOLUTION (follitropin beta)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GONAL-F INJECTION SOLUTION RECONSTITUTED (follitropin alfa)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION (follitropin alfa)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (follitropin alfa)</td>
<td>4</td>
<td>PA; SP</td>
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<tr>
<td>MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (menotropins)</td>
<td>5</td>
<td>PA; SP</td>
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<tr>
<td>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (chorionic gonadotropin)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>OVIDREL SUBCUTANEOUS INJECTABLE (choriogonadotropin alfa)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (chorionic gonadotropin)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>OVULATION STIMULANTS-SYNTHETIC</em>** - DRUGS FOR WOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clomiphene citrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td><em>PARATHYROID HORMONE AND DERIVATIVES</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (teriparatide (recombinant))</td>
<td>4</td>
<td>PA; SP; QL (1 pen per 28 days)</td>
</tr>
<tr>
<td>NATPARA SUBCUTANEOUS CARTRIDGE (parathyroid hormone (recom))</td>
<td>3</td>
<td>PA; LD; SP; QL (2 cartridge per 30 days)</td>
</tr>
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<tr>
<td>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>5</td>
<td>PA; SP; QL (1 pen per 28 days)</td>
</tr>
<tr>
<td>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<em>abaloparatide</em>)</td>
<td>5</td>
<td>PA; SP; QL (1 mL per 30 days)</td>
</tr>
<tr>
<td><em>PHENYLKETONURIA TREATMENT - AGENTS</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUVAN ORAL PACKET (<em>sapropterin dihydrochloride</em>)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>KUVAN ORAL TABLET SOLUBLE (<em>sapropterin dihydrochloride</em>)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 1 day)</td>
</tr>
<tr>
<td><em>RANK LIGAND (RANKL) INHIBITORS</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<em>denosumab</em>)</td>
<td>3</td>
<td>PA; SP; QL (2 injections per 365 days)</td>
</tr>
<tr>
<td>XGEVA SUBCUTANEOUS SOLUTION (<em>denosumab</em>)</td>
<td>3</td>
<td>PA; SP; QL (1 vial per 28 days)</td>
</tr>
<tr>
<td><em>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</em>** - DRUGS FOR MENOPAUSE AND BONE LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVISTA ORAL TABLET (<em>raloxifene hcl</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>OSPHENNA ORAL TABLET (<em>ospemifene</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>raloxifene hcl oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</em>** - HORMONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET (<em>tolvaptan</em>)</td>
<td>5</td>
<td>PA; LD; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET THERAPY PACK (<em>tolvaptan</em>)</td>
<td>5</td>
<td>PA; LD; QL (1 carton per 28 days)</td>
</tr>
<tr>
<td>SAMSCA ORAL TABLET 15 MG (<em>tolvaptan</em>)</td>
<td>3</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SAMSCA ORAL TABLET 30 MG (<em>tolvaptan</em>)</td>
<td>3</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>tolvaptan oral tablet 15 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>tolvaptan oral tablet 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>SOMATOSTATIC AGENTS</em>** - DRUGS FOR GROWTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<em>octreotide acetate</em>)</td>
<td>5</td>
<td>PA; SP; QL (1 pen per 14 days)</td>
</tr>
<tr>
<td>MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<em>octreotide acetate</em>)</td>
<td>5</td>
<td>PA; LD; SP; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>octreotide acetate injection solution</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SANDOSTATIN INJECTION SOLUTION (<em>octreotide acetate</em>)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<em>octreotide acetate</em>)</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (octreotide acetate)</td>
<td>5</td>
<td>PA; SP; QL (2 kits per 28 days)</td>
</tr>
<tr>
<td>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (pasireotide pamoate)</td>
<td>5</td>
<td>PA; LD; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>SIGNIFOR SUBCUTANEOUS SOLUTION (pasireotide diaspertate)</td>
<td>5</td>
<td>PA; LD; QL (2 mL per 1 day)</td>
</tr>
<tr>
<td>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (lanreotide acetate)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe/vial per 28 days)</td>
</tr>
</tbody>
</table>

**UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS

| AMMONUL INTRAVENOUS SOLUTION (sod benz-sod phenylacet)       | 3         |                                                                      |
| BUPHENYL ORAL POWDER (sodium phenylbutyrate)                 | 3         | PA; LD; QL (25 GM per 1 day)                                         |
| BUPHENYL ORAL TABLET (sodium phenylbutyrate)                | 3         | PA; LD; QL (40 tablets per 1 day)                                    |
| RAVICTI ORAL LIQUID (glycerol phenylbutyrate)               | 3         | PA; LD; SP; QL (17.5 mL per 1 day)                                   |
| sod benz-sod phenylacet intravenous solution                | 1 or 1b*  |                                                                      |
| sodium phenylbutyrate oral powder                           | 1 or 1b*  | PA; QL (25 GM per 1 day)                                             |
| sodium phenylbutyrate oral tablet                           | 1 or 1b*  | PA; QL (40 tablets per 1 day)                                        |

**V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** - HORMONES

| VAPRISOL INTRAVENOUS SOLUTION (conivaptan hcl in dextrose)  | 3         |                                                                      |

**VASOPRESSIN*** - HORMONES

| DDAVP INJECTION SOLUTION (desmopressin acetate)             | 3         |                                                                      |
| DDAVP NASAL SOLUTION (desmopressin acetate spray)          | 3         |                                                                      |
| DDAVP ORAL TABLET 0.1 MG (desmopressin acetate)            | 3         | DO                                                                  |
| DDAVP ORAL TABLET 0.2 MG (desmopressin acetate)            | 3         | QL (6 tablets per 1 day)                                            |
| DDAVP RHINAL TUBE NASAL SOLUTION (desmopressin ace refrigerated) | 3         |                                                                      |
| desmopressin ace spray refrig nasal solution               | 1 or 1b*  |                                                                      |
| desmopressin acetate injection solution                     | 1 or 1b*  |                                                                      |
| desmopressin acetate oral tablet 0.1 mg                     | 1 or 1b*  | DO                                                                  |
| desmopressin acetate oral tablet 0.2 mg                     | 1 or 1b*  | QL (6 tablets per 1 day)                                            |
| desmopressin acetate spray nasal solution                   | 1 or 1b*  |                                                                      |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (desmopressin acetate) | 5         | PA; QL (1 tablet per 1 day)                                         |
| STIMATE NASAL SOLUTION (desmopressin acetate)              | 3         | QL (5 mL per 30 days)                                               |
| VASOSTRICT INTRAVENOUS SOLUTION (vasopressin)              | 3         |                                                                      |

**ERYTHROID MATURATION AGENTS***

**ERYTHROID MATURATION AGENTS***

| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (luspatercept-aamt) | 5         | PA; LD; SP                                                          |

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<tbody>
<tr>
<td><em>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORIAHNN ORAL CAPSULE THERAPY PACK (elagolix-estradiol-norethind)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGENS</em> - HORMONES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGEN &amp; PROGESTIN</em>** - DRUGS FOR WOMEN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACTIVELLA ORAL TABLET (estradiol-norethindrone acet)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol-norethindrone acet (Amabelz Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ANGELIQ ORAL TABLET (drospirenone-estradiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIJUVA ORAL CAPSULE (estradiol-progesterone)</td>
<td>2 QL (1 capsule per 1 day)</td>
<td></td>
</tr>
<tr>
<td>CLIMARA PRO TRANSDERMAL PATCH WEEKLY (estradiol-levonorgestrel)</td>
<td>2 QL (4 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (estradiol-norethindrone acet)</td>
<td>2 QL (8 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>estradiol-norethindrone acet oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FEMHRT LOW DOSE ORAL TABLET (norethindrone-eth estradiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>norethindrone-eth estradiol (Fyavol Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norethindrone-eth estradiol (Jinteli Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>estradiol-norethindrone acet (Mimvey Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norethindrone-eth estradiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREFEST ORAL TABLET (estradiol-norgestimate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREMPHASE ORAL TABLET (conj estrog-medroxyprogester ace)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREMPRO ORAL TABLET (conj estrog-medroxyprogester ace)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGENS</em>** - DRUGS FOR WOMEN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALORA TRANSDERMAL PATCH TWICE WEEKLY (estradiol)</td>
<td>3 QL (8 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>CLIMARA TRANSDERMAL PATCH WEEKLY (estradiol)</td>
<td>3 QL (4 patches per 28 days)</td>
<td></td>
</tr>
<tr>
<td>DELESTROGEN INTRAMUSCULAR OIL (estradiol valerate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEPO-ESTRIADOL INTRAMUSCULAR OIL (estradiol cyionate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (estradiol)</td>
<td>2 QL (1 packet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (estradiol)</td>
<td>2 QL (30 packets per 30 days)</td>
<td></td>
</tr>
<tr>
<td>estradiol (Dotti Transdermal Patch Twice Weekly)</td>
<td>1 or 1b* QL (8 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>ELESTRIN TRANSDERMAL GEL (estradiol)</td>
<td>3 QL (1 pump per 30 days)</td>
<td></td>
</tr>
<tr>
<td>ESTRACE ORAL TABLET (estradiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>estradiol transdermal patch twice weekly</td>
<td>1 or 1b* QL (8 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>estradiol transdermal patch weekly</td>
<td>1 or 1b* QL (4 patches per 28 days)</td>
<td></td>
</tr>
<tr>
<td>estradiol valerate intramuscular oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ESTROGEL TRANSDERMAL GEL (estradiol)</td>
<td>3 QL (1 pump per 30 days)</td>
<td></td>
</tr>
</tbody>
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<tr>
<td>EVAMIST TRANSDERMAL SOLUTION (estradiol)</td>
<td>2</td>
<td>QL (2 bottles per 30 days)</td>
</tr>
<tr>
<td>MENEST ORAL TABLET (esterified estrogens)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MENOSTAR TRANSDERMAL PATCH WEEKLY (estradiol)</td>
<td>3</td>
<td>QL (4 patch per 28 days)</td>
</tr>
<tr>
<td>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (estradiol)</td>
<td>3</td>
<td>QL (8 patch per 28 days)</td>
</tr>
<tr>
<td>PREMARIN INJECTION SOLUTION RECONSTITUTED (estrogens conjugated)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREMARIN ORAL TABLET (estrogens conjugated)</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (estradiol)</td>
<td>3</td>
<td>QL (8 patch per 28 days)</td>
</tr>
</tbody>
</table>

**ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***

**ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***

| DUAVEE ORAL TABLET (conj estrogens-bazedoxifene) | 3 | PA; QL (1 tablet per 1 day) |

**FARNESOID X RECEPTOR (FXR) AGONISTS***

**FARNESOID X RECEPTOR (FXR) AGONISTS***

| OCALIVA ORAL TABLET (obeticholic acid) | 5 | PA; LD; SP; QL (1 tablet per 1 day) |

**FENTANYL COMBINATIONS***

**FENTANYL COMBINATIONS***

| FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION | 3 | |
| FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION | 3 | |
| FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION | 3 | |

**FLUOROCYCLES***

**FLUOROCYCLES***

| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (eravacycline dihydrochloride) | 3 | |

**FLUOROQUINOLONES* - DRUGS FOR INFECTIONS***

**FLUOROQUINOLONES*** - ANTIBIOTICS

| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (delafloxacin meglumine) | 3 | |
| BAXDELA ORAL TABLET (delafloxacin meglumine) | 3 | PA; QL (28 tablets per 30 days) |
| CIPRO ORAL SUSPENSION RECONSTITUTED (ciprofloxacin) | 3 | QL (3 bottle per 30 days) |
| CIPRO ORAL TABLET (ciprofloxacin hcl) | 3 | QL (28 tablets per 30 days) |
| ciprofloxacin hcl oral tablet | 1 or 1b* | QL (28 tablets per 30 days) |
| ciprofloxacin in d5w intravenous solution | 1 or 1b* | |
| LEVAQUIN ORAL TABLET 500 MG, 750 MG (levofloxacin) | 3 | QL (14 tablets per 30 days) |
| levofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin intravenous solution | 1 or 1b* | |
| levofloxacin oral solution | 1 or 1b* | QL (480 mL per 30 days) |
| levofloxacin oral tablet | 1 or 1b* | QL (14 tablets per 30 days) |

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<tbody>
<tr>
<td>moxifloxacin hcl in nacl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (21 tablet per 30 days)</td>
</tr>
<tr>
<td>ofloxacin oral tablet</td>
<td>1 or 1b*</td>
<td>QL (28 tablet per 30 days)</td>
</tr>
<tr>
<td><em>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</em>**</td>
<td></td>
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<tr>
<td>ZULRESSO INTRAVENOUS SOLUTION (brexanolone)</td>
<td>5</td>
<td>PA; LD; SP</td>
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<tr>
<td><em>GASTROINTESTINAL AGENTS - MISC.</em> - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIGALL ORAL CAPSULE (ursodiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CHENODAL ORAL TABLET (chenodiol)</td>
<td>3</td>
<td>PA; LD; QL (7 tablets per 1 day)</td>
</tr>
<tr>
<td>URSO 250 ORAL TABLET (ursodiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>URSO FORTE ORAL TABLET (ursodiol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ursodiol oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ursodiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GASTROINTESTINAL ANTIALLERGY AGENTS</em>** - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GASTROCROM ORAL CONCENTRATE (cromolyn sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</em>** - DRUGS FOR IRRITABLE BOWEL SYNDROME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMITIZA ORAL CAPSULE (lubiprostone)</td>
<td>2</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td><em>GASTROINTESTINAL STIMULANTS</em>** - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXPANTHENOL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GIMOTI NASAL SOLUTION (metoclopramide hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet dispersive 5 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>REGLAN ORAL TABLET (metoclopramide hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</em>** - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GATTEX SUBCUTANEOUS KIT (teduglutide (rdna))</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><em>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</em>** - DRUGS FOR IRRITABLE BOWEL SYNDROME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINZESS ORAL CAPSULE (linaclootide)</td>
<td>2</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
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</thead>
<tbody>
<tr>
<td><em>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</em>** - DRUGS FOR IRRITABLE BOWEL SYNDROME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alosetron hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>LOTRONEX ORAL TABLET (alosetron hcl)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>INFLAMMATORY BOWEL AGENTS</em>** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRISCO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (mesalamine)</td>
<td>3</td>
<td>QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>ASACOL HD ORAL TABLET DELAYED RELEASE (mesalamine)</td>
<td>3</td>
<td>ST; QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (sulfasalazine)</td>
<td>3</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>AZULFIDINE ORAL TABLET (sulfasalazine)</td>
<td>3</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>balsalazide disodium oral capsule</td>
<td>1 or 1b*</td>
<td>QL (9 capsule per 1 day)</td>
</tr>
<tr>
<td>CANASA RECTAL SUPPOSITORY (mesalamine)</td>
<td>3</td>
<td>QL (1 suppository per 1 day)</td>
</tr>
<tr>
<td>COLAZAL ORAL CAPSULE (balsalazide disodium)</td>
<td>3</td>
<td>QL (9 capsule per 1 day)</td>
</tr>
<tr>
<td>DELZICOL ORAL CAPSULE DELAYED RELEASE (mesalamine)</td>
<td>3</td>
<td>ST; QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>DIPENTUM ORAL CAPSULE (olsalazine sodium)</td>
<td>3</td>
<td>ST; QL (4 capsule per 1 day)</td>
</tr>
<tr>
<td>LIALDA ORAL TABLET DELAYED RELEASE (mesalamine)</td>
<td>3</td>
<td>ST; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>mesalamine er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>mesalamine oral capsule delayed release</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>mesalamine oral tablet delayed release 1.2 gm</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>mesalamine oral tablet delayed release 800 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>mesalamine rectal enema</td>
<td>1 or 1b*</td>
<td>QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>mesalamine rectal suppository</td>
<td>1 or 1b*</td>
<td>QL (1 suppository per 1 day)</td>
</tr>
<tr>
<td>mesalamine-cleanser rectal kit</td>
<td>1 or 1b*</td>
<td>QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (mesalamine)</td>
<td>2</td>
<td>QL (16 capsule per 1 day)</td>
</tr>
<tr>
<td>PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (mesalamine)</td>
<td>2</td>
<td>QL (8 capsule per 1 day)</td>
</tr>
<tr>
<td>ROWASA RECTAL KIT (mesalamine-cleanser)</td>
<td>3</td>
<td>QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>SFROWASA RECTAL ENEMA (mesalamine)</td>
<td>3</td>
<td>QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>sulfasalazine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td>sulfasalazine oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 1 day)</td>
</tr>
<tr>
<td><em>INTESTINAL ACIDIFIERS</em>** - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>enulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>generlac oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactulose encephalopathy oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</em>** - DRUGS FOR THE STOMACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTEREG ORAL CAPSULE (alvimopan)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOVANTIK ORAL TABLET (naloxegol oxalate)</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>RELISTOR ORAL TABLET (methylnaltrexone bromide)</td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>RELISTOR SUBCUTANEOUS SOLUTION (methylnaltrexone bromide)</td>
<td>3</td>
<td>ST; QL (1 syringe per 1 day)</td>
</tr>
<tr>
<td>SYMPROIC ORAL TABLET (naldemedine tosylate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

**PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH

<table>
<thead>
<tr>
<th>Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AURYXIA ORAL TABLET (ferric citrate)</td>
<td>3</td>
<td>ST; QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>calcium acetate (phos binder) oral capsule</td>
<td>1 or 1b*</td>
<td>QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>calcium acetate (phos binder) oral tablet</td>
<td>1 or 1b*</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>calcium acetate oral tablet 667 mg</td>
<td>1 or 1b*</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>FOSRENOL ORAL PACKET (lanthanum carbonate)</td>
<td>3</td>
<td>ST; QL (3 stick packs per 1 day)</td>
</tr>
<tr>
<td>FOSRENOL ORAL TABLET CHEWABLE (lanthanum carbonate)</td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>lanthanum carbonate oral tablet chewable</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>PHOSLYRA ORAL SOLUTION (calcium acetate (phos binder))</td>
<td>3</td>
<td>ST; QL (60 mL per 1 day)</td>
</tr>
<tr>
<td>RENAGEL ORAL TABLET (sevelamer hcl)</td>
<td>3</td>
<td>ST; QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>RENVELA ORAL PACKET 0.8 GM (sevelamer carbonate)</td>
<td>3</td>
<td>ST; QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>RENVELA ORAL PACKET 2.4 GM (sevelamer carbonate)</td>
<td>3</td>
<td>ST; QL (3 packets per 1 day)</td>
</tr>
<tr>
<td>RENVELA ORAL TABLET (sevelamer carbonate)</td>
<td>3</td>
<td>ST; QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>sevelamer carbonate oral packet 0.8 gm</td>
<td>1 or 1b*</td>
<td>QL (6 packets per 1 day)</td>
</tr>
<tr>
<td>sevelamer carbonate oral packet 2.4 gm</td>
<td>1 or 1b*</td>
<td>QL (3 packets per 1 day)</td>
</tr>
<tr>
<td>sevelamer carbonate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>sevelamer hcl oral tablet 400 mg</td>
<td>1 or 1b*</td>
<td>QL (15 tablets per 1 day)</td>
</tr>
<tr>
<td>sevelamer hcl oral tablet 800 mg</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>VELPHORO ORAL TABLET CHEWABLE (sucroferric oxyhydroxide)</td>
<td>3</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
</tbody>
</table>

**TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE

<table>
<thead>
<tr>
<th>Drug Name</th>
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</tr>
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<tbody>
<tr>
<td>AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-axxxq)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>CIMZIA PREFILLED SUBCUTANEOUS KIT (certolizumab pegol)</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 28 days)</td>
</tr>
<tr>
<td>CIMZIA STARTER KIT SUBCUTANEOUS KIT (certolizumab pegol)</td>
<td>5</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>CIMZIA SUBCUTANEOUS KIT (certolizumab pegol)</td>
<td>5</td>
<td>PA; SP; QL (1 package per 30 days)</td>
</tr>
<tr>
<td>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-dyyb)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (infliximab)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-abda)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
</table>

**GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER

**ANESTHETICS - MISC.*** - DRUGS FOR SEDATION

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMIDATE INTRAVENOUS SOLUTION (etomidate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40A INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40H INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40S INTRAVENOUS KIT</td>
<td>3</td>
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<tbody>
<tr>
<td><strong>DIPRIVAN INTRAVENOUS EMULSION (propofol)</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>etomidate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FRESENIUS PROPOVEN INTRAVENOUS EMULSION 2000 MG/100ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KETALAR INJECTION SOLUTION (ketamine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 50 MG/5ML, 50 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>propofol intravenous emulsion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em><strong>BARBITURATE ANESTHETICS</strong></em> - DRUGS FOR SEDATION**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (methohexital sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em><strong>VOLATILE ANESTHETICS</strong></em> - DRUGS FOR SEDATION**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FORANE INHALATION SOLUTION (isoflurane)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isoflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sevoflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SUPRANE INHALATION SOLUTION (desflurane)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isoflurane (Terrell Inhalation Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ULTANE INHALATION SOLUTION (sevoflurane)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em><strong>GENITOURINARY AGENTS - MISCELLANEOUS</strong></em> - DRUGS FOR THE URINARY SYSTEM**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVODART ORAL CAPSULE (dutasteride)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>dutasteride oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>finasteride oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>PROSCAR ORAL TABLET (finasteride)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em><strong>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</strong></em> - DRUGS FOR THE PROSTATE**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alfuzosin hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (doxazosin mesylate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>FLOMAX ORAL CAPSULE (tamsulosin hcl)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
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<tr>
<td>RAPAFLO ORAL CAPSULE <em>(silodosin)</em></td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>silodosin oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>tamsulosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR <em>(alfuzosin hcl)</em></td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM

| neomycin-polymyxin b gu irrigation solution | 1 or 1b* |

*CITRATES*** - DRUGS FOR INFECTIONS

| pot & sod cit-cit ac oral solution | 1 or 1b* |
| potassium citrate er oral tablet extended release | 1 or 1b* |
| potassium citrate-citric acid oral solution | 1 or 1b* |
| sod citrate-citric acid oral solution | 1 or 1b* |
| potassium citrate-citric acid *(Taron-Crystals Oral Packet)* | 1 or 1b* |
| tricitrates oral solution | 1 or 1b* |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE *(potassium citrate)* | 3 |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE *(potassium citrate)* | 3 |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE *(potassium citrate)* | 3 |

*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM

| CYSTAGON ORAL CAPSULE *(cysteamine bitartrate)* | 5 | LD; SP |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE *(cysteamine bitartrate)* | 5 | ST; LD |
| PROCYSBI ORAL PACKET *(cysteamine bitartrate)* | 5 | ST; LD |

*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM

| acetic acid irrigation solution | 1 or 1b* |
| aminoacetic acid irrigation solution | 1 or 1b* |
| sodium chloride *(gu irrigant)* *(Argyle Sterile Saline Irrigation Solution)* | 1 or 1b* |
| sodium chloride *(gu irrigant)* *(Curity Sterile Saline Irrigation Solution)* | 1 or 1b* |
| glycine irrigation solution | 1 or 1b* |
| glycine urologic irrigation solution | 1 or 1b* |
| RENACIDIN IRRIGATION SOLUTION *(citric ac-gluconolact-mg carb)* | 3 |
| RESECTISOL IRRIGATION SOLUTION *(mannitol *(gu irrigant))* | 3 |
| sodium chloride irrigation solution | 1 or 1b* |
| SORBITOL IRRIGATION SOLUTION | 3 |
| SORBITOL-MANNITOL IRRIGATION SOLUTION | 3 |

*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM

| ELMIRON ORAL CAPSULE *(pentosan polysulfate sodium)* | 3 | QL (3 capsules per 1 day) |
| RIMSO-50 INTRAVESICAL SOLUTION *(dimethyl sulfoxide)* | 3 |

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</tr>
</thead>
<tbody>
<tr>
<td><strong>PHOSPHATES</strong>* - DRUGS FOR INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-PHOS NO 2 ORAL TABLET (pot &amp; sod ac phosphates)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PROSTATIC HYPERPROLIFERATIVE AGENT COMBINATIONS</strong>* - DRUGS FOR THE PROSTATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>JALYN ORAL CAPSULE (dutasteride-tamsulosin hcl)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><strong>URINARY ANALGESICS</strong>* - DRUGS FOR INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>phenazopyridine hcl oral tablet 100 mg, 200 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><strong>URINARY STONE AGENTS</strong>* - DRUGS FOR THE URINARY SYSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LITHOSTAT ORAL TABLET (acetohydroxamic acid)</td>
<td>3</td>
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</tr>
<tr>
<td>THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (tiopronin)</td>
<td>3</td>
<td>PA; LD; QL (10 tablet per 1 day)</td>
</tr>
<tr>
<td>THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (tiopronin)</td>
<td>3</td>
<td>PA; LD; QL (3 tablet per 1 day)</td>
</tr>
<tr>
<td>THIOLA ORAL TABLET (tiopronin)</td>
<td>3</td>
<td>PA; LD; QL (10 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>GLYCOPEPTIDES</strong>*</td>
<td></td>
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<tr>
<td><strong>GLYCOPEPTIDES</strong>*</td>
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<tr>
<td>DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (dalbavancin hcl)</td>
<td>3</td>
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<tr>
<td>FIRVANQ ORAL SOLUTION RECONSTITUTED (vancomycin hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (oritavancin diphosphate)</td>
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<tr>
<td>VANCOCIN HCL ORAL CAPSULE (vancomycin hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VANCOCIN ORAL CAPSULE (vancomycin hcl)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
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<tr>
<td>VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION</td>
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</tr>
<tr>
<td>VANCOMYCIN HCL INTRAVENOUS SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>vancomycin hcl intravenous solution reconstituted 1 gm</td>
<td>1 or 1b*</td>
<td>QL (2 grams per 1 day)</td>
</tr>
<tr>
<td>VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG</td>
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<tr>
<td>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 5 gm, 750 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vancomycin hcl intravenous solution reconstituted 500 mg</td>
<td>1 or 1b*</td>
<td>QL (2 mL per 1 day)</td>
</tr>
<tr>
<td>vancomycin hcl oral capsule</td>
<td>1 or 1b*</td>
<td>PA</td>
</tr>
<tr>
<td>VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (telavancin hcl)</td>
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<td></td>
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<tr>
<td><strong>GOUT AGENTS</strong>* - DRUGS FOR PAIN AND FEVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOUT AGENT COMBINATIONS</strong>* - GOUT DRUGS</td>
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<td></td>
</tr>
<tr>
<td>colchicine-probenecid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
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<tr>
<td><strong>GOUT AGENTS</strong>* - GOUT DRUGS</td>
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<td></td>
</tr>
<tr>
<td>allopurinol oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>allopurinol sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (allopurinol sodium)</td>
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<tr>
<td>colchicine oral capsule</td>
<td>3</td>
<td>ST; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>colchicine oral tablet</td>
<td>2</td>
<td>QL (2.3 tablet per 1 day)</td>
</tr>
<tr>
<td>COLCrys Oral Tablet (colchicine)</td>
<td>3</td>
<td>QL (2.3 tablet per 1 day)</td>
</tr>
<tr>
<td>febuxostat oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td>GLOPERBA Oral Solution (colchicine)</td>
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<td>ST; QL (2 bottles per 30 days)</td>
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<tr>
<td>KRYSTEXXA INTRAVENOUS SOLUTION (pegloticase)</td>
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<td>PA; LD; SP</td>
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<td>MITIGARE ORAL CAPSULE (colchicine)</td>
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<td>ST; QL (2 capsules per 1 day)</td>
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<tr>
<td>ULORIC ORAL TABLET (febuxostat)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZYLOPRIM ORAL TABLET (allopurinol)</td>
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<tr>
<td><strong>URICOSURICS</strong>* - GOUT DRUGS</td>
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<td></td>
</tr>
<tr>
<td>probenecid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>*<em>HEMATOLOGICAL AGENTS - MISC.</em> - DRUGS FOR THE BLOOD</td>
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<tr>
<td><strong>ANTIHEMOPHILIC PRODUCTS</strong>* - DRUGS TO PREVENT BLEEDING</td>
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<tr>
<td>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (antihemophil factor (rahf-pfm))</td>
<td>5</td>
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<tr>
<td>ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>AFSTYLA INTRAVENOUS KIT (antihemophil fact single chain)</td>
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<td>PA; SP</td>
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<tr>
<td>ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor-vwf)</td>
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<td>PA; SP</td>
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<tr>
<td>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix)</td>
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<td>PA; SP</td>
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<tr>
<td>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (rfixfc))</td>
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<td>PA; SP</td>
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<tr>
<td>BENEFIX INTRAVENOUS KIT (coagulation factor ix (recomb))</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor x (human))</td>
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<td>PA; LD; SP</td>
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<tr>
<td>CORIFACT INTRAVENOUS KIT (factor xiii concentrate human)</td>
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<tr>
<td>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (antihem fact (bdf-rfiiifi))</td>
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<tr>
<td>ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (antihemoph fact rcmh gpeg-exei)</td>
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<tr>
<td>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (antiinhibitor coagulant cmlpx)</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))</td>
<td>5</td>
<td>PA</td>
</tr>
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<tr>
<td>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)</td>
<td>5</td>
<td>PA; SP</td>
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<tr>
<td>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor-vwf)</td>
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<td>PA; SP</td>
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<tr>
<td>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (rix-fp))</td>
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<td>PA; SP</td>
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<tr>
<td>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (recomb))</td>
<td>5</td>
<td>PA; SP</td>
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<tr>
<td>JIVI INTRAVENOUS SOLUTION RECONSTITUTED (ahf (bdd-rfviii peg-aucl))</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KCENTRA INTRAVENOUS KIT (prothrombin complex conc human)</td>
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<tr>
<td>KOATE INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)</td>
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<td>PA; SP</td>
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<tr>
<td>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (antihemophilic factor)</td>
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<tr>
<td>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (antihemophilic factor)</td>
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<td>SP</td>
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<tr>
<td>KOGENATE FS INTRAVENOUS KIT (antihemophilic factor (recomb))</td>
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<td>PA; SP</td>
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<tr>
<td>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (antihemophil factor (rahf-pfm))</td>
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<tr>
<td>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix)</td>
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<tr>
<td>NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (antihemophil fact bd truncated)</td>
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<tr>
<td>NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor viia recomb)</td>
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<td>PA; SP</td>
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<tr>
<td>NUWIQ INTRAVENOUS KIT (antihem fact (bdd-rfviii,sim))</td>
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<tr>
<td>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (antihem fact (bdd-rfviii,sim))</td>
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<td>OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (factor ix complex)</td>
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<tr>
<td>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix glycopeg)</td>
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<td>RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor (recomb))</td>
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<tr>
<td>RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>5</td>
<td>PA; SP</td>
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<tr>
<td>SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor viia-jncw)</td>
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<td>PA; SP</td>
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<tr>
<td>TRETEN INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor xiii a-sub)</td>
<td>5</td>
<td>PA; LD; SP</td>
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<tr>
<td>VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (von willebrand factor (recomb))</td>
<td>5</td>
<td>PA; LD; SP</td>
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<tr>
<td>WILATE INTRAVENOUS KIT (antihemophilic factor-vwf)</td>
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<td>PA; SP</td>
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<tr>
<td>XYNTHA INTRAVENOUS KIT (antihem fact (bdd-rfviii,mor))</td>
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<td>PA; SP</td>
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<tr>
<td>XYNTHA SOLOFUSE INTRAVENOUS KIT (antihem fact (bdd-rfviii,mor))</td>
<td>5</td>
<td>PA; SP</td>
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<tr>
<td><em>BRADYKININ B2 RECEPTOR ANTAGONISTS</em>** - DRUGS FOR THE BLOOD</td>
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<tr>
<td>FIRAZYR SUBCUTANEOUS SOLUTION (icatibant acetate)</td>
<td>5</td>
<td>PA; LD; SP; QL (24 syringes per 30 days)</td>
</tr>
<tr>
<td>icatibant acetate subcutaneous solution</td>
<td>4</td>
<td>PA; SP; QL (24 syringes per 30 days)</td>
</tr>
<tr>
<td><em>C1 INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
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<tr>
<td>BERINERT INTRAVENOUS KIT (c1 esterase inhibitor (human))</td>
<td>5</td>
<td>PA; LD; SP; QL (24 vials per 30 days)</td>
</tr>
<tr>
<td>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (c1 esterase inhibitor (human))</td>
<td>5</td>
<td>PA; LD; SP; QL (20 vials per 30 days)</td>
</tr>
<tr>
<td>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (c1 esterase inhibitor (human))</td>
<td>5</td>
<td>PA; LD; SP; QL (24 vials per 28 days)</td>
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<tr>
<td>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (c1 esterase inhibitor (human))</td>
<td>5</td>
<td>PA; LD; SP; QL (16 vials per 28 days)</td>
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<tr>
<td>RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (c1 esterase inhibitor (recomb))</td>
<td>5</td>
<td>PA; LD; SP; QL (16 vials per 30 days)</td>
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<tr>
<td><em>COMPLEMENT INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
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<tr>
<td>SOLIRIS INTRAVENOUS SOLUTION (eculizumab)</td>
<td>5</td>
<td>PA; LD</td>
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<tr>
<td>ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (ravulizumab-cwvz)</td>
<td>5</td>
<td>PA; SP; QL (12 vials per 56 days)</td>
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<tr>
<td>ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30ML (ravulizumab-cwvz)</td>
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<td>PA; LD; SP; QL (12 vials per 56 days)</td>
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<td><em>GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
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</tr>
<tr>
<td>AGGRASTAT INTRAVENOUS CONCENTRATE (tirofiban hcl)</td>
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<tr>
<td>AGGRASTAT INTRAVENOUS SOLUTION (tirofiban hcl in nacl)</td>
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<tr>
<td>eptifibatide intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INTEGRILIN INTRAVENOUS SOLUTION (eptifibatide)</td>
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<tr>
<td><em>HEMATORHEOLOGIC AGENTS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
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<tr>
<td>pentoxifylline er oral tablet extended release</td>
<td>1 or 1b*</td>
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<tr>
<td><em>HEMIN</em>** - DRUGS FOR THE BLOOD</td>
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<tr>
<td>PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (hemin)</td>
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<tr>
<td><em>HUMAN PROTEIN C</em>** - DRUGS FOR THE BLOOD</td>
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<tr>
<td>CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (protein c concentrate (human))</td>
<td>5</td>
<td>LD; SP</td>
</tr>
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<td><em>PHOSPHODIESTERASE III INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
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<tr>
<td>cilostazol oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td><em>PLASMA EXPANDERS</em>** - DRUGS FOR THE BLOOD</td>
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<tr>
<td>HESPAN INTRAVENOUS SOLUTION (hetastarch-nacl)</td>
<td>3</td>
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</tr>
<tr>
<td>hetastarch-nacl intravenous solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>HEXTEND INTRAVENOUS SOLUTION (hetastarch in lact electrolyte)</td>
<td>3</td>
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<tr>
<td>lmd in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lmd in nacl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PLASMA KALLIKREIN INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KALBITOR SUBCUTANEOUS SOLUTION (ecallantide)</td>
<td>5</td>
<td>PA; LD; SP; QL (48 vials per 30 days)</td>
</tr>
<tr>
<td><em>PLASMA PROTEINS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albumin human (Albuked 25 Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human (Albuked 5 Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ALBUMINEX INTRAVENOUS SOLUTION (albumin human-kjda)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>albumin-2lb intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alburx intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human (Albutein Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human (Flexbumin Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human (Human Albumin Grifols Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>kedbumin intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (plasma human)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (plasma human)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (plasma human)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (plasma human)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>albumin human (Plasbumin-25 Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albumin human (Plasbumin-5 Intravenous Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PLASMANATE INTRAVENOUS SOLUTION (plasma protein fraction)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (antithrombin iii (human))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PLATELET AGGREGATION INHIBITOR COMBINATIONS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin-dipyridamole er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>YOSPRALA ORAL TABLET DELAYED RELEASE (aspirin-omeprazole)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>PLATELET AGGREGATION INHIBITORS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dipyriramole oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (aspirin)</td>
<td>3</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td><em>PROTAMINE</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>protamine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>QUINAZOLINE AGENTS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGRYLIN ORAL CAPSULE (anagrelide hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>anagrelide hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>THIENOPYRIDINE DERIVATIVES</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clopidogrel bisulfate oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clopidogrel bisulfate oral tablet 75 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EFFIENT ORAL TABLET 10 MG (prasugrel hcl)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EFFIENT ORAL TABLET 5 MG (prasugrel hcl)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>PLAVIX ORAL TABLET (clopidogrel bisulfate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>prasugrel hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>prasugrel hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>TISSUE PLASMINOGEN ACTIVATORS</em>** - DRUGS FOR THE BLOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (alteplase)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (alteplase)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RETAVASE HALF-KIT INTRAVENOUS KIT (reteplase)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RETAVASE INTRAVENOUS KIT (reteplase)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TNKASE INTRAVENOUS KIT (tenecteplase)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HEMATOLOGICAL AGENTS - MISC.</em></td>
<td></td>
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<tr>
<td><em>CYCLOPENTYLTRIAZOLOPYRIMIDINE (CPTP) DERIVATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRILINTA ORAL TABLET (ticagrelor)</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (cangrelor tetrasodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HEMATOPOIETIC AGENTS</em> - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR GAUCHER DISEASE</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERDELGA ORAL CAPSULE (eliglustat tartrate)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (imiglucerase)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (taliglucerase alfa)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
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<th>Prescription Drug Name</th>
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</thead>
<tbody>
<tr>
<td>miglustat oral capsule</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (velaglucerase alfa)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>ZAVESCA ORAL CAPSULE (miglustat)</td>
<td>5</td>
<td>PA; LD</td>
</tr>
</tbody>
</table>

**COBALAMIN COMBINATIONS*** - DRUGS FOR NUTRITION

cyanocobalamin-methylcobalamin (Abaneu-SI Sublingual Tablet Sublingual) 2
LIPO-B INTRAMUSCULAR SOLUTION 3
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 3
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION 3

**COBALAMINS*** - DRUGS FOR NUTRITION

cyanocobalamin injection solution 1000 mcg/ml 1 or 1a*
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML 3
hydroxocobalamin acetate intramuscular solution 1 or 1b*
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 3
NASCOBAL NASAL SOLUTION (cyanocobalamin) 3
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 3

**CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION

MOZOBIL SUBCUTANEOUS SOLUTION (plerixafor) 5 | PA; LD; SP

**CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION

DROXIA ORAL CAPSULE (hydroxyurea) 2
SIKLOS ORAL TABLET (hydroxyurea) 3 | PA; SP

**FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION

folic acid-vit b6-vit b12 (Airavite Oral Tablet) 1 or 1b*
B-6 FOLIC ACID ORAL CAPSULE 3
BP VIT 3 ORAL CAPSULE 3
CENFOL ORAL TABLET (folic acid-vit b6-vit b12) 3

fabb oral tablet 1 or 1b*
fa-vitamin b-6-vitamin b-12 oral tablet 1 or 1b*
folbee oral tablet 1 or 1b*
folpix 2.2 oral tablet 1 or 1b*
foltabs 800 oral tablet 1 or 1b*; $0

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<tbody>
<tr>
<td>VITAMEZ ORAL CAPSULE (fa-b6-b12-omega 3-phytosterols)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>FOLIC ACID/FOLATES</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cvs folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>fa-8 oral capsule</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>fa-8 oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>folate oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>folic acid injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>folic acid oral capsule 0.8 mg</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>folic acid oral tablet 1 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>folic acid oral tablet 400 mcg, 800 mcg</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>hm folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>kp folic acid oral tablet 800 mcg</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>px folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>qc folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>ra folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>sm folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>yl folic acid oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-jmdb)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 30 days)</td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION (tbo-filgrastim)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tbo-filgrastim)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (pegfilgrastim)</td>
<td>5</td>
<td>PA; SP; QL (2 injectors/kits per 28 days)</td>
</tr>
<tr>
<td>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>NEUPOGEN INJECTION SOLUTION (filgrastim)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (filgrastim)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION (filgrastim-aafi)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-aafi)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-cqhv)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-sndz)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-bmez)</td>
<td>5</td>
<td>PA; LD; SP; QL (2 injections per 30 days)</td>
</tr>
</tbody>
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<td><em>GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEUKINE INJECTION SOLUTION RECONSTITUTED (*saragrostim)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>IRON COMBINATIONS</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVE FE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>*iron-folic acid-c-b6-b12-zinc (Corvita 150 Oral Tablet)</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>CORVITE 150 ORAL TABLET 150-1.25 MG (*iron-folic acid-c-b6-b12-zinc)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ferocon oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ferostrinic oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>*fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FERROPLEX HEMATICIN ORAL TABLET (*fe fum-dss-c-e-b12-ifa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FERROTIN ORAL CAPSULE (*iron-b12-vit c-ifa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>foltrin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hematinic plus vit/minerals oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEMATRON- AF ORAL TABLET (*iron-dss-b12-fa-c-e-cu-biotin)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEMOCYTE PLUS ORAL CAPSULE (*fe fum-fa-b cmp-c-zn-mg-mn-cu)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hemocyte-plus oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ICAR-C PLUS ORAL TABLET (*iron-vit c-vit b12-efa)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>*fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus Oral Capsule)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MULTIGEN FOLIC ORAL TABLET (*fe asp gly-succ-c-thre-b12-fa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MULTIGEN ORAL TABLET (*fe-succ-c-thre-b12-des stomach)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MULTIGEN PLUS ORAL TABLET (*feasf-fefum-su-gr-c-thre-b12-fa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>polysaccharide iron forte oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>purevit dualfe plus oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TARON FORTE ORAL CAPSULE</td>
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<td></td>
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<tr>
<td>tl-hem 150 oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>*fe fumarate-b12-vit c-ifa (Tricon Oral Capsule)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trigels-f forte oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VIRT-FEFA PLUS ORAL CAPSULE</td>
<td>3</td>
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</tr>
<tr>
<td><em>IRON W/FOLIC ACID</em>** - DRUGS FOR NUTRITION</td>
<td></td>
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</tr>
<tr>
<td>FOLIVANE-F ORAL CAPSULE (*fepoly-fa-vit c-vit b3)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hematinic/folic acid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ferrous fumarate-folic acid (Hemocyte-F Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INTEGRA F ORAL CAPSULE (*fepoly-fa-vit c-vit b3)</td>
<td>3</td>
<td></td>
</tr>
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<tr>
<td><em>IRON</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERAHEME INTRAVENOUS SOLUTION <em>(ferumoxytol)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FERRLECIT INTRAVENOUS SOLUTION <em>(na ferric gluc cplx in sucrose)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>INFED INJECTION SOLUTION <em>(iron dextran)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INJECTAHER INTRAVENOUS SOLUTION <em>(ferric carboxymaltose)</em></td>
<td>3</td>
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<tr>
<td>MONOFERRIC INTRAVENOUS SOLUTION <em>(ferric derisomaltose)</em></td>
<td>3</td>
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</tr>
<tr>
<td><em>IRON-B12-FOLATE</em>** - DRUGS FOR NUTRITION</td>
<td></td>
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</tr>
<tr>
<td>FERIVA 21/7 ORAL TABLET <em>(feasp-b12-fa-c-dss-suca-zn)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FERRAPLUS 90 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</em>** - DRUGS FOR NUTRITION</td>
<td></td>
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</tr>
<tr>
<td>DOPTOLET ORAL TABLET <em>(avatrombopag maleate)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (60 tablets per 30 days)</td>
</tr>
<tr>
<td>MULPLETA ORAL TABLET <em>(lusutrombopag)</em></td>
<td>5</td>
<td>PA; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG <em>(romiplostim)</em></td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG <em>(romiplostim)</em></td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET 12.5 MG <em>(eltrombopag olamine)</em></td>
<td>5</td>
<td>PA; DO; LD; SP</td>
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<tr>
<td>PROMACTA ORAL PACKET 25 MG <em>(eltrombopag olamine)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (3 dose-packs per 1 day)</td>
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<tr>
<td>PROMACTA ORAL PACKET 50 MG <em>(eltrombopag olamine)</em></td>
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<td>PA; DO; LD; SP</td>
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<tr>
<td>PROMACTA ORAL PACKET 75 MG <em>(eltrombopag olamine)</em></td>
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<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td><em>HEMATOPOIETIC AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</em>**</td>
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</tr>
<tr>
<td>ARANESP *(ALBUMIN FREE) INJECTION SOLUTION <em>(darbepoetin alfa)</em></td>
<td>4</td>
<td>PA; SP; QL (4 vials per 28 days)</td>
</tr>
<tr>
<td>ARANESP *(ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML <em>(darbepoetin alfa)</em></td>
<td>4</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
</tr>
<tr>
<td>ARANESP *(ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML <em>(darbepoetin alfa)</em></td>
<td>4</td>
<td>PA; SP; QL (4 syringes per 30 days)</td>
</tr>
<tr>
<td>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML <em>(epoetin alfa)</em></td>
<td>5</td>
<td>PA; SP; QL (12 mL per 28 days)</td>
</tr>
<tr>
<td>EPOGEN INJECTION SOLUTION 20000 UNIT/ML <em>(epoetin alfa)</em></td>
<td>5</td>
<td>PA; SP; QL (24 vials per 28 days)</td>
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<tr>
<td>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE <em>(methoxy peg-epoetin beta)</em></td>
<td>5</td>
<td>PA; LD; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML <em>(epoetin alfa)</em></td>
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<td>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML <em>(epoetin alfa-epbx)</em></td>
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<tr>
<td><em>HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS</em>**</td>
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<tr>
<td>OXBRYTA ORAL TABLET <em>(voxelotor)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td><em>HEMOSTATICS</em> - DRUGS FOR THE BLOOD</td>
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</tr>
<tr>
<td><em>HEMOSTATIC COMBINATIONS - TOPICAL</em>** - DRUGS TO PREVENT BLEEDING</td>
<td></td>
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</tr>
<tr>
<td>ARTISS EXTERNAL SOLUTION <em>(fibrin sealant component)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBI-GEL 10 EXTERNAL PAD <em>(thrombin-cmc-cacl-gelatin)</em></td>
<td>3</td>
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</tr>
<tr>
<td>THROMBI-GEL 100 EXTERNAL PAD <em>(thrombin-cmc-cacl-gelatin)</em></td>
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<tr>
<td>THROMBI-GEL 40 EXTERNAL PAD <em>(thrombin-cmc-cacl-gelatin)</em></td>
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<tr>
<td>THROMBI-PAD EXTERNAL PAD <em>(thrombin-cmc-cacl)</em></td>
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<tr>
<td>TISSEEL EXTERNAL KIT <em>(fibrin sealant component)</em></td>
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<td>TISSEEL EXTERNAL SOLUTION <em>(fibrin sealant component)</em></td>
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<td><em>HEMOSTATICS - SYSTEMIC</em>** - DRUGS TO PREVENT BLEEDING</td>
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</tr>
<tr>
<td>AMICAR ORAL SOLUTION <em>(aminocaproic acid)</em></td>
<td>3</td>
<td>QL (120 mL per 1 day)</td>
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<tr>
<td>AMICAR ORAL TABLET 1000 MG (aminocaproic acid)</td>
<td>3</td>
<td>QL (60 tablets per 1 day)</td>
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<tr>
<td>AMICAR ORAL TABLET 500 MG (aminocaproic acid)</td>
<td>3</td>
<td>QL (120 mL per 1 day)</td>
</tr>
<tr>
<td>aminocaproic acid intravenous solution</td>
<td>1 or 1b*</td>
<td>QL (60 tablets per 1 day)</td>
</tr>
<tr>
<td>aminocaproic acid oral solution</td>
<td>1 or 1b*</td>
<td>QL (60 tablets per 1 day)</td>
</tr>
<tr>
<td>aminocaproic acid oral tablet 1000 mg</td>
<td>1 or 1b*</td>
<td>QL (60 tablets per 1 day)</td>
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<tr>
<td>CYKLOKAPRON INTRAVENOUS SOLUTION (tranexamic acid)</td>
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<tr>
<td>LYSTEDA ORAL TABLET (tranexamic acid)</td>
<td>3</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>tranexamic acid intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tranexamic acid oral tablet</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION</td>
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<tr>
<td><strong>HEMOSTATICS - TOPICAL</strong>* - DRUGS TO PREVENT BLEEDING**</td>
<td>3</td>
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<tr>
<td>ACTIFOAM COLLAGEN SPONGE EXTERNAL (absorbable collagen hemostat)</td>
<td>3</td>
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<tr>
<td>AVITENE EXTERNAL PAD (microfibrillar coll hemostat)</td>
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<tr>
<td>AVITENE FLOUR EXTERNAL POWDER (microfibrillar coll hemostat)</td>
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<tr>
<td>ENDO AVITENE EXTERNAL (absorbable collagen hemostat)</td>
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<tr>
<td>GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (gelatin absorbable)</td>
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<tr>
<td>GELFOAM COMPRESSED SIZE 100 EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>GELFOAM DENTAL PACK SIZE 4 EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>GELFOAM MOUTH/THROAT POWDER (gelatin absorbable)</td>
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<td>GELFOAM SPONGE EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>GELFOAM SPONGE SIZE 100 EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>GELFOAM SPONGE SIZE 200 EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>GELFOAM SPONGE SIZE 50 EXTERNAL (gelatin absorbable)</td>
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<tr>
<td>INSTAT EXTERNAL PAD (absorbable collagen hemostat)</td>
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<tr>
<td>INTERCEED (TC7) EXTERNAL PAD (oxidized cellulose)</td>
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<tr>
<td>INTERCEED EXTERNAL PAD (oxidized cellulose)</td>
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<tr>
<td>RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (thrombin (recombinant))</td>
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<tr>
<td>RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (thrombin (recombinant))</td>
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<tr>
<td>SURGICEL FIBRILLAR EXTERNAL PAD (oxidized cellulose)</td>
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<tr>
<td>SURGICEL NU-KNIT EXTERNAL PAD (oxidized cellulose)</td>
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<tr>
<td>SYRINGE AVITENE EXTERNAL (absorbable collagen hemostat)</td>
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<tr>
<td>TACHOSIL EXTERNAL PATCH (absorbable fibrin sealant)</td>
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<tr>
<td>THROMBIN-JMI EPISTAXIS EXTERNAL KIT (thrombin)</td>
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<tr>
<td>THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED <em>(thrombin)</em></td>
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<td>Tier 1 or 1a*</td>
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<tr>
<td>ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL <em>(microfibrillar coll hemostat)</em></td>
<td>3</td>
<td>Tier 1 or 1a*</td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL <em>(microfibrillar coll hemostat)</em></td>
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<td>ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL <em>(microfibrillar coll hemostat)</em></td>
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*HEPATITIS C AGENT - COMBINATIONS***

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EPCLUSA ORAL TABLET 200-50 MG *(sofosbuvir-velpatasvir)* 4 PA; QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 400-100 MG *(sofosbuvir-velpatasvir)* 4 PA; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG *(ledipasvir-sofosbuvir)* 5 PA; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG *(ledipasvir-sofosbuvir)* 5 PA; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG *(ledipasvir-sofosbuvir)* 5 PA; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG *(ledipasvir-sofosbuvir)* 5 PA; SP; QL (1 tablet per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 5 PA; SP; QL (1 tablet per 1 day)
MAVYRET ORAL TABLET *(glecaprevir-pibrentasvir)* 5 PA; SP; QL (3 tablets per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 5 PA; SP; QL (1 tablet per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK *(ombitas-paritapre-riona-dasab)* 5 PA; SP; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET *(sofosbuv-velpasatv-voxilaprev)* 4 PA; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET *(elbasvir-grazoprevir)* 5 PA; SP; QL (1 tablet per 1 day)

*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**

*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**

XURIDEN ORAL PACKET *(uridine triacetate)* 3 PA; LD; QL (4 packets per 1 day)

*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***

*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***

WAKIX ORAL TABLET 17.8 MG *(pitolisant hcl)* 5 PA; LD; SP; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 4.45 MG *(pitolisant hcl)* 5 PA; DO; LD; SP

*HYPNOTICS*

*BARBITURATE HYPNOTICS***

NEMBUTAL INJECTION SOLUTION *(pentobarbital sodium)* 3

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Effective 12/01/2020
<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>pentobarbital sodium injection solution</td>
<td>1 or 1b*</td>
<td>QL (100 mL per 1 day)</td>
</tr>
<tr>
<td>phenobarbital oral elixir</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>QL (800 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 15 mg</td>
<td>1 or 1b*</td>
<td>QL (741 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 24.2 mg</td>
<td>1 or 1b*</td>
<td>QL (400 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 32.4 mg</td>
<td>1 or 1b*</td>
<td>QL (370 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 60 mg</td>
<td>1 or 1b*</td>
<td>QL (200 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 64.8 mg</td>
<td>1 or 1b*</td>
<td>QL (185 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral tablet 97.2 mg</td>
<td>1 or 1b*</td>
<td>QL (123 tablets per 30 days)</td>
</tr>
<tr>
<td>phenobarbital sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>BENZODIAZEPINE HYPNOTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DORAL ORAL TABLET (quazepam)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>estazolam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>flurazepam hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>HALCION ORAL TABLET (triazolam)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>midazolam hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>quazepam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>RESTORIL ORAL CAPSULE (temazepam)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>temazepam oral capsule</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>triazolam oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>HYPNOTICS - TRICYCLIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>SILENOR ORAL TABLET (doxepin hcl)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><em>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBIEN CR ORAL TABLET EXTENDED RELEASE (zolpidem tartrate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>AMBIEN ORAL TABLET (zolpidem tartrate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EDLUAR SUBLINGUAL TABLET SUBLINGUAL (zolpidem tartrate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>eszopiclone oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL (zolpidem tartrate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>LUNESTA ORAL TABLET (eszopiclone)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>zaleplon oral capsule</td>
<td>1 or 1b*</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

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<table>
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<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>zolpidem tartrate er oral tablet extended release</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>zolpidem tartrate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>zolpidem tartrate sublingual tablet sublingual</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZOLPIMIST ORAL SOLUTION (zolpidem tartrate)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td><em>SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dexametomidine hcl in nacl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dexametomidine hcl intravenous solution 200 mcg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>PRECEDEX INTRAVENOUS SOLUTION (dexametomidine hcl in nacl)</td>
<td>3</td>
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<tr>
<td><em>SELECTIVE MELATONIN RECEPTOR AGONISTS</em>**</td>
<td></td>
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</tr>
<tr>
<td>HETLIOZ ORAL CAPSULE (tasimelteon)</td>
<td>5</td>
<td>PA; LD; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ramelteon oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ROZEREM ORAL TABLET (ramelteon)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><em>HYPOPHOSPHATASIA (HPP) AGENTS</em>**</td>
<td></td>
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<tr>
<td>STRENSIQ SUBCUTANEOUS SOLUTION (asfotase alfa)</td>
<td>5</td>
<td>PA; LD</td>
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<tr>
<td><em>IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS</em>**</td>
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<td></td>
</tr>
<tr>
<td><em>IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS</em>**</td>
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<tr>
<td>ZELNORM ORAL TABLET (tegaserod maleate)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td><em>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</em>**</td>
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<td></td>
</tr>
<tr>
<td><em>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
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<tr>
<td>VIBERZI ORAL TABLET (eluxadoline)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td><em>IMПOTENCE AGENT COMBINATIONS</em>**</td>
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<td></td>
</tr>
<tr>
<td><em>IMПOTENCE AGENT COMBINATIONS</em>**</td>
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</tr>
<tr>
<td>BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED</td>
<td>3</td>
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<tr>
<td>QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>IMПOTENCE AGENTS - OTHER</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>IMПOTENCE AGENTS - OTHER</em>**</td>
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<tr>
<td>PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>IN VITRO/LOCK ANTICOAGULANTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IN VITRO/LOCK ANTICOAGULANTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACD FORMULA A IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
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<tbody>
<tr>
<td>ACD-A NOCLOT-50 IN VITRO SOLUTION <em>(anticoagulant cit dext soln a)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRICITRASOL IN VITRO CONCENTRATE <em>(anticoagulant sodium citrate)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>INSULIN-INCRETIN MIMETIC COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(insulin glargine-lixisenatide)</em></td>
<td>3</td>
<td>ST; QL (5 pen per 25 days)</td>
</tr>
<tr>
<td>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR <em>(insulin degludec-liraglutide)</em></td>
<td>3</td>
<td>ST; QL (5 pen per 30 days)</td>
</tr>
<tr>
<td><strong>INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS (IGF-1R)</strong>***</td>
<td></td>
<td></td>
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<tr>
<td>TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED <em>(teprotumumab-trbw)</em></td>
<td>5</td>
<td>PA; LD; QL (8 fills per 168 days)</td>
</tr>
<tr>
<td><strong>INTEGRIN RECEPTOR ANTAGONISTS</strong>*</td>
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<tr>
<td>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED <em>(vedolizumab)</em></td>
<td>4</td>
<td>PA; SP; QL (1 vial per 56 days)</td>
</tr>
<tr>
<td><strong>INTERLEUKIN ANTAGONISTS</strong>*</td>
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<tr>
<td>STELARA INTRAVENOUS SOLUTION <em>(ustekinumab)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (4 vial per 365 days)</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</strong>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(benralizumab)</em></td>
<td>5</td>
<td>PA; LD; QL (1 autoinjector per 8 weekss)</td>
</tr>
<tr>
<td>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(benralizumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringes per 8 weekss)</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(mepolizumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 autoinjector per 4 weekss)</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(mepolizumab)</em></td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 4 weekss)</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED <em>(mepolizumab)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)</strong>***</td>
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<td></td>
</tr>
<tr>
<td>CINQAIR INTRAVENOUS SOLUTION <em>(reslizumab)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-6 (IL-6) ANTAGONISTS</strong>*</td>
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</tr>
<tr>
<td>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED <em>(siltuximab)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
</table>

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<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIBSOVO ORAL TABLET (ivosidenib)</td>
<td>3; OC</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>IDHIFA ORAL TABLET 100 MG (enasidenib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>IDHIFA ORAL TABLET 50 MG (enasidenib mesylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
</tbody>
</table>

**LAXATIVES - DRUGS FOR THE STOMACH**

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLENPIQ ORAL SOLUTION (sod picosulfate-mag ox-cit acd)</td>
<td>3</td>
<td>QL (320 mL per 30 days)</td>
</tr>
<tr>
<td>gavilyte-c oral solution reconstituted</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>peg 3350-kcl-naarb-nac-nasulf (Gavilyte-G Oral Solution Reconstituted)</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit)</td>
<td>1 or 1b*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>GOLYTELY ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-naarb-nacl-nasulf)</td>
<td>3</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>MOVIPREP ORAL SOLUTION RECONSTITUTED (peg-kcl-naarb-nasulf-naasc-c)</td>
<td>3</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-naarb-nacl)</td>
<td>3</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-naarb-nacl)</td>
<td>3</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>peg 3350-kcl-naarb-nacl oral solution reconstituted</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>peg-3350/electrolytes oral solution reconstituted</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
<tr>
<td>peg-3350/electrolytes/ascorbat oral solution reconstituted</td>
<td>1 or 1b*; $0</td>
<td>QL (1 gram per 30 days)</td>
</tr>
<tr>
<td>peg-kcl-naarb-nasulf-naasc-c oral solution reconstituted</td>
<td>1 or 1b*; $0</td>
<td>QL (1 gram per 30 days)</td>
</tr>
<tr>
<td>bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit)</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>PLENVU ORAL SOLUTION RECONSTITUTED (peg-kcl-naarb-nasulf-naasc-c)</td>
<td>3</td>
<td>QL (1 gram per 30 days)</td>
</tr>
<tr>
<td>SUPREP BOWEL PREP KIT ORAL SOLUTION (na sulfate-k sulfate-mg sulf)</td>
<td>2</td>
<td>QL (1 kit per 30 days)</td>
</tr>
<tr>
<td>peg 3350-kcl-naarb-nacl (Trilyte Oral Solution Reconstituted)</td>
<td>1 or 1a*; $0</td>
<td>QL (4000 grams per 30 days)</td>
</tr>
</tbody>
</table>

**LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clearlax oral powder</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>constulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cvs purelax oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs purelax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>eq clearlax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eql clearlax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gavilax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gentlelax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>glycolax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp clearlax oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp clearlax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense clearlax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>healthylax oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>hm clearlax oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>hm clearlax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>kls laxaclear oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>KRISTALOSE ORAL PACKET (lactulose)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LACTULOSE ORAL PACKET</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>peg 3350 oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>peg 3350 oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>polyethylene glycol 3350 oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>polyethylene glycol 3350 oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>qc natura-lax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ra laxative oral packet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ra laxative oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>sb polyethylene glycol 3350 oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>smooth lax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>smooth lax oral powder</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><em>LUBRICANT LAXATIVES</em>** - DRUGS TO PREVENT CONSTIPATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mineral oil heavy oral oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SALINE LAXATIVE MIXTURES</em>** - DRUGS TO PREVENT CONSTIPATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOPREP ORAL TABLET (sod phos mono-sod phos dibasic)</td>
<td>3; QL (32 tablet per 30 days)</td>
<td></td>
</tr>
<tr>
<td><em>SALINE LAXATIVES</em>** - DRUGS TO PREVENT CONSTIPATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>citrate of magnesia oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>citroma oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs citrate of magnesia oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>dulcolax milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>dulcolax oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eq magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>eq magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>eq milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp magnesium citrate oral suspension</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>hm magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>hm milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>milk of magnesia concentrate oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>phillips milk of magnesia oral suspension 400 mg/5ml</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>px milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>qc magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>qc milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ra magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>ra milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>sb magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sb milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>sm magnesium citrate oral solution</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sm milk of magnesia oral suspension</td>
<td>1 or 1b*; $0</td>
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</table>

**STIMULANT LAXATIVES** - DRUGS TO PREVENT CONSTIPATION

<table>
<thead>
<tr>
<th>Brand</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alophen oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>bisacodyl ec oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>CASCARA SAGRADA ORAL FLUID EXTRACT</td>
<td>3</td>
</tr>
<tr>
<td>correct oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>correctol oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>cvs bisacodyl oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>cvs c-lax laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>cvs gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>cvs gentle laxative womens oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>ducodyl oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>eq gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>eq gentle laxative womens oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
<tr>
<td>eql gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>eql laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>ex-lax ultra oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>feenamint oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp bisa-lax oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp womens gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp womens laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense bisacodyl ec oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense womens laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>hm laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>kp bisacodyl oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>px laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>qc gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
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<tr>
<td>ra laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>ra womens laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sb bisacodyl laxative ec oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sb gentle lax-women oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sm gentle laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>veracolate oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>womans laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>womens laxative oral tablet delayed release</td>
<td>1 or 1a*; $0</td>
<td></td>
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</table>

**LEPTIN ANALOGUES***

**LEPTIN ANALOGUES***

MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (metreleptin) 5 PA; LD

**LHRH/GNRH AGONIST ANALOG COMBINATIONS***

**LHRH/GNRH AGONIST ANALOG COMBINATIONS***

LUPANETA PACK COMBINATION KIT 11.25 & 5 MG (leuprolide & norethindrone) 5 PA; SP; QL (1 kit per 84 days)

LUPANETA PACK COMBINATION KIT 3.75 & 5 MG (leuprolide & norethindrone) 5 PA; SP; QL (1 kit per 28 days)

**LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER

**LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION

articaine-epinephrine (Articadent Dental Injection Solution Cartridge) 3

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<tbody>
<tr>
<td>bupivacaine-epinephrine (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine-epinephrine injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CITANEST FORTE DENTAL INJECTION SOLUTION (prilocaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine-epinephrine injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MARCAINE/EPINEPHRINE INJECTION SOLUTION (bupivacaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (bupivacaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORABLOC INJECTION SOLUTION CARTRIDGE (articaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RECK SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (bupivacaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine-epinephrine (Xylocaine Dental Injection Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (lidocaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE-MPF/EPINEPHRE INJECTION SOLUTION (lidocaine-epinephrine)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR SEDATION

| Active Injection LM-2 Injection Kit                                                  | 3         |                                  |
| LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE                    | 3         |                                  |
| POINT OF CARE LM-2.2 INJECTION KIT (lidocaine hcl-bupivacaine hcl)                  | 3         |                                  |
| POINT OF CARE LM-2.5 INJECTION KIT (lidocaine hcl-bupivacaine hcl)                  | 3         |                                  |
| READYSHARP-A INJECTION KIT (lidocaine hcl-bupivacaine hcl)                          | 3         |                                  |

*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION

| BUPIVACAINE FISIOPHARMA INJECTION SOLUTION                                            | 3         |                                  |
| bupivacaine hcl (pf) injection solution                                              | 1 or 1b*  |                                  |
| BUPIVACAINE HCL INJECTION SOLUTION 0.125 %                                           | 3         |                                  |
| bupivacaine hcl injection solution 0.25 %, 0.5 %                                      | 1 or 1b*  |                                  |
| BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE                               | 3         |                                  |
| bupivacaine in dextrose intrathecal solution                                          | 1 or 1b*  |                                  |
| bupivacaine spinal intrathecal solution                                              | 1 or 1b*  |                                  |
| CARBOCAINE INJECTION SOLUTION (mepivacaine hcl)                                      | 3         |                                  |
| CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION (mepivacaine hcl)                   | 3         |                                  |

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<tr>
<td>CITANEST PLAIN DENTAL INJECTION SOLUTION <em>(prilocaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl injection solution 0.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL INJECTION SOLUTION 1 %, 2 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl intradermal jet-injector</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE IN DEXTROSE SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCaine INJECTION SOLUTION <em>(bupivacaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCaine PRESERVATIVE FREE INJECTION SOLUTION <em>(bupivacaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCaine SPINAL INTRATHECAL SOLUTION <em>(bupivacaine in dextrose)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MONOJECT BONE MARROW BIOPSY INJECTION KIT <em>(lidocaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NAROpIN INJECTION SOLUTION <em>(ropivacaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mepivacaine hcl <em>(Polocaine Injection Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mepivacaine hcl <em>(Polocaine-Mpf Injection Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>READYSHARP LIDOCAINE INJECTION KIT <em>(lidocaine hcl)</em></td>
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<td></td>
</tr>
<tr>
<td>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</td>
<td>1 or 1b*</td>
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<tr>
<td>ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE</td>
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<tr>
<td>ROPIVACAINE HCL-NAACL EPIDURAL SOLUTION</td>
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<tr>
<td>ROPIVACAINE HCL-NAACL INJECTION SOLUTION</td>
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</tr>
<tr>
<td>bupivacaine hcl <em>(Sensorcaine Injection Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine hcl <em>(Sensorcaine-Mpf Injection Solution)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE INJECTION SOLUTION <em>(lidocaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE-MPF INJECTION SOLUTION <em>(lidocaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZINGO INTRADERMAL JET-INJECTOR <em>(lidocaine hcl)</em></td>
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*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chloroprocaine hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>CLOROTEKAL INTRATHECAL SOLUTION <em>(chloroprocaine hcl)</em></td>
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<tr>
<td>NESACAINE INJECTION SOLUTION <em>(chloroprocaine hcl)</em></td>
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</tr>
<tr>
<td>NESACAINE-MPF INJECTION SOLUTION <em>(chloroprocaine hcl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*LymPhocyte FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***

*XIIDRA OPHTHALMIC SOLUTION *(lifitegrast)*                                            | 3         | PA; QL (2 vial per 1 day)        |

**BRAND=Brand drug  generic=generic drug  *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information Tier 1 or 1a*=Drugs with the lowest cost share  Tier 1 or 1b*=drugs with a low cost share  Tier 2=Drugs with a higher cost share than Tier 1  Tier 3=Drugs with a higher cost share than Tier 2  Tier 4=Drugs with a higher cost share than Tier 3 and usually include preferred specialty brand and generic drugs  Tier 5=Drugs with the highest cost share and are non-preferred specialty brand and generic drugs  $0=Preventive Drug  DO=Dose Optimization  LD=Limited Distribution  OC=Oral Chemotherapy  PA=Prior Authorization  QL=Quantity Limit  SP=Specialty Pharmacy  ST=Step Therapy

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<thead>
<tr>
<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td><strong>LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS</strong>*</td>
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</tr>
<tr>
<td><strong>LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS</strong>*</td>
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<td></td>
</tr>
<tr>
<td>KANUMA INTRAVENOUS SOLUTION <em>(sebelipase alfa)</em></td>
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<td>PA; LD; SP</td>
</tr>
<tr>
<td><em><em>MACROLIDES</em> - DRUGS FOR INFECTIONS</em>*</td>
<td></td>
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</tr>
<tr>
<td><strong>AZITHROMYCIN</strong>* - ANTIBIOTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azithromycin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>azithromycin oral packet</td>
<td>1 or 1b*</td>
<td>QL (2 packets per 30 days)</td>
</tr>
<tr>
<td>azithromycin oral suspension reconstituted 100 mg/5ml</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>azithromycin oral suspension reconstituted 200 mg/5ml</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg</td>
<td>1 or 1b*</td>
<td>QL (6 tablets per 30 days)</td>
</tr>
<tr>
<td>azithromycin oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 30 days)</td>
</tr>
<tr>
<td>azithromycin oral tablet 600 mg</td>
<td>1 or 1b*</td>
<td>QL (8 tablet per 28 days)</td>
</tr>
<tr>
<td>ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED <em>(azithromycin)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX ORAL PACKET <em>(azithromycin)</em></td>
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<td>QL (2 packets per 30 days)</td>
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<tr>
<td>ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML <em>(azithromycin)</em></td>
<td>3</td>
<td>QL (15 ML per 30 days)</td>
</tr>
<tr>
<td>ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML <em>(azithromycin)</em></td>
<td>3</td>
<td>QL (15 ML per 30 days)</td>
</tr>
<tr>
<td>ZITHROMAX ORAL TABLET 250 MG <em>(azithromycin)</em></td>
<td>3</td>
<td>QL (6 tablets per 30 days)</td>
</tr>
<tr>
<td>ZITHROMAX ORAL TABLET 500 MG <em>(azithromycin)</em></td>
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<td>QL (3 tablets per 30 days)</td>
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<tr>
<td>ZITHROMAX TRI-PAK ORAL TABLET <em>(azithromycin)</em></td>
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<td>QL (3 tablets per 30 days)</td>
</tr>
<tr>
<td>ZITHROMAX Z-PAK ORAL TABLET <em>(azithromycin)</em></td>
<td>3</td>
<td>QL (6 tablets per 30 days)</td>
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<tr>
<td><strong>CLARITHROMYCIN</strong>* - ANTIBIOTICS</td>
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</tr>
<tr>
<td>clarithromycin er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>clarithromycin oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ERYTHROMYCINS</strong>* - ANTIBIOTICS</td>
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<td></td>
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<tr>
<td>e.e.s. 400 oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED <em>(erythromycin ethylsuccinate)</em></td>
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<tr>
<td>ERYPED 200 ORAL SUSPENSION RECONSTITUTED <em>(erythromycin ethylsuccinate)</em></td>
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<tr>
<td>ERYPED 400 ORAL SUSPENSION RECONSTITUTED <em>(erythromycin ethylsuccinate)</em></td>
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<tr>
<td>erythromycin base (Ery-Tab Oral Tablet Delayed Release)</td>
<td>1 or 1b*</td>
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<tr>
<td>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED <em>(erythromycin lactobionate)</em></td>
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<tr>
<td>erythromycin stearate oral tablet</td>
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<td></td>
</tr>
<tr>
<td>erythromycin base oral capsule delayed release particles</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td>erythromycin base oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>erythromycin base oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>erythromycin ethylsuccinate oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>erythromycin ethylsuccinate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>erythromycin oral tablet delayed release</td>
<td>1 or 1b*</td>
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<tr>
<td><em>FIDAXOMICIN</em>** - ANTIBIOTICS</td>
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<td></td>
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<tr>
<td>DIFICID ORAL TABLET (fidaxomicin)</td>
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<tr>
<td><em>MEDICAL DEVICES</em></td>
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<tr>
<td><em>CERVICAL CAPS</em>**</td>
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<tr>
<td>FEMCAP VAGINAL DEVICE (cervical caps)</td>
<td>2; $0</td>
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<tr>
<td><em>CONDOMS - FEMALE</em>**</td>
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<tr>
<td>FC FEMALE CONDOM (condoms - female)</td>
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</tr>
<tr>
<td>FC2 FEMALE CONDOM (condoms - female)</td>
<td>2; $0</td>
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<tr>
<td><em>DENTAL DESSENSITIZING PRODUCTS</em>**</td>
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<tr>
<td>REMESENSE DENTAL (dental desensitizing product)</td>
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<tr>
<td><em>DENTIFRICES</em>**</td>
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<tr>
<td>MI PASTE PLUS DENTAL PASTE (dentiﬁrices)</td>
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<tr>
<td><em>DIAPHRAGMS</em>**</td>
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<td>CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)</td>
<td>2; $0</td>
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<tr>
<td>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (diaphragms)</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (diaphragm wide seal)</td>
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<td>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (diaphragm wide seal)</td>
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<td>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (diaphragm wide seal)</td>
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<td><em>GLUCOSE MONITORING TEST SUPPLIES</em>**</td>
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<tr>
<td>ACCU-CHEK FASTCLIX LANCET KIT (lancets misc.)</td>
<td>2</td>
<td>QL (200 units per 30 days)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>ACCU-CHEK FASTCLIX LANCETS (lancets)</td>
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<tr>
<td>ACCU-CHEK MULTICLIX LANCET DEV KIT (lancets misc.)</td>
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<td>ACCU-CHEK MULTICLIX LANCETS (lancets)</td>
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<tr>
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<td>ACCU-CHEK SOFTCLIX LANCET DEV KIT (lancets misc.)</td>
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<td>ACTI-LANCE LITE LANCETS 28G</td>
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<tr>
<td>ACTI-LANCE SPECIAL LANCETS 17G</td>
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<td>ACTI-LANCE UNIVERSAL 23G</td>
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<td>ADJUSTABLE LANCING DEVICE</td>
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<tr>
<td>ADVANCED MOBILE LANCET</td>
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<td>ADVOCATE LANCETS (lancets)</td>
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<tr>
<td>ADVOCATE LANCETS 30G (lancets)</td>
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</tr>
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<td>ADVOCATE SAFETY LANCETS (lancets)</td>
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<td>AIMSCO TWIST LANCETS 33G (lancets)</td>
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<td>AQUALANCE LANCETS 30G (lancets)</td>
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<td>ASSURE COMFORT LANCETS 28G</td>
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<td>ASSURE HAEMOLANCE PLUS MICRO (lancets)</td>
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<td>ASSURE HAEMOLANCE PLUS NORMAL (lancets)</td>
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<td>QL (200 lancets per 30 days)</td>
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<td>ASSURE HAEMOLANCE PLUS PED (lancets)</td>
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<td>QL (200 lancets per 30 days)</td>
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<tr>
<td>ASSURE LANCE LANCETS 21G (lancets)</td>
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<td>QL (200 lancets per 30 days)</td>
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<tr>
<td>ASSURE LANCE PLUS SAFETY 25G (lancets)</td>
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<td>QL (200 lancets per 30 days)</td>
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<td>ASSURE LANCE PLUS SAFETY 30G (lancets)</td>
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<td>QL (200 lancets per 30 days)</td>
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<tr>
<td>AUTO-LANCET (lancet devices)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AUTO-LANCET MINI (lancet devices)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AUTOLET II CLINISAFE KIT (lancets misc.)</td>
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<td>QL (200 units per 30 days)</td>
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<tr>
<td>AUTOLET LANCING DEVICE (lancet devices)</td>
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<td></td>
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*MISC. DEVICES***

| folding paddle walker                   | 1 or 1b*, $0 |

*NEEDLES & SYRINGES***

| 1ST TIER UNIFINE PENTIPS                | 3         | ST; QL (200 needles per 30 days)                         |
| 1ST TIER UNIFINE PENTIPS PLUS          | 3         | ST; QL (200 needles per 30 days)                         |
| ABOUTTIME PEN NEEDLE (insulin pen needle) | 3         | ST; QL (200 needles per 30 days)                         |
| ADVocate INSULIN PEN NEEDLES (insulin pen needle) | 3         | ST; QL (200 needles per 30 days)                         |
| ADVocate INSULIN SYRINGE (insulin syringe-needle u-100) | 3         | ST; QL (200 syringes per 30 days)                       |
| ASSURE ID INSULIN SAFETY SYR (insulin syringe-needle u-100) | 3         | ST; QL (200 syringes per 30 days)                       |
| ASSURE ID SAFETY PEN NEEDLES (insulin pen needle) | 3         | QL (200 needles per 30 days)                            |
| AURORA PEN NEEDLES                     | 3         | ST; QL (200 needles per 30 days)                         |
| AURORA UNIFINE PENTIPS                 | 3         | ST; QL (200 needles per 30 days)                         |
| BD AUTOSHIELD (insulin pen needle)      | 2         | ST; QL (200 needles per 30 days)                         |
| BD AUTOSHIELD DUO (insulin pen needle)  | 2         | QL (200 needles per 30 days)                            |
| BD INSULIN SYR ULTRAFINE II (insulin syringe-needle u-100) | 2         | ST; QL (200 syringes per 30 days)                       |
| BD INSULIN SYRINGE (insulin syringe-needle u-100) | 2         | QL (200 syringes per 30 days)                           |
| BD INSULIN SYRINGE MICROFINE (insulin syringe-needle u-100) | 2         | QL (200 syringes per 30 days)                           |
| BD INSULIN SYRINGE U/F (insulin syringe-needle u-100) | 2         | QL (200 syringes per 30 days)                           |
| BD INSULIN SYRINGE U/F 1/2UNIT (insulin syringe-needle u-100) | 2         | QL (200 syringes per 30 days)                           |
| BD INSULIN SYRINGE U-500 (insulin syringe/needle u-500) | 2         | QL (200 syringes per 30 days)                           |

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<tr>
<td>EASY TOUCH FLIPLOCK INSULIN SY (insulin syringe-needle u-100)</td>
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<td>EXEL COMFORT POINT INSULIN SYR (insulin syringe-needle u-100)</td>
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<td>INSULIN SYRINGE 27G X 1/2&quot; 0.5 ML, 27G X 1/2&quot; 1 ML, 28G X 1/2&quot; 0.5 ML, 28G X 1/2&quot; 1 ML, 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 1/2&quot; 0.5 ML, 30G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML, 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 0.5 ML, 31G X 5/16&quot; 1 ML</td>
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<td>LEADER INSULIN SYRINGE</td>
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<td>3</td>
<td>ST; QL (200 needles per 30 days)</td>
</tr>
<tr>
<td>RELION PEN NEEDLES</td>
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<tr>
<td>RELION MINI PEN NEEDLES <em>(insulin pen needle)</em></td>
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<td>SAFETY INSULIN SYRINGES</td>
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<td>SB INSULIN SYRINGE</td>
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<td>ST; QL (200 syringes per 30 days)</td>
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<tr>
<td>SECURESAFE INSULIN SYRINGE <em>(insulin syringe-needle u-100)</em></td>
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</tr>
<tr>
<td>SHOPKO UNIFINE PENTIPS <em>(insulin pen needle)</em></td>
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<tr>
<td>SHOPKO UNIFINE PENTIPS PLUS <em>(insulin pen needle)</em></td>
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<td>SURE COMFORT INSULIN SYRINGE</td>
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<tr>
<td>SURE-FINE PEN NEEDLES <em>(insulin pen needle)</em></td>
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<tr>
<td>SURE-JECT INSULIN SYRINGE <em>(insulin syringe-needle u-100)</em></td>
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<tr>
<td>TECHLITE INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 1 ML</td>
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<tr>
<td>TECHLITE INSULIN SYRINGE 29G X 1/2&quot; 0.5 ML, 30G X 1/2&quot; 0.5 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 1 ML, 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 1 ML</td>
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<tr>
<td>TECHLITE PEN NEEDLES <em>(insulin pen needle)</em></td>
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<td>ST; QL (200 needles per 30 days)</td>
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<td>TODAYS HEALTH PEN NEEDLES</td>
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<td>TODAYS HEALTH SHORT PEN NEEDLE</td>
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<td>TOPCARE CLICKFINE PEN NEEDLES</td>
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<td>TOPCARE ULTRA COMFORT INS SYR</td>
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<tr>
<td>TRUE COMFORT INSULIN SYRINGE</td>
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<td>TRUE COMFORT PEN NEEDLES</td>
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<tr>
<td>TRUEPLUS 5-BEVEL PEN NEEDLES (insulin pen needle)</td>
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<tr>
<td>TRUEPLUS INSULIN SYRINGE (insulin syringe-needle u-100)</td>
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<td>TRUEPLUS PEN NEEDLES (insulin pen needle)</td>
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<tr>
<td>ULTICARE INSULIN SAFETY SYR (insulin syringe-needle u-100)</td>
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<td>ULTICARE MINI PEN NEEDLES (insulin pen needle)</td>
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<td>ULTICARE PEN NEEDLES (insulin pen needle)</td>
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<td>ULTICARE SHORT PEN NEEDLES (insulin pen needle)</td>
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<td>ULTIGUARD SAFEPACK PEN NEEDLE</td>
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<tr>
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<tr>
<td>ULTRA-THIN II INS SYR SHORT (insulin syringe-needle u-100)</td>
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<td>ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100)</td>
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<tr>
<td>ULTRA-THIN II MINI PEN NEEDLE (insulin pen needle)</td>
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<tr>
<td>ULTRA-THIN II PEN NEEDLE SHORT (insulin pen needle)</td>
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<tr>
<td>ULTRA-THIN II PEN NEEDLES (insulin pen needle)</td>
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<td>UNIFINE PENTIPS (insulin pen needle)</td>
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<tr>
<td>UNIFINE PENTIPS PLUS (insulin pen needle)</td>
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<td>ST; QL (200 needles per 30 days)</td>
</tr>
<tr>
<td>UNIFINE SAFECONTROL PEN NEEDLE (insulin pen needle)</td>
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<tr>
<td>VALUE HEALTH INSULIN SYRINGE</td>
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<tr>
<td>VALUMARK PEN NEEDLES</td>
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</thead>
<tbody>
<tr>
<td>VANISHPOINT INSULIN SYRINGE 29G X 1/2&quot; 1 ML, 29G X 5/16&quot; 1 ML, 30G X 1/2&quot; 0.5 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML (insulin syringe-needle u-100)</td>
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<td>ST; QL (200 syringes per 30 days)</td>
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<tr>
<td>VANISHPOINT INSULIN SYRINGE 30G X 3/16&quot; 0.5 ML, 30G X 3/16&quot; 1 ML (insulin syringe-needle u-100)</td>
<td>3</td>
<td>QL (200 syringes per 30 days)</td>
</tr>
<tr>
<td>VIDA MIA UNIFINE PENTIPS (insulin pen needle)</td>
<td>3</td>
<td>ST; QL (200 needles per 30 days)</td>
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<tr>
<td>VP INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL (200 syringes per 30 days)</td>
</tr>
<tr>
<td>WEGMANS UNIFINE PENTIPS PLUS</td>
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<td>ST; QL (200 needles per 30 days)</td>
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<tr>
<td><strong>MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)</strong></td>
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<tr>
<td>SCENESSE SUBCUTANEOUS IMPLANT (afamelanotide acetate)</td>
<td>3</td>
<td>PA; LD; QL (1 implant per 2 months)</td>
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<tr>
<td><strong>MELANOCORTIN RECEPTOR AGONISTS</strong>*</td>
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<td>VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (bremelanotide acetate)</td>
<td>3</td>
<td>PA; LD; QL (4 autoinjectors per 30 days)</td>
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<tr>
<td><strong>ERGOT COMBINATIONS</strong>* - DRUGS FOR MIGRAINE HEADACHES</td>
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<tr>
<td>CAFERGOT ORAL TABLET (ergotamine-caffeine)</td>
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<tr>
<td>ergotamine-caffeine oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>migergot rectal suppository</td>
<td>1 or 1b*</td>
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<td><em><em>MIGRAINE PRODUCTS</em> - NSAIDS</em>** - DRUGS FOR MIGRAINE HEADACHES</td>
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<tr>
<td>CAMBIA ORAL PACKET (diclofenac potassium(migraine))</td>
<td>3</td>
<td>ST; QL (9 packets per 30 days)</td>
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<tr>
<td><strong>MIGRAINE PRODUCTS</strong>* - DRUGS FOR MIGRAINE HEADACHES</td>
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<tr>
<td>D.H.E. 45 INJECTION SOLUTION (dihydroergotamine mesylate)</td>
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<td>PA</td>
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<tr>
<td>dihydroergotamine mesylate injection solution</td>
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<td>PA</td>
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<tr>
<td>dihydroergotamine mesylate nasal solution</td>
<td>3</td>
<td>ST; QL (8 bottles per 30 days)</td>
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<tr>
<td>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (ergotamine tartrate)</td>
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<td>MIGRANAL NASAL SOLUTION (dihydroergotamine mesylate)</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS</strong>* - DRUGS FOR MIGRAINE HEADACHES</td>
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<tr>
<td>sumatriptan-naproxen sodium oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (9 tablets per 30 days)</td>
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<tr>
<td>TREXIMET ORAL TABLET (sumatriptan-naproxen sodium)</td>
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<td>ST; QL (9 tablets per 30 days)</td>
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<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</strong> - DRUGS FOR MIGRAINE HEADACHES</td>
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<tr>
<td>almotriptan malate oral tablet</td>
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<td>QL (9 tablets per 30 days)</td>
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<tr>
<td>AMERGE ORAL TABLET (naratriptan hcl)</td>
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<td>ST; QL (9 tablets per 30 days)</td>
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<tr>
<td>eletriptan hydrobromide oral tablet</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 30 days)</td>
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<tr>
<td>FROVA ORAL TABLET (frovatriptan succinate)</td>
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<td>frovatriptan succinate oral tablet</td>
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<tr>
<td>IMITREX NASAL SOLUTION (sumatriptan)</td>
<td>3</td>
<td>ST; QL (6 nasal inhalers per 30 days)</td>
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<tr>
<td>IMITREX ORAL TABLET (sumatriptan succinate)</td>
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<td>ST; QL (9 tablets per 30 days)</td>
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<tr>
<td>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (sumatriptan succinate)</td>
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<td>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (sumatriptan succinate)</td>
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<td>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (sumatriptan succinate)</td>
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<td>ST; QL (6 cartridges (2ml) per 30 days)</td>
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<tr>
<td>IMITREX SUBCUTANEOUS SOLUTION (sumatriptan succinate)</td>
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<td>ST; QL (5 vials per 30 days)</td>
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<tr>
<td>MAXALT ORAL TABLET (rizatRIPTAN benzoate)</td>
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<td>MAXALT-MLT ORAL TABLET DISPERSIBLE (rizatRIPTAN benzoate)</td>
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<td>naratriptan hcl oral tablet</td>
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<tr>
<td>ONZETRA XSAIL NASAL EXHALER POWDER (sumatriptan succinate)</td>
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<td>RELPAK ORAL TABLET (eletRiptan hydrobromide)</td>
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<td>rizatRIPTAN benzoate oral tablet</td>
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<td>QL (9 tablets per 30 days)</td>
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<tr>
<td>rizatRIPTAN benzoate oral tablet dispersible</td>
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<td>QL (9 tablets per 30 days)</td>
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<tr>
<td>sumatriptan nasal solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
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<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
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<td>sumatriptan succinate subcutaneous solution</td>
<td>1 or 1b*</td>
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<td>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</td>
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<td>QL (6 syringes (2 ML) per 30 days)</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</td>
<td>1 or 1b*</td>
<td>QL (6 cartridges (2ml) per 30 days)</td>
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<td>sumatriptan succinate subcutaneous solution prefilled syringe</td>
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<td>TOSYMRA NASAL SOLUTION (sumatriptan)</td>
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<td>ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (sumatriptan succinate)</td>
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<tr>
<td>zolmitriptan oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 30 days)</td>
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<tr>
<td>ZOMIG NASAL SOLUTION (zolmitriptan)</td>
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<td>ZOMIG ORAL TABLeT (zolmitriptan)</td>
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<tr>
<td>ZOMIG ZMT ORAL TABLET DISPERSIBLE (zolmitriptan)</td>
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<td>ST; QL (9 tablets per 30 days)</td>
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**MINERALS & ELECTROLYTES** - DRUGS FOR NUTRITION

**BICARBONATES** - DRUGS FOR NUTRITION

| Sodium Acetate Intravenous Solution 2 MEQ/ML | 3 |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* |

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<td>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</td>
<td>1 or 1b*</td>
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<tr>
<td>SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION</td>
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<tr>
<td>THAM INTRAVENOUS SOLUTION (tromethamine)</td>
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<td><em>CALCIUM COMBINATIONS</em>** - DRUGS FOR NUTRITION</td>
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<td>CALCIFOL ORAL WAFER (ca carb-fa-d-b6-b12-boron-mg)</td>
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<td>CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION</td>
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<td><em>ELECTROLYTES &amp; DEXTROSE</em>** - DRUGS FOR NUTRITION</td>
<td></td>
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<tr>
<td>DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>dextrose in lactated ringers intravenous solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %</td>
<td>3</td>
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<tr>
<td>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %</td>
<td>3</td>
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<tr>
<td>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</td>
<td>1 or 1b*</td>
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<tr>
<td>ELLIOTT'S B INTRATHECAL SOLUTION (intrathecal elec-dextrose)</td>
<td>3</td>
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<tr>
<td>IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (electrolyte-mb in dextrose)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (electrolyte-p in dextrose)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</td>
<td>1 or 1b*</td>
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<tr>
<td>KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%</td>
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<tr>
<td>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</td>
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<tr>
<td>NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (electrolyte-m in dextrose)</td>
<td>3</td>
<td></td>
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<tr>
<td>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (electrolyte-r in dextrose)</td>
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<td></td>
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<tr>
<td>potassium chloride in dextrose intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td><em>ELECTROLYTES PARENTERAL</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>ISOLYTE-S INTRAVENOUS SOLUTION (electrolyte-s)</td>
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<tr>
<td>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (electrolyte-s (ph 7.4))</td>
<td>3</td>
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<tr>
<td>KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>lactated ringers intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>NORMOSOL-R INTRAVENOUS SOLUTION (electrolyte-r)</td>
<td>3</td>
<td></td>
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<tr>
<td>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (electrolyte-r (ph 7.4))</td>
<td>3</td>
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<tr>
<td>PLASMA-LYTE 148 INTRAVENOUS SOLUTION (electrolyte-148)</td>
<td>3</td>
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<tr>
<td>PLASMA-LYTE A INTRAVENOUS SOLUTION (electrolyte-a)</td>
<td>3</td>
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</tr>
</tbody>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</thead>
<tbody>
<tr>
<td>potassium chloride in nac intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ringers intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (parenteral electrolytes)</td>
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<td>3</td>
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<tr>
<td><strong>FLUORIDE COMBINATIONS</strong>* - DRUGS FOR NUTRITION</td>
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</tr>
<tr>
<td>FLORIVA ORAL LIQUID (sodium fluoride-vitamin d)</td>
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<td>3</td>
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<tr>
<td><strong>FLUORIDE</strong>* - DRUGS FOR NUTRITION</td>
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<td></td>
</tr>
<tr>
<td>FLUORABON ORAL SOLUTION (sodium fluoride)</td>
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<td>3</td>
</tr>
<tr>
<td>fluoritab oral solution</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>fluoritab oral tablet chewable</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>flura-drops oral solution</td>
<td>1 or 1a*; $0</td>
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</tr>
<tr>
<td>sodium fluoride (Nafrinse Drops Oral Solution)</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride (Nafrinse Oral Tablet Chewable)</td>
<td>1 or 1a*; $0</td>
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<tr>
<td>sodium fluoride oral solution</td>
<td>1 or 1a*; $0</td>
<td>QL (2 mL per 1 day)</td>
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<tr>
<td>sodium fluoride oral tablet</td>
<td>1 or 1a*; $0</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride oral tablet chewable</td>
<td>1 or 1a*; $0</td>
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<tr>
<td><strong>MAGNESIUM</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>magnesium sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULFATE INTRAVENOUS SOLUTION</td>
<td></td>
<td>3</td>
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<tr>
<td>MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION</td>
<td></td>
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<tr>
<td><strong>MANGANESE</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>manganese chloride intravenous solution</td>
<td>1 or 1b*</td>
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<td><strong>PHOSPHATE</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>GLYCOPHOS INTRAVENOUS SOLUTION (sodium glycerophosphate)</td>
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<tr>
<td>K-PHOS ORAL TABLET (potassium phosphate monobasic)</td>
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<tr>
<td>K-PHOS-NEUTRAL ORAL TABLET (k phos mono-sod phos di &amp; mono)</td>
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<tr>
<td>k phos mono-sod phos di &amp; mono (Phospha 250 Neutral Oral Tablet)</td>
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</tr>
<tr>
<td>phosphorous oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>k phos mono-sod phos di &amp; mono (Phospho-Trin 250 Neutral Oral Tablet)</td>
<td>1 or 1b*</td>
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<tr>
<td>POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML</td>
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<td>3</td>
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<tr>
<td>potassium phosphates intravenous solution 45 mmole/15ml</td>
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<tr>
<td>POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION</td>
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<td>3</td>
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<tr>
<td>sodium phosphates intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>virt-phos 250 neutral oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>POTASSIUM COMBINATIONS</strong>* - DRUGS FOR NUTRITION</td>
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<td></td>
</tr>
<tr>
<td>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)</td>
<td></td>
<td>3</td>
</tr>
</tbody>
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<td><em>POTASSIUM</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride (Klor-Con 10 Oral Tablet Extended Release)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>klor-con m15 oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release)</td>
<td>1 or 1a*</td>
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<tr>
<td>potassium chloride (Klor-Con Oral Packet)</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride (Klor-Con Oral Tablet Extended Release)</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release)</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>potassium bicarbonate (Klor-Con/Er Oral Tablet Effervescent)</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium bicarbonate (K-Prime Oral Tablet Effervescent)</td>
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<tr>
<td>K-TAB ORAL TABLET EXTENDED RELEASE (potassium chloride)</td>
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<tr>
<td>potassium acetate intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride crys er oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er oral capsule extended release</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>potassium chloride er oral tablet extended release</td>
<td>1 or 1b*</td>
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<tr>
<td>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML</td>
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<tr>
<td>potassium chloride intravenous solution 2 meq/ml</td>
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<tr>
<td>potassium chloride oral packet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>potassium chloride oral solution</td>
<td>1 or 1b*</td>
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<tr>
<td><em>SODIUM</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>sodium chloride flush (Monoject Flush Syringe Intravenous Solution)</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution)</td>
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<tr>
<td>normal saline flush intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>saline flush intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride flush (Saline Flush Zr Intravenous Solution)</td>
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<tr>
<td>sodium chloride (pf) injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride flush intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride flush (Swabflush Saline Flush Intravenous Solution)</td>
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<td><em>TRACE MINERAL COMBINATIONS</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>THE LIQUILIFT TRACE INTRAVENOUS KIT (trace minerals cr-cu-mn-se-zn)</td>
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<tr>
<td>TRALEMENT INTRAVENOUS SOLUTION (trace minerals cu-mn-se-zn)</td>
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<td><em>TRACE MINERALS</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>chromic chloride intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>cupric chloride intravenous solution</td>
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<tr>
<td>SELENIOUS ACID INTRAVENOUS SOLUTION</td>
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<tr>
<td><strong>ZINC</strong>*, DRUGS FOR NUTRITION</td>
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<tr>
<td>GALZIN ORAL CAPSULE (zinc acetate (oral))</td>
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<tr>
<td>zinc chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zinc sulfate intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>MISCELLANEOUS THERAPEUTIC CLASSES</strong>*</td>
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<tr>
<td><strong>MISCELLANEOUS THERAPEUTIC CLASSES</strong>*</td>
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<td>NEXAVIR INJECTION SOLUTION (liver derivative complex)</td>
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<td><strong>MIXED ALLERGENIC EXTRACTS</strong>*</td>
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<tr>
<td><strong>MIXED ALLERGENIC EXTRACTS</strong>*</td>
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<td>DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION</td>
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<tr>
<td>DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>MIXED FEATHERS SUBCUTANEOUS SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>ODACTRA SUBLINGUAL TABLET SUBLINGUAL (dust mite mixed allergen ext)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>ORALAIR SUBLINGUAL TABLET SUBLINGUAL (grass mix pollens allergen ext)</td>
<td>3</td>
<td>PA; LD; QL (1 tablet per 1 day)</td>
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<tr>
<td>SORREL/DOCK MIX SUBCUTANEOUS SOLUTION</td>
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<tr>
<td><strong>MONOBACTAMS</strong>*</td>
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<tr>
<td><strong>MONOBACTAMS</strong>*</td>
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<tr>
<td>AZACTAM INJECTION SOLUTION RECONSTITUTED (aztreonam)</td>
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<tr>
<td>aztreonam injection solution reconstituted</td>
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<tr>
<td>CAYSTON INHALATION SOLUTION RECONSTITUTED (aztreonam lysine)</td>
<td>5</td>
<td>LD; QL (84 vials per 28 days)</td>
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<td><strong>MOUTH/THROAT/DENTAL AGENTS</strong> - DRUGS FOR THE MOUTH AND THROAT</td>
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<tr>
<td><em>ANESTHETICS TOPICAL ORAL</em>** - DRUGS FOR THE MOUTH AND THROAT</td>
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<tr>
<td>lidocaine hcl mouth/throat solution</td>
<td>1 or 1a*</td>
<td>QL (10 mL per 1 day)</td>
</tr>
<tr>
<td>lidocaine viscous hcl mouth/throat solution</td>
<td>1 or 1a*</td>
<td>QL (10 mL per 1 day)</td>
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<td><em>ANTI-INFECTIVES - THROAT</em>** - DRUGS FOR THE MOUTH AND THROAT</td>
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<tr>
<td>clotrimazole mouth/throat troche</td>
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<td>QL (5 tablet per 1 day)</td>
</tr>
<tr>
<td>nystatin mouth/throat suspension</td>
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<tr>
<td>ORAVIG BUCCAL TABLET (miconazole)</td>
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<td><em>ANTISEPTICS - MOUTH/THROAT</em>** - DRUGS FOR THE MOUTH AND THROAT</td>
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<tr>
<td>chlorhexidine gluconate mouth/throat solution</td>
<td>1 or 1a*</td>
<td>QL (480 mL per 30 days)</td>
</tr>
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<td>chlorhexidine gluconate (Paroex Mouth/Throat Solution)</td>
<td>1 or 1a*</td>
<td>QL (480 mL per 30 days)</td>
</tr>
<tr>
<td>PERIDEX MOUTH/THROAT SOLUTION (chlorhexidine gluconate)</td>
<td>3</td>
<td>QL (480 mL per 30 days)</td>
</tr>
<tr>
<td>chlorhexidine gluconate (Periogard Mouth/Throat Solution)</td>
<td>1 or 1a*</td>
<td>QL (480 mL per 30 days)</td>
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</tbody>
</table>

*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT

| sod fluoride-potassium nitrate (Fluoridex Sensitivity Relief Dental Paste) | 1 or 1b* | |
| NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED (sodium fluoride-phosphoric acid) | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE (sod fluoride-potassium nitrate) | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE (sod fluoride-potassium nitrate) | 3 | |
| sodium fluoride 5000 sensitive dental paste | 1 or 1b* | |

*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT

| sodium fluoride (Cavarest Dental Gel) | 1 or 1b* | |
| sodium fluoride (Clinpro 5000 Dental Paste) | 1 or 1b* | |
| sodium fluoride (Denta 5000 Plus Dental Cream) | 1 or 1b* | |
| sodium fluoride (Dentagel Dental Gel) | 1 or 1a* | |
| easygel dental gel | 1 or 1b* | |
| sodium fluoride (Fluoridex Dental Paste) | 1 or 1b* | |
| sodium fluoride (Fluoridex Enhanced Whitening Dental Paste) | 1 or 1b* | |
| NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED (sodium fluoride) | 3 | |
| NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED (sodium fluoride) | 3 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (sodium fluoride) | 3 | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL (sodium fluoride) | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (sodium fluoride) | 3 | |
| PREVIDENT 5000 PLUS DENTAL CREAM (sodium fluoride) | 3 | |
| PREVIDENT DENTAL GEL (sodium fluoride) | 3 | |
| PREVIDENT MOUTH/THROAT SOLUTION (sodium fluoride) | 3 | |
| sf 5000 plus dental cream | 1 or 1b* | |
| sf dental gel | 1 or 1a* | |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | |
| sodium fluoride dental cream | 1 or 1b* | |
| sodium fluoride dental gel | 1 or 1b* | |

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<tbody>
<tr>
<td><strong>PROTECTANTS - MOUTH/THROAT</strong>* - DRUGS FOR THE MOUTH AND THROAT**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPISIL MOUTH/THROAT LIQUID <em>(oral wound care products)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>GELX MOUTH/THROAT GEL <em>(oral wound care products)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>MUCOTROL MOUTH/THROAT WAFER <em>(oral wound care products)</em></td>
<td>3</td>
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<tr>
<td>MUGARD MOUTH/THROAT LIQUID <em>(oral wound care products)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>ORAFATE MOUTH/THROAT PASTE <em>(sucralfate-malate)</em></td>
<td>3</td>
<td></td>
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<tr>
<td>ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED <em>(oral wound care products)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED <em>(oral wound care products)</em></td>
<td>3</td>
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<tr>
<td><strong>SALIVA STIMULANTS</strong>* - DRUGS FOR THE MOUTH AND THROAT**</td>
<td></td>
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</tr>
<tr>
<td>cevimeline hcl oral capsule</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>EVOXAC ORAL CAPSULE <em>(cevimeline hcl)</em></td>
<td>3</td>
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</tr>
<tr>
<td>pilocarpine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>SALAGEN ORAL TABLET <em>(pilocarpine hcl)</em></td>
<td>3 QL</td>
<td>(4 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>MOUTH/THROAT/DENTAL AGENTS</strong>*</td>
<td></td>
<td></td>
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<tr>
<td><strong>STEROIDS - MOUTH/THROAT</strong>*</td>
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<tr>
<td>triamcinolone acetonide (Oralone Mouth/Throat Paste)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide mouth/throat paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS</strong>*</td>
<td></td>
<td></td>
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<tr>
<td>vimizim intravenous solution <em>(elosulfase alfa)</em></td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><strong>MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPSEVII INTRAVENOUS SOLUTION <em>(vestronidase alfa-vjbk)</em></td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</strong>*</td>
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<td></td>
</tr>
<tr>
<td>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
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<tr>
<td>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
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<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
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<tr>
<td>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
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<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
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<tr>
<td>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
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<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
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<tr>
<td>MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK <em>(cladribine)</em></td>
<td>4</td>
<td>PA; LD; SP; QL (2 packs per 46 weekss)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (cladribine)</strong></td>
<td>4</td>
<td>PA; LD; SP; QL (2 packs per 46 weeks)</td>
</tr>
<tr>
<td><strong>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</strong>*</td>
<td>3</td>
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<tr>
<td>MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG</td>
<td>3</td>
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<tr>
<td><strong>MULTIPLE VITAMINS W/ MINERALS &amp; FLUORIDE-IRON-FOLIC ACID</strong>*</td>
<td>3</td>
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<tr>
<td>QUFLORA FE ORAL TABLET CHEWABLE (multi vit-min-fluoride-fe-fa)</td>
<td>3</td>
<td></td>
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<tr>
<td><strong>MULTIVITAMINS</strong> - DRUGS FOR NUTRITION</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>B-COMPLEX VITAMINS</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>b complex oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>b complex-b12 oral tablet</td>
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<td>B-COMPLEX INJECTION INJECTABLE</td>
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<td>b-complex/b-12 oral tablet</td>
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<td>pa b-complex with b-12 oral tablet</td>
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<td>ra b-complex oral tablet</td>
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<td>vitamin b complex oral tablet</td>
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<td>vitamin b-complex oral tablet</td>
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<td>vitamin-b complex oral tablet</td>
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<td><strong>B-COMPLEX W/ C &amp; CALCIUM</strong>* - DRUGS FOR NUTRITION</td>
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<td>gnp b-complex plus vitamin c oral tablet</td>
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<tr>
<td>qc b-complex/vitamin c oral tablet</td>
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<td>$0</td>
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<tr>
<td><strong>B-COMPLEX W/ C &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>b complex-c-folic acid oral tablet</td>
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<tr>
<td>b-complex balanced oral tablet</td>
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<tr>
<td>b-complex/vitamin c oral tablet</td>
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<td>$0</td>
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<tr>
<td>b-plex oral tablet</td>
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<td>b complex-c-folic acid (Dexifol Oral Tablet)</td>
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<td>dialyvite 800 oral tablet</td>
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<td>eql super b complex/vitamin c oral tablet</td>
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<td>folbee plus oral tablet</td>
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<td>FULL SPECTRUM B/VITAMIN C ORAL TABLET</td>
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<td>hm super vitamin b complex/c oral tablet</td>
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<td>$0</td>
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<tr>
<td>hm vitamin b complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
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<tr>
<td>hylavite oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
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<tr>
<td>kp b complex-c oral tablet</td>
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<td>nephro vitamins oral tablet</td>
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<td>renal multivitamin formula oral tablet</td>
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<tr>
<td>renal vitamin oral tablet</td>
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<td>renal-vite oral tablet</td>
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<tr>
<td>rena-vite oral tablet</td>
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<td>reno caps oral capsule</td>
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<tr>
<td>sm b super vitamin complex oral tablet</td>
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<td>SM B-COMPLEX/VITAMIN C ORAL TABLET</td>
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<td>stress formula oral tablet</td>
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<tr>
<td>super b complex/fa/vit c oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
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<tr>
<td>super b-complex/vit c/fa oral tablet</td>
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<td>$0</td>
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<td>triphrocaps oral capsule</td>
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<tr>
<td>virt-caps oral capsule</td>
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<td>VITALINE BIOTIN FORTE ORAL TABLELET (b complex-c-folic acid)</td>
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<td>WEST-VITE W/FOLIC ACID ORAL TABLELET</td>
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<td><strong>B-COMPLEX W/ C</strong>* - DRUGS FOR NUTRITION</td>
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<td>allbee/c oral tablet</td>
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<td>sm vitamin b complex/vitamin c oral tablet</td>
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<td>super b-complex + vitamin c oral tablet</td>
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<tr>
<td>vitamin b + c complex oral tablet</td>
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<td>$0</td>
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<td><strong>B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>B COMPLEX-C-BIOTIN-E-FA ORAL TABLET</td>
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<td>$0</td>
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<td>RENATABS ORAL TABLET (b complex-c-biotin-e-fa)</td>
<td>3</td>
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<tr>
<td><strong>B-COMPLEX W/ C-BIOTIN-E-FOLIC ACID &amp; IRON</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>RENATABS WITH IRON ORAL (b complex-c-biotin-e-fa-fe cbn)</td>
<td>3</td>
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<td></td>
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<tr>
<td>b complex formula 1 oral tablet</td>
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<td>b complex plus oral tablet</td>
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<td>kobee oral tablet</td>
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<td>sm balanced b-50 oral tablet</td>
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<td>super b complex maxi oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td><strong>B-COMPLEX W/ LYSINE-MIN-FE &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<td>NUTRIVIT ORAL LIQUID (b complex-lysine-min-fe-fa)</td>
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<td><strong>B-COMPLEX W/ LYSINE-ZN &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<td>SUPERVITE ORAL LIQUID (b complex-lysine-zn-fa)</td>
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<td><strong>B-COMPLEX W/ BIOTIN &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<td>b complex 100 tr oral tablet extended release</td>
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<td>b complex-biotin-fa oral tablet</td>
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<td>b-100 b-complex oral tablet</td>
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<td>b-100 complex cr oral tablet extended release</td>
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<td>b-100 tr oral tablet extended release</td>
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<td>b50 complex tr oral tablet extended release</td>
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<td>balance b-50 oral tablet</td>
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<td>balanced b complex oral tablet</td>
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<td>balanced b-100 oral tablet extended release</td>
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<td>b-compleet-100 oral tablet</td>
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<td>b-compleet-50 oral tablet</td>
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</tr>
<tr>
<td>b-complex oral tablet</td>
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<tr>
<td>big 100 oral tablet</td>
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<tr>
<td>complex b-50 prolonged release oral tablet extended release</td>
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<td>eql b complex 50 oral tablet</td>
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<td>gnp b-50 balanced oral tablet</td>
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<td>gnp b-50 complex oral tablet extended release</td>
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<tr>
<td>hm vitamin b100 complex oral tablet</td>
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</tr>
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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td><em>BIOFLAVONOID PRODUCTS</em>** - DRUGS FOR NUTRITION</td>
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<tr>
<td>adrenalin c formula oral tablet (bioflavonoid products)</td>
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<tr>
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<tr>
<td>daily multiple vitamins/iron oral tablet</td>
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</tr>
<tr>
<td>daily vitamin formula+iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>daily vite multivitamin/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>daily-vitamin/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>gnp one daily plus iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>hm one daily/iron oral tablet</td>
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<td>$0</td>
</tr>
<tr>
<td>multi-day plus iron oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>multiple vitamins/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>multi-vitamin/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>nat-rul daily-vite+iron oral tablet</td>
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</tr>
<tr>
<td>once daily/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>one daily multivitamin/iron oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>one-daily multi-vitamin/iron oral tablet</td>
<td>1 or 1b*</td>
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<td>one-daily/iron oral tablet</td>
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<tr>
<td>qc daily multivitamins/iron oral tablet</td>
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<td>ra one daily multi-vit plus iron tablet</td>
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<td>sm multiple vitamins/iron oral tablet</td>
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<tr>
<td>stress b complex/iron oral tablet</td>
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<tr>
<td>stress formula/iron oral tablet</td>
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<td>$0</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>tab-a-vite/iron oral tablet</td>
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<tr>
<td><strong>MULTIPLE VITAMINS W/ MINERALS &amp; CALCIUM-FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>FOLGARD OS ORAL TABLET <em>(multiple vit-min-calcium-fa)</em></td>
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<tr>
<td><strong>MULTIPLE VITAMINS W/ MINERALS &amp; FOLIC ACID</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>corvita oral tablet</td>
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<tr>
<td>ONEVITE ORAL TABLET</td>
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<td></td>
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<tr>
<td>SYNAGEX ORAL CAPSULE <em>(multiple vitamins-minerals-fa)</em></td>
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<tr>
<td>THRIVITE 19 ORAL TABLET</td>
<td>2</td>
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</tr>
<tr>
<td>UDAMIN SP ORAL TABLET <em>(multiple vitamins-minerals-fa)</em></td>
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<tr>
<td><strong>MULTIPLE VITAMINS W/ MINERALS</strong>* - DRUGS FOR NUTRITION</td>
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<td>biocel oral tablet</td>
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<tr>
<td>b-plex plus oral tablet</td>
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<tr>
<td>multiple vitamins-minerals <em>(Lysiplex Plus Oral Tablet)</em></td>
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<tr>
<td>MULTIVITAMIN ADULT ORAL TABLET</td>
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<tr>
<td>NICAZEL FORTE ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
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<td></td>
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<tr>
<td>NICAZEL ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NUTRICAP ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
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<td></td>
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<tr>
<td>multiple vitamins-minerals <em>(Nutrifac Zx Oral Tablet)</em></td>
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<tr>
<td>one daily multivitamin adult oral tablet</td>
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<td>REQ 49+ ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
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<tr>
<td>SIDEROL ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
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<tr>
<td>SUPPORT ORAL LIQUID</td>
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<tr>
<td>tab-a-vite oral tablet</td>
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</tr>
<tr>
<td>v-c forte oral capsule</td>
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<tr>
<td>multiple vitamins-minerals <em>(Vic-Forte Oral Capsule)</em></td>
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<tr>
<td>multiple vitamins-minerals <em>(Vita S Forte Oral Tablet)</em></td>
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<td></td>
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<tr>
<td>multiple vitamins-minerals <em>(Vitacel Oral Tablet)</em></td>
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<tr>
<td>vita-min oral capsule</td>
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<td>VITAROCA PLUS ORAL TABLET <em>(multiple vitamins-minerals)</em></td>
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<tr>
<td><strong>MULTIVITAMINS</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
<td>anti-oxidant oral tablet</td>
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<tr>
<td>daily value multivitamin oral tablet</td>
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<tr>
<td>daily vitamin oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>daily vites oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
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<tbody>
<tr>
<td>daily vites oral tablet</td>
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</tr>
<tr>
<td>daily-vitamin oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>daily-vite multivitamin oral tablet</td>
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<tr>
<td>daily-vite oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>ESTROFACTORS ORAL TABLET (<em>multiple vitamin</em>)</td>
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<tr>
<td>gnp essential one daily oral tablet</td>
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<tr>
<td>healthy hair/skin/nails oral tablet</td>
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<tr>
<td>INFUVITE ADULT INTRAVENOUS INJECTABLE (<em>multiple vitamin</em>)</td>
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<tr>
<td>M.V.I. ADULT INTRAVENOUS INJECTABLE (<em>multiple vitamin</em>)</td>
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<td>multi vitamin daily oral tablet</td>
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<td>multi-vitamin daily oral tablet</td>
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<td>multivitamin iron-free oral tablet</td>
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<td>multi-vitamins oral tablet</td>
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<td>once daily oral tablet</td>
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<td>one daily essential oral tablet</td>
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<tr>
<td>one daily oral tablet</td>
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<td>one-daily multi vitamins oral tablet</td>
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<td>sigtab oral tablet</td>
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<tr>
<td>sm multiple vitamins essential oral tablet</td>
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<tr>
<td>stresses tabs energy oral tablet</td>
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<tr>
<td>tab-a-vite/beta carotene oral tablet</td>
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<td>THERA ORAL TABLET (*)</td>
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<tbody>
<tr>
<td>thera-mill oral tablet</td>
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<td>thera-tabs oral tablet</td>
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<td>THEREMS ORAL TABLET (multiple vitamin)</td>
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<td>vit e-vit c-beta carotene oral tablet</td>
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<tr>
<td>vitalee oral tablet</td>
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<td><strong>PED MULTI VITAMINS W/FL &amp; FE</strong>* - DRUGS FOR NUTRITION**</td>
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<tr>
<td>multi-vit/iron/fluoride oral solution</td>
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<td></td>
</tr>
<tr>
<td>multi-vitamin/fluoride/iron oral solution</td>
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<td>POLY-VI-FLOR/IRON ORAL SUSPENSION (ped multivitamins-fl-iron)</td>
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<td>POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (ped multivitamins-fl-iron)</td>
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<td>QUFLORA FE PEDIATRIC ORAL LIQUID (ped multivitamins-fl-iron)</td>
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<td><strong>PED MULTIPLE VITAMINS W/ MINERALS &amp; C</strong>* - DRUGS FOR NUTRITION**</td>
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<tr>
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<td>POLY-VI-FLOR ORAL TABLET CHEWABLE (pediatric multivitamins-fl)</td>
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<td>TRI-VI-FLORO ORAL SUSPENSION</td>
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<td>tri-vite/fluoride oral solution</td>
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<tr>
<td>vitamins acd-fluoride oral solution</td>
<td>1 or 1b*; $0</td>
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<td><strong>PEDIATRIC MULTIPLE VITAMINS</strong>* - DRUGS FOR NUTRITION</td>
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<tr>
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<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VITPEARL ORAL CAPSULE EXTENDED RELEASE <em>(prenat-gefum-fered-fa-dha w/oa)</em></td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VITATHELY WITH GINGER ORAL TABLET <em>(prenatal vit-fe fumarate-fa)</em></td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIVA DHA ORAL CAPSULE <em>(prenatal vit-fe fum-omega)</em></td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VOL-PLUS ORAL TABLET</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VOL-TAB RX ORAL TABLET</td>
<td>2</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VP-HEME OB + DHA ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VP-PNV-DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ZALVIT ORAL TABLET</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ZATEAN-PN PLUS ORAL CAPSULE <em>(prenat w/o a-fe-methf-fa-omega)</em></td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION

| COMPLETE NATAAL DHA ORAL | 3 |

*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION

| CITRANATAL 90 DHA ORAL *(prenat w/o a-fecbgl-dss-fa-dha)* | 3 | ST |
| CITRANATAL ASSURE ORAL *(prenat w/o a-fecbgl-dss-fa-dha)* | 3 | ST |
| CITRANATAL BLOOM DHA ORAL *(prenat w/o a-fecbgl-dss-fa-dha)* | 3 | ST; QL (1 EA per 1 day) |
| CITRANATAL DHA ORAL *(prenat w/o a-fecbgl-dss-fa-dha)* | 3 | ST |
| CITRANATAL ESSENCE ORAL THERAPY PACK *(prenat w/o a-fecbgl-fa-dha)* | 3 | ST; QL (1 EA per 1 day) |
| CITRANATAL HARMONY ORAL CAPSULE *(prenat-efmcb-dss-fa-dha w/o a)* | 3 | ST; QL (1 capsule per 1 day) |
| CITRANATAL MEDLEY ORAL CAPSULE *(prenat-fecb-fefum-fa-dha w/o a)* | 3 | ST; QL (1 capsule per 1 day) |
| ENFAMIL EXPECTA ORAL *(prenatal mv-min-fe fum-fa-dha)* | 2; $0 |
| NEONATAL + DHA ORAL | 3 | ST; QL (1 tablet per 1 day) |
| NESTABS ONE ORAL CAPSULE *(prenat-fe-methylfol-dha w/o a)* | 3 | ST; QL (1 capsule per 1 day) |
| OBSTETRIX ONE ORAL CAPSULE *(prenat-fe-methyl-dss-dha w/o a)* | 3 | QL (1 capsule per 1 day) |
| PNV-DHA+DOCUSATE ORAL CAPSULE | 3 | ST; QL (1 capsule per 1 day) |
| PRENA 1 TRUE ORAL | 3 |
| PRENAISSANCE ORAL CAPSULE | 3 | ST; QL (1 capsule per 1 day) |

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRENAISSANCE PLUS ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PRENATAL MULTIVITAMIN + DHA ORAL (prenatal mv-min-fe fum-fa-dha)</td>
<td>2; $0</td>
<td>QL (1 EA per 1 day)</td>
</tr>
<tr>
<td>PRENATE DHA ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)</td>
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<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PRENATE ENHANCE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)</td>
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<td>ST; QL (1 capsule per 1 day)</td>
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<tr>
<td>PRENATE ESSENTIAL ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PRENATE MINI ORAL CAPSULE (prenat-fecbn-feasp-meth-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
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<tr>
<td>PRENATE PIXIE ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)</td>
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<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PRENATE RESTORE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>SELECT-OB+DHA ORAL (prenatal vit-fepoly-fa-dha)</td>
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<tr>
<td>TARON-PREX ORAL CAPSULE (prenat-fefum-dss-fa-dha w/o a)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>TRISTART DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>TRISTART ONE ORAL CAPSULE (prenat w/o a-fecbn-meth-fa-dha)</td>
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<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VIRT-PN DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VITAFOL FE+ ORAL CAPSULE (prenat-fe poly-methfol-fa-dha)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>VITAFOL ULTRA ORAL CAPSULE (prenat-fe poly-methfol-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VITAFOL-OB+DHA ORAL (prenatal mv-min-fe fum-fa-dha)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>VITAFOL-ONE ORAL CAPSULE (prenatal vit-fepoly-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VITATRUE ORAL (prenat-fechel-fa-dha w/o vit a)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>WESTGEL DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ZATEAN-PN DHA ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
</tbody>
</table>

**PRENATAL VITAMINS*** - DRUGS FOR NUTRITION

| NEONATAL 19 ORAL TABLET | 3 | ST; QL (1 tablet per 1 day) |
| PREMESISRX ORAL TABLET (prenatal ca-b6-b12-fa-ginger) | 2 | ST; QL (1 tablet per 1 day) |
| PRENA1 ORAL TABLET CHEWABLE | 2 | ST; QL (1 tablet per 1 day) |
| PRENATE AM ORAL TABLET (prenatal ca-b6-b12-fa-ginger) | 3 | ST; QL (1 tablet per 1 day) |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (prenat-b2-b6-b12-d3-fa) | 3 | ST; QL (1 tablet per 1 day) |

**SPECIALTY VITAMINS PRODUCTS*** - DRUGS FOR NUTRITION

| SUPPORT-500 ORAL CAPSULE (specialty vitamins products) | 3 |
| UROSEX ORAL TABLET | 1 or 1b* |

**VITAMINS A & D*** - DRUGS FOR NUTRITION

| COD LIVER OIL ORAL OIL | 3 |

**VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION

| ACTIFLOVIT EAR HEALTH ORAL TABLET (vitamins-liptopotics) | 2; $0 |
| b-100 cr oral tablet | 1 or 1b*; $0 |
| b-100 cr oral tablet extended release | 1 or 1b*; $0 |

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</tr>
</thead>
<tbody>
<tr>
<td>b-100 oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>b-50 oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>balance b-100 oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>balanced b-100 complex cr oral tablet extended release</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>balanced b-100 oral tablet</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>balanced b-50 complex oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>balanced b-50 oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>complex b-100 oral tablet extended release</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs balanced b50 oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs inner ear plus oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ear health formula oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ear health plus oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>inner ear plus oral tablet</td>
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<tr>
<td>lipo flavonoid plus oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>lipoflavonoid oral tablet</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>lipoflavovit oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>lipo-key oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>mega multiple/chelated mineral oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>nat-rul b-50 oral tablet</td>
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<tr>
<td>px b-50 oral tablet</td>
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</tr>
<tr>
<td>risanoid plus oral tablet</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>super stress b-complex cr oral tablet extended release</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ultra b-100 complex oral tablet</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><em>MULTIVITAMINS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>PRENATAL MV &amp; MINERALS W/FA</em>**</td>
<td></td>
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</tr>
<tr>
<td>PRENATE ORAL TABLET CHEWABLE (prenat mv-min-methylfolate-fa)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
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</tr>
<tr>
<td><em>MUSCULAR DYSTROPHY AGENTS</em>**</td>
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<td></td>
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<tr>
<td><em>MUSCULAR DYSTROPHY AGENTS</em>**</td>
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<td></td>
</tr>
<tr>
<td>EXONDYS 51 INTRAVENOUS SOLUTION (eteplirsen)</td>
<td>5 PA; LD</td>
<td></td>
</tr>
<tr>
<td>VILTEPSO INTRAVENOUS SOLUTION (viltolarsen)</td>
<td>5 PA; LD</td>
<td></td>
</tr>
<tr>
<td>VYONDYS 53 INTRAVENOUS SOLUTION (golodirsen)</td>
<td>5 PA; LD</td>
<td></td>
</tr>
<tr>
<td><em>MUSCULOSKELETAL THERAPY AGENTS</em> - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ARTICULAR CARTILAGE REPAIR THERAPY</em>** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARTICEL INTRA-ARTICULAR IMPLANT (autologous culture chondrocyte)</td>
<td>3</td>
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</tr>
</tbody>
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<th>Prescription Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (cyclobenzaprine hcl)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>baclofen intrathecal solution</td>
<td>4</td>
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</tr>
<tr>
<td>baclofen oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>baclofen oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>carisoprodol oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>CHLORZOXAZONE ORAL TABLET 250 MG</td>
<td>3</td>
<td>ST; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>chlorzoxazone oral tablet 375 mg, 750 mg</td>
<td>1 or 1b*</td>
<td>ST; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>chlorzoxazone oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>cyclobenzaprine hcl er oral capsule extended release 24 hour</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>cyclobenzaprine hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM (cyclobenzaprine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fexmid oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>GABLOFEN INTRATHecal SOLUTION (baclofen)</td>
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<td></td>
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<tr>
<td>GABLOFEN INTRATHecal SOLUTION PREFILLED SYRINGE (baclofen)</td>
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<tr>
<td>LIORESAL INTRATHecal SOLUTION (baclofen)</td>
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</tr>
<tr>
<td>chlorzoxazone (Lorzone Oral Tablet)</td>
<td>1 or 1b*</td>
<td>ST; QL (4 tablets per 1 day)</td>
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<tr>
<td>methocarbamol injection solution</td>
<td>1 or 1b*</td>
<td>ST; QL (4 tablets per 1 day)</td>
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<td>methocarbamol oral tablet 500 mg</td>
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<td>QL (8 tablets per 1 day)</td>
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<td>methocarbamol oral tablet 750 mg</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>orphenadrine citrate er oral tablet extended release 12 hour</td>
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<tr>
<td>orphenadrine citrate injection solution</td>
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<tr>
<td>OZOBAX ORAL SOLUTION (baclofen)</td>
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<td>QL (80 mL per 1 day)</td>
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<td>ROBAXIN INJECTION SOLUTION (methocarbamol)</td>
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<td>ROBAXIN-750 ORAL TABLET (methocarbamol)</td>
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<td>SKELEXIN ORAL TABLET (metaxalone)</td>
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<td>ST; QL (4 tablets per 1 day)</td>
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<td>SOMA ORAL TABLET 250 MG (carisoprodol)</td>
<td>3</td>
<td>ST; QL (4 tablets per 1 day)</td>
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<tr>
<td>SOMA ORAL TABLET 350 MG (carisoprodol)</td>
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<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>TABRADOL FUSEPAQ ORAL SUSPENSION (cyclobenzaprine hcl-sm)</td>
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<tr>
<td>TABRADOL RAPIDPAQ ORAL SUSPENSION (cyclobenzaprine hcl-sm)</td>
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</tr>
<tr>
<td>tizanidine hcl oral capsule 2 mg</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>tizanidine hcl oral capsule 4 mg</td>
<td>1 or 1b*</td>
<td>QL (9 capsules per 1 day)</td>
</tr>
<tr>
<td>tizanidine hcl oral capsule 6 mg</td>
<td>1 or 1b*</td>
<td>QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>tizanidine hcl oral tablet 2 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>tizanidine hcl oral tablet 4 mg</td>
<td>1 or 1b*</td>
<td>QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>ZANAFLEX ORAL CAPSULE 2 MG (tizanidine hcl)</td>
<td>3</td>
<td>ST; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>ZANAFLEX ORAL CAPSULE 4 MG (tizanidine hcl)</td>
<td>3</td>
<td>ST; QL (9 capsules per 1 day)</td>
</tr>
<tr>
<td>ZANAFLEX ORAL CAPSULE 6 MG (tizanidine hcl)</td>
<td>3</td>
<td>ST; QL (6 capsules per 1 day)</td>
</tr>
<tr>
<td>ZANAFLEX ORAL TABLET (tizanidine hcl)</td>
<td>3</td>
<td>ST; QL (9 tablets per 1 day)</td>
</tr>
</tbody>
</table>

**DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES

<table>
<thead>
<tr>
<th>Brand Excipient</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (dantrolene sodium)</td>
<td>3</td>
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</tr>
<tr>
<td>DANTRIUM ORAL CAPSULE (dantrolene sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium (Revonto Intravenous Solution Reconstituted)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (dantrolene sodium)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES

<table>
<thead>
<tr>
<th>Brand Excipient</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carisoprodol-aspirin-codeine oral tablet</td>
<td>1 or 1b*</td>
<td>QL (40 tablets per 30 days)</td>
</tr>
<tr>
<td>CYCLO/GABA 10/300 ORAL THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>METAXALL CP COMBINATION KIT (metaxalone-capsaicin)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>orphenadrine-asa-caffeine oral tablet</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet)</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
</tbody>
</table>

**VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES

<table>
<thead>
<tr>
<th>Brand Excipient</th>
<th>Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (cross-linked hyaluronate)</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>HYALGAN INTRA-ARTICULAR SOLUTION (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)</td>
<td>4</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA; SP</td>
</tr>
<tr>
<td>VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))</td>
<td>5</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**

**ANTIHISTAMINE-STEROID*** - ALLERGY

- azelastine-fluticasone nasal suspension | 1 or 1b* | QL (1 bottle per 30 days)
- DYMISTA NASAL SUSPENSION (azelastine-fluticasone) | 3 | QL (1 bottle per 30 days)

**NASAL ANTICHOLINERGICS*** - ALLERGY

- ipratropium bromide nasal solution 0.03 % | 1 or 1b* | QL (2 bottles per 30 days)
- ipratropium bromide nasal solution 0.06 % | 1 or 1b* | QL (1 mL per 1 day)

**NASAL ANTIHISTAMINES*** - ALLERGY

- azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 or 1b* | QL (1 package per 25 days)
- azelastine hcl nasal solution 0.15 % | 1 or 1b* | QL (1 bottle per 25 days)
- olopatadine hcl nasal solution | 1 or 1b* | QL (1 bottle per 30 days)
- PATANASE NASAL SOLUTION (olopatadine hcl) | 3 | QL (1 bottle per 30 days)

**NASAL STEROIDS*** - ALLERGY

- BECONASE AQ NASAL SUSPENSION (beclomethasone diprop monohyd) | 3 | ST; QL (2 bottles per 30 days)
- flunisolide nasal solution | 3 | ST; QL (1 bottle per 30 days)
- fluticasone propionate nasal suspension | 1 or 1a* | QL (1 bottle per 30 days)
- mometasone furoate nasal suspension | 3 | ST; QL (1 bottle per 30 days)
- NASONEX NASAL SUSPENSION (mometasone furoate) | 3 | ST; QL (1 inhaler per 30 days)
- OMNARIS NASAL SUSPENSION (ciclesonide) | 3 | ST; QL (1 bottle per 30 days)
- PROPEL MINI NASAL IMPLANT (mometasone furoate) | 3 | 
- PROPEL NASAL IMPLANT (mometasone furoate) | 3 | 
- QNASL CHILDRENS NASAL AEROSOL SOLUTION (beclomethasone diprop (nasal)) | 3 | ST; QL (1 bottle per 30 days)
- QNASL NASAL AEROSOL SOLUTION (beclomethasone diprop (nasal)) | 3 | ST; QL (1 bottle per 30 days)
- XHANCE NASAL EXHALER SUSPENSION (fluticasone propionate) | 3 | PA; QL (2 inhalers per 30 days)
- ZETONNA NASAL AEROSOL SOLUTION (ciclesonide) | 3 | ST; QL (1 inhaler per 30 days)

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<th>Prescription Drug Name</th>
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</thead>
<tbody>
<tr>
<td><strong>TOPICAL DECONGESTANTS</strong>* - ALLERGY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ADRENALIN NASAL SOLUTION (epinephrine hcl (nasal))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NASAL ANESTHETICS</strong>*</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COCAINE HCL NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GOPRELTO NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NUMBRINO NASAL SOLUTION (cocaine hcl (nasal anesthetic))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</strong>*</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</strong>*</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORTHERA ORAL CAPSULE 100 MG (droxidopa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORTHERA ORAL CAPSULE 200 MG, 300 MG (droxidopa)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>*<em>NEUROMUSCULAR AGENTS</em> - DRUGS FOR NERVES AND MUSCLES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>BENZATHIAZOLES</strong>* - DRUGS FOR NERVES AND MUSCLES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RILUTEK ORAL TABLET (riluzole)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>riluzole oral tablet</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>TIGLUTIK ORAL SUSPENSION (riluzole)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>DEPOLARIZING MUSCLE RELAXANTS</strong>* - DRUGS FOR NERVES AND MUSCLES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANECTINE INJECTION SOLUTION (succinylcholine chloride)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUELICIN INJECTION SOLUTION (succinylcholine chloride)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</strong>* - DRUGS FOR NERVES AND MUSCLES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BOTOX INJECTION SOLUTION RECONSTITUTED (onabotulinumtoxina)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (abobotulinumtoxina)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>MYOBLOC INTRAMUSCULAR SOLUTION (rimabotulinumtoxinb)</td>
<td>5</td>
<td></td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (incobotulinumtoxina)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td><strong>NONDEPOLARIZING MUSCLE RELAXANTS</strong>* - DRUGS FOR NERVES AND MUSCLES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atracurium besylate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cisatracurium besylate (pf) intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cisatracurium besylate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIMBEX INTRavenous SOLUTION (cisatracurium besylate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pancuronium bromide intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rocuronium bromide intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ROCURONIUM Bromide intravenous Solution PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>vecuronium bromide intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (esketamine hcl)</td>
<td>5</td>
<td>PA; LD; QL (4 kits per 28 days)</td>
</tr>
<tr>
<td>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (esketamine hcl)</td>
<td>5</td>
<td>PA; LD; QL (4 kits per 28 days)</td>
</tr>
<tr>
<td><strong>NSAID-VITAMINS AND/OR MINERALS COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NSAID-VITAMINS AND/OR MINERALS COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIPAAX/IBUPROFEN/MINREX ORAL THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NUTRIENTS</strong> - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMINO ACID MIXTURES</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amino acids (Aminoamrms Oral Capsule)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>AMINOPROTECT INTRavenous SOLUTION (amino acid infusion)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amino acids (Aminoreliefrms Oral Capsule)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN II INTRavenous SOLUTION (amino acid infusion)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN-PF INTRavenous SOLUTION (amino acid infusion)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (2.75/5) INTRavenous SOLUTION (amino ac elect-calc in d5w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (4.25/10) INTRavenous SOLUTION (amino ac elect-calc in d10w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (4.25/5) INTRavenous SOLUTION (amino ac elect-calc in d5w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (5/15) INTRavenous SOLUTION (amino ac elect-calc in d15w)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (amino acid elect-calc in d20w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (amino acid infusion in d10w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (amino acid infusion in d5w)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (amino acid infusion in d15w)</td>
<td>3</td>
<td></td>
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<tr>
<td>CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (amino acid infusion in d20w)</td>
<td>3</td>
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<tr>
<td>CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION</td>
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<tr>
<td>CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>AMINO ACIDS-SINGLE</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARGinine HCL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ELCYS INTRAVENOUS SOLUTION (cysteine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTATHIONE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTATHIONE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>GLYCINE INJECTION SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>LYSINE HCL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>n-acetyl-l-cysteine oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>NEOKE ALCAR ORAL POWDER (acetylcarnitine)</td>
<td>3</td>
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</tr>
<tr>
<td>TAURINE INJECTION SOLUTION</td>
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<tr>
<td>TRYPtoPHAN ORAL CAPSULE</td>
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<tr>
<td><strong>CARBOHYDRATES</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dehydrated alcohol injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %, 50 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>LIPIDS</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINOLIPID INTRAVENOUS EMULSION (fat emulsion plant based)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOJOLVI ORAL LIQUID (triheptanoin)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>INTRALIPID INTRAVENOUS EMULSION (fat emulsion plant based)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEOKE MCT70 ORAL POWDER (medium chain triglycerides)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NUTRILIPID INTRAVENOUS EMULSION (fat emulsion plant based)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OMEGAVEN INTRAVENOUS EMULSION (fish oil triglyceride based)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SMOFLIPID INTRAVENOUS EMULSION (fat emul fish oil/plant based)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>LIPOTROPIC COMBINATIONS</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LECITHIN ORAL GRANULES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIPO INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIPO-C INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>MISC. NUTRITIONAL SUBSTANCES COMBINATIONS</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
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<tr>
<td>CARDIOVID PLUS ORAL CAPSULE (dha-epa-vit b6-b12-folic acid)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PROTEIN COMBINATIONS</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRI-AMINO INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ONCOYTIC VIRAL AGENTS - HSV1</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ONCOYTIC VIRAL AGENTS - HSV1</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMLYGIC INTRALESIONAL SUSPENSION (talimogene laherparepvec)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>*<em>OPHTHALMIC AGENTS</em> - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</strong>* - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIMBRINZA OPHTHALMIC SUSPENSION (brinzolamide-brimonidine)</td>
<td>2</td>
<td>QL (8 mL per 30 days)</td>
</tr>
<tr>
<td><strong>ARTIFICIAL TEAR INSERTS</strong>* - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACRISERT OPHTHALMIC INSERT (artificial tear insert)</td>
<td>3</td>
<td>PA; QL (2 inserts per 1 day)</td>
</tr>
<tr>
<td><strong>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</strong>* - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMBIGAN OPHTHALMIC SOLUTION (brimonidine tartrate-timolol)</td>
<td>2</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>COSOPT OPHTHALMIC SOLUTION (dorzolamide hcl-timolol mal)</td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>COSOPT PF OPHTHALMIC SOLUTION (dorzolamide hcl-timolol mal)</td>
<td>3</td>
<td>QL (12 mL per 30 days)</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal pf ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (12 mL per 30 days)</td>
</tr>
<tr>
<td><strong>BETA-BLOCKERS - OPHTHALMIC</strong>* - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (0.5 mL per 1 day)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>BETIMOL OPTHALMIC SOLUTION (timolol hemihydrate)</td>
<td>3</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>BETOPTIC-S OPTHALMIC SUSPENSION (betaxolol hcl)</td>
<td>2</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>carteolol hcl ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ISTALOL OPTHALMIC SOLUTION (timolol maleate)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>levobunolol hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophthalmic solution (timolol maleate)</td>
<td>1 or 1b*</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>timolol maleate ophthalmic solution (timolol maleate 0.25 %)</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 30 days)</td>
</tr>
<tr>
<td>timolol maleate ophthalmic solution (timolol maleate 0.5 %)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophthalmic solution (timolol maleate 0.5 % (daily))</td>
<td>1 or 1b*</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 % (timolol maleate)</td>
<td>3</td>
<td>QL (18 mL per 30 days)</td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 % (timolol maleate)</td>
<td>3</td>
<td>QL (20 mL per 30 days)</td>
</tr>
<tr>
<td>TIMOPTIC OPTHALMIC SOLUTION 0.25 % (timolol maleate)</td>
<td>3</td>
<td>QL (20 mL per 30 days)</td>
</tr>
<tr>
<td>TIMOPTIC OPTHALMIC SOLUTION 0.5 % (timolol maleate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION (timolol maleate)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td><em>CYCLOPLEGIC MYDRIATIC COMBINATIONS</em>** - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOMYDRIL OPTHALMIC SOLUTION (cyclopentolate-phenylephrine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TROPICAMIDE-CYCLOPENTOLATE-PE OPTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYCLOPLEGIC MYDRATICS</em>** - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl (Altafrin Ophthalmic Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE OPTHALMIC SOLUTION 0.01 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE OPTHALMIC SOLUTION 1 %</td>
<td>3</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 % (cyclopentolate hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYCLOGYL OPTHALMIC SOLUTION 1 % (cyclopentolate hcl)</td>
<td>3</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>cyclopentolate hcl ophthalmic solution 0.5 %, 2 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophthalmic solution 1 %</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>ISOPTO ATROPINE OPTHALMIC SOLUTION (atropine sulfate)</td>
<td>3</td>
<td>QL (30 mL per 30 days)</td>
</tr>
<tr>
<td>MYDRIACYL OPTHALMIC SOLUTION (tropicamide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MIOTICS - CHOLINESTERASE INHIBITORS</em>** - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE OPTHALMIC SOLUTION REconstituted (echothiophate iodide)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td><em>MIOTICS - DIRECT ACTING</em>** - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOPTO CARPINE OPTHALMIC SOLUTION (pilocarpine hcl)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (acetylcholine chloride)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIOSTAT INTRAOCULAR SOLUTION (carbachol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOCRL OPHTHALMIC SOLUTION (nedocromil sodium)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>ALOMIDE OPHTHALMIC SOLUTION (lodoxamide tromethamine)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>azelastine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (1 bottle per 24 days)</td>
</tr>
<tr>
<td>BEPREVE OPHTHALMIC SOLUTION (bepotastine besilate)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>cromolyn sodium ophthalmic solution</td>
<td>1 or 1a*</td>
<td>QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>epinastine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>LASTACAFT OPHTHALMIC SOLUTION (alcaftadine)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>olopatadine hcl ophthalmic solution 0.1 %</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>olopatadine hcl ophthalmic solution 0.2 %</td>
<td>3</td>
<td>ST; QL (1 mL per 1 day)</td>
</tr>
<tr>
<td>PATADAY OPHTHALMIC SOLUTION 0.2 % (olopatadine hcl)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>PAZEO OPHTHALMIC SOLUTION (olopatadine hcl)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td>ZERVIATE OPHTHALMIC SOLUTION (cetirizine hcl)</td>
<td>3</td>
<td>ST; QL (2 boxes per 30 days)</td>
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</tbody>
</table>

**OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AZASITE OPHTHALMIC SOLUTION (azithromycin)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bacitracin ophthalmic ointment</td>
<td>1 or 1b*</td>
<td>QL (7 grams per 30 days)</td>
</tr>
<tr>
<td>BESIVANCE OPHTHALMIC SUSPENSION (besifloxacin hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN OPHTHALMIC OINTMENT (ciprofloxacin hcl)</td>
<td>3</td>
<td>QL (3.5 grams per 30 days)</td>
</tr>
<tr>
<td>CILOXAN OPHTHALMIC SOLUTION (ciprofloxacin hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>erythromycin ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>gatifloxacin ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gentak ophthalmic ointment</td>
<td>1 or 1a*</td>
<td>QL (7 grams per 30 days)</td>
</tr>
<tr>
<td>gentamicin sulfate ophthalmic solution</td>
<td>1 or 1a*</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>levofloxacin ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MOXEZA OPHTHALMIC SOLUTION (moxifloxacin hcl)</td>
<td>3</td>
<td>QL (3 mL per 30 days)</td>
</tr>
<tr>
<td>moxifloxacin hcl (2x day) ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (3 mL per 30 days)</td>
</tr>
<tr>
<td>moxifloxacin hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (1 vial per 30 days)</td>
</tr>
<tr>
<td>OCUFLOX OPHTHALMIC SOLUTION (ofloxacin)</td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>ofloxacin ophthalmic solution</td>
<td>1 or 1a*</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>tobramycin ophthalmic solution</td>
<td>1 or 1a*</td>
<td>QL (20 mL per 30 days)</td>
</tr>
<tr>
<td>TOBREX OPHTHALMIC OINTMENT (tobramycin)</td>
<td>3</td>
<td>QL (3.5 grams per 30 days)</td>
</tr>
<tr>
<td>TOBREX OPHTHALMIC SOLUTION (tobramycin)</td>
<td>3</td>
<td>QL (20 mL per 30 days)</td>
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<tbody>
<tr>
<td>VIGAMOX OPHTHALMIC SOLUTION <em>(moxifloxacin hcl)</em></td>
<td>3</td>
<td>QL (1 vial per 30 days)</td>
</tr>
<tr>
<td>ZYMAXID OPHTHALMIC SOLUTION <em>(gatifloxacin)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIMYCOSIS</strong> - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATAZON OPHTHALMIC SUSPENSION <em>(natamycin)</em></td>
<td>3</td>
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</tr>
<tr>
<td><strong>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</strong> - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</td>
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<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC ANTISEPTICS</em>* - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION <em>(povidone-iodine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTI-INFECTIVES</strong> - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AK-POLY-BAC OPHTHALMIC OINTMENT</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>NEOMYCIN-POLY-MYXIN B OPHTHALMIC OINTMENT</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>POLYTRIM OPHTHALMIC SOLUTION <em>(polymyxin b-trimethoprim)</em></td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td><strong>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</strong> - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZOPT OPHTHALMIC SUSPENSION <em>(brinzolamide)</em></td>
<td>2</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>TRUSOPT OPHTHALMIC SOLUTION <em>(dorzolamide hcl)</em></td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong> - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AK-FLUOR INTRAVENOUS SOLUTION 10 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLUORESCITE INTRAVENOUS SOLUTION <em>(fluorescein sodium)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLUORESCINE INTRAVENOUS SOLUTION <em>(fluorescein sodium)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLUORESCINE SODIUM <em>(Fluor-I-Strips A.T. Ophthalmic Strip)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLURA-SAFE OPHTHALMIC SOLUTION <em>(fluorexon-benoxinate)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LISSAMINE CARBOXYFLUORESCINE OPHTHALMIC SOLUTION <em>(hydroxyamphetamine-tropicamide)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROPARACaine-FLUORESCINE OPHTHALMIC SOLUTION</td>
<td>1 or 1b*</td>
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<tr>
<td>ROSE GLO OPHTHALMIC STRIP (rose bengal)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC IMMUNOMODULATORS</strong>* - ANTI-INFECTIVE/ANTI-INFLAMMATORYS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEQUA OPHTHALMIC SOLUTION (cyclosporine)</td>
<td>3</td>
<td>PA; QL (2 vials per 1 day)</td>
</tr>
<tr>
<td>RESTASIS MULTIDOSE OPHTHALMIC EMULSION (cyclosporine)</td>
<td>3</td>
<td>PA; QL (1 bottle per 28 days)</td>
</tr>
<tr>
<td>RESTASIS OPHTHALMIC EMULSION (cyclosporine)</td>
<td>3</td>
<td>PA; QL (2 vials per 1 day)</td>
</tr>
<tr>
<td><strong>OPHTHALMIC IRRIGATION SOLUTIONS</strong>* - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>balanced salt intraocular solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BSS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BSS PLUS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC LOCAL ANESTHETICS</strong>* - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AKTEN OPHTHALMIC GEL (lidocaine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALCaine OPHTHALMIC SOLUTION (proparacaine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>proparacaine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</strong>* - ANTI-INFECTIVE/ANTI-INFLAMMATORYS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACULAR LS OPHTHALMIC SOLUTION (ketorolac tromethamine)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>ACULAR OPHTHALMIC SOLUTION (ketorolac tromethamine)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>bromfenac sodium (once-daily) ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (1.7 mL per 30 days)</td>
</tr>
<tr>
<td>BROMSITE OPHTHALMIC SOLUTION (bromfenac sodium)</td>
<td>3</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>diclofenac sodium ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>flurbiprofen sodium ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (2.5 mL per 30 days)</td>
</tr>
<tr>
<td>ILEVRO OPHTHALMIC SUSPENSION (nepafenac)</td>
<td>2</td>
<td>QL (3 mL per 30 days)</td>
</tr>
<tr>
<td>ketorolac tromethamine ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (5 mL per 30 days)</td>
</tr>
<tr>
<td>NEVANAC OPHTHALMIC SUSPENSION (nepafenac)</td>
<td>3</td>
<td>QL (3 mL per 30 days)</td>
</tr>
<tr>
<td>PROLENSA OPHTHALMIC SOLUTION (bromfenac sodium)</td>
<td>3</td>
<td>QL (3 mL per 30 days)</td>
</tr>
<tr>
<td><strong>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</strong>* - DRUGS FOR THE EYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (verteporfin)</td>
<td>5</td>
<td>LD; SP</td>
</tr>
<tr>
<td><strong>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</strong>* - DRUGS FOR GLAUCOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)</td>
<td>2</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)</td>
<td>3</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>apraclonidine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>IOPIDINE OPHTHALMIC SOLUTION (apraclonidine hcl)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

BRAND=Brand drug  generic=generic drug  *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information Tier 1 or 1a*=Drugs with the lowest cost share  Tier 1 or 1b*=drugs with a low cost share  Tier 2=Drugs with a higher cost share than Tier 1  Tier 3=Drugs with a higher cost share than Tier 2  Tier 4=Drugs with a higher cost share than Tier 3 and usually include preferred specialty brand and generic drugs  Tier 5=Drugs with the highest cost share and are non-preferred specialty brand and generic drugs  $0=Preventive Drug  DO=Dose Optimization  LD=Limited Distribution  OC=Oral Chemotherapy  PA=Prior Authorization  QL=Quantity Limit  SP=Specialty Pharmacy  ST=Step Therapy  

Effective 12/01/2020
### *OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bacitra-neomycin-polymyxin-hc ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BALEHAMIDE OPHTHALMIC SUSPENSION (sulfacetamide-prednisolone)</td>
<td>3</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>BALEHAMIDE S.O.P. OPHTHALMIC OINTMENT (sulfacetamide-prednisolone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXITROL OPHTHALMIC OINTMENT (neomycin-polymyxin-dexameth)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXITROL OPHTHALMIC SUSPENSION (neomycin-polymyxin-dexameth)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexameth ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophthalmic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyx-neo-hc (Neo-Polyccin Hc Ophthalmic Ointment)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRED-G OPHTHALMIC SUSPENSION (gentamicin-prednisolone acet)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-G S.O.P. OPHTHALMIC OINTMENT (gentamicin-prednisolone acet)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide-prednisolone ophthalmic solution</td>
<td>1 or 1a*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>TOBRADEX OPHTHALMIC OINTMENT (tobramycin-dexamethasone)</td>
<td>2</td>
<td>QL (3.5 grams per 30 days)</td>
</tr>
<tr>
<td>TOBRADEX OPHTHALMIC SUSPENSION (tobramycin-dexamethasone)</td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>TOBRADEX ST OPHTHALMIC SUSPENSION (tobramycin-dexamethasone)</td>
<td>3</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophthalmic suspension</td>
<td>1 or 1b*</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>ZYLET OPHTHALMIC SUSPENSION (lopetrednol-tobramycin)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### *OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALREX OPHTHALMIC SUSPENSION (lopetrednol etabonate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXTENZA OPHTHALMIC INSERT (dexamethasone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXYCU INTRAOCULAR SUSPENSION (dexamethasone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DUREZOL OPHTHALMIC EMULSION (difluprednate)</td>
<td>2</td>
<td>QL (10 mL per 30 days)</td>
</tr>
<tr>
<td>FLAREX OPHTHALMIC SUSPENSION (fluorometholone acetate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophthalmic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FML FORTE OPHTHALMIC SUSPENSION (fluorometholone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML LIQUIFILM OPHTHALMIC SUSPENSION (fluorometholone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML OPHTHALMIC OINTMENT (fluorometholone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ILUVIEN INTRAVITREAL IMPLANT (fluocinolone acetonide)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>INVELTYS OPHTHALMIC SUSPENSION (lopetrednol etabonate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPHTHALMIC GEL (lopetrednol etabonate)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPHTHALMIC OINTMENT (lopetrednol etabonate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPHTHALMIC SUSPENSION (lopetrednol etabonate)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTE MAX SM OPHTHALMIC GEL (loteprednol etabonate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophthalmic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX OPHTHALMIC SUSPENSION (dexamethasone)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OZURDEX INTRAVITREAL IMPLANT (dexamethasone)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PRED FORTE OPHTHALMIC SUSPENSION (prednisolone acetate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED MILD OPHTHALMIC SUSPENSION (prednisolone acetate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate ophthalmic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RETISERT INTRAVITREAL IMPLANT (fluocinolone acetonide)</td>
<td>3</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>TRIENCE INTRAOCULAR SUSPENSION (triamcinolone acetonide)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>YUTIQ INTRAVITREAL IMPLANT (fluocinolone acetonide)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
</tbody>
</table>

**OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORY

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLEPH-10 OPHTHALMIC SOLUTION (sulfacetamide sodium)</td>
<td>3</td>
<td>QL (15 mL per 30 days)</td>
</tr>
<tr>
<td>sulfacetamide sodium ophthalmic ointment</td>
<td>1 or 1b*</td>
<td>QL (3.5 grams per 30 days)</td>
</tr>
<tr>
<td>sulfacetamide sodium ophthalmic solution</td>
<td>1 or 1b*</td>
<td>QL (15 mL per 30 days)</td>
</tr>
</tbody>
</table>

**OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISCOVISC INTRAOCULAR SOLUTION (na chondroit sulf-na hyaluron)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DUOVISC INTRAOCULAR KIT (na hyalur &amp; na chond-na hyalur)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OMIDRIA INTRAOCULAR SOLUTION (phenylephrine-ketorolac)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VISCOAT INTRAOCULAR SOLUTION (na chondroit sulf-na hyaluron)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMVISC INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>AMVISC PLUS INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>BIOLON INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td>LD</td>
</tr>
<tr>
<td>CELLUGEL INTRAOCULAR SOLUTION (hyromellose)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFILM OPHTHALMIC FILM (gelatin adsorbable)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEALON GV INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HEALON INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HEALON PRO INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HEALON5 INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>HEALON5 PRO INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>MEMBRANE BLUE OPHTHALMIC SOLUTION (trypan blue)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Glycerin (Ocucare Viscoadherent Intraocular Solution)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROVISC INTRAOCULAR SOLUTION (sodium hyaluronate)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>TISSUE BLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (brilliant blue g)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VISIONBLUE OPHTHALMIC SOLUTION (trypan blue)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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Effective 12/01/2020
**OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYSTADROPS OPHTHALMIC SOLUTION (cysteamine hcl)</td>
<td>5</td>
<td>PA; QL (4 bottles per 28 days)</td>
</tr>
<tr>
<td>CYSTARAN OPHTHALMIC SOLUTION (cysteamine hcl)</td>
<td>3</td>
<td>PA; LD; QL (60 mL per 28 days)</td>
</tr>
</tbody>
</table>

**PROSTAGLANDINS - OPHTHALMIC** - DRUGS FOR GLAUCOMA

- **bimatoprost ophthalmic solution**
  - Tier 1 or 1b
  - PA; LD; SP; QL (2 applicators per 1 lifetime)

- **DURYSTA INTRAOCULAR IMPLANT (bimatoprost)**
  - Tier 5
  - PA; LD; SP; QL (2 applicators per 1 lifetime)

- **latanoprost ophthalmic solution**
  - Tier 1 or 1b
  - QL (5 mL per 30 days)

- **LUMIGAN OPHTHALMIC SOLUTION (bimatoprost)**
  - Tier 2
  - QL (7.5 mL per 30 days)

- **TRAVATAN Z OPHTHALMIC SOLUTION (travoprost)**
  - Tier 3
  - QL (5 mL per 30 days)

- **travoprost (bak free) ophthalmic solution**
  - Tier 1 or 1b
  - QL (5 mL per 30 days)

- **VYZULTA OPHTHALMIC SOLUTION (latanoprostene bunod)**
  - Tier 3
  - QL (5 mL per 30 days)

- **XALATAN OPHTHALMIC SOLUTION (latanoprost)**
  - Tier 3
  - QL (5 mL per 30 days)

- **XELPROS OPHTHALMIC EMULSION (latanoprost)**
  - Tier 3
  - QL (5 mL per 30 days)

- **ZIOPTAN OPHTHALMIC SOLUTION (tafluprost)**
  - Tier 3
  - QL (9 mL per 30 days)

**VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS** - DRUGS FOR THE EYE

- **BEOVU INTRAVITREAL SOLUTION (brolucizumab-dbll)**
  - Tier 5
  - PA; LD; SP

- **EYLEA INTRAVITREAL SOLUTION (aflibercept)**
  - Tier 5
  - PA; LD; SP

- **EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (aflibercept)**
  - Tier 5
  - PA; LD

- **LUCENTIS INTRAVITREAL SOLUTION (ranibizumab)**
  - Tier 5
  - PA; LD; SP

- **LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (ranibizumab)**
  - Tier 5
  - PA; LD; SP

**OPHTHALMIC KINASE INHIBITORS - COMBINATIONS**

- **ROCKLATAN OPHTHALMIC SOLUTION (netarsudil-latanoprost)**
  - Tier 3
  - QL (2.5 mL per 30 days)

**OPHTHALMIC NERVE GROWTH FACTORS**

- **OXERVATE OPHTHALMIC SOLUTION (cenegermin-bkbj)**
  - Tier 5
  - PA; LD; QL (2 vials per 1 day)

**OPHTHALMIC PHOTOENHANCER COMBINATIONS**

- **PHOTREXA VISCOS OPHTHALMIC SOLUTION PREFILLED SYRINGE (riboflavin 5-phosphate-dextran)**
  - Tier 3

- **PHOTREXA-PHOTREXA VISCOS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (riboflavin & riboflav5-dextran)**
  - Tier 3

**OPHTHALMIC RHO KINASE INHIBITORS**

- **RHOPRESSA OPHTHALMIC SOLUTION (netarsudil dimesylate)**
  - Tier 3
  - QL (2.5 mL per 30 days)

**Prescription Drug Name** | **Drug Tier** | **Coverage Requirements and Limits**
---|---|---
**OPHTHALMICS - CYSTINOSIS AGENTS** |  | 
**CYSTADROPS OPHTHALMIC SOLUTION (cysteamine hcl)** | 5 | PA; QL (4 bottles per 28 days) 
**CYSTARAN OPHTHALMIC SOLUTION (cysteamine hcl)** | 3 | PA; LD; QL (60 mL per 28 days) 
**PROSTAGLANDINS - OPHTHALMIC** |  | 
**bimatoprost ophthalmic solution** | 1 or 1b* | PA; LD; SP; QL (2 applicators per 1 lifetime) 
**DURYSTA INTRAOCULAR IMPLANT (bimatoprost)** | 5 | PA; LD; SP; QL (2 applicators per 1 lifetime) 
**latanoprost ophthalmic solution** | 1 or 1b* | QL (5 mL per 30 days) 
**LUMIGAN OPHTHALMIC SOLUTION (bimatoprost)** | 2 | QL (7.5 mL per 30 days) 
**TRAVATAN Z OPHTHALMIC SOLUTION (travoprost)** | 3 | QL (5 mL per 30 days) 
**travoprost (bak free) ophthalmic solution** | 1 or 1b* | QL (5 mL per 30 days) 
**VYZULTA OPHTHALMIC SOLUTION (latanoprostene bunod)** | 3 | QL (5 mL per 30 days) 
**XALATAN OPHTHALMIC SOLUTION (latanoprost)** | 3 | QL (5 mL per 30 days) 
**XELPROS OPHTHALMIC EMULSION (latanoprost)** | 3 | QL (5 mL per 30 days) 
**ZIOPTAN OPHTHALMIC SOLUTION (tafluprost)** | 3 | QL (9 mL per 30 days) 
**VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS** |  | 
**BEOVU INTRAVITREAL SOLUTION (brolucizumab-dbll)** | 5 | PA; LD; SP 
**EYLEA INTRAVITREAL SOLUTION (aflibercept)** | 5 | PA; LD; SP 
**EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (aflibercept)** | 5 | PA; LD 
**LUCENTIS INTRAVITREAL SOLUTION (ranibizumab)** | 5 | PA; LD; SP 
**LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (ranibizumab)** | 5 | PA; LD; SP 
**OPHTHALMIC KINASE INHIBITORS - COMBINATIONS** |  | 
**ROCKLATAN OPHTHALMIC SOLUTION (netarsudil-latanoprost)** | 3 | QL (2.5 mL per 30 days) 
**OPHTHALMIC NERVE GROWTH FACTORS** |  | 
**OXERVATE OPHTHALMIC SOLUTION (cenegermin-bkbj)** | 5 | PA; LD; QL (2 vials per 1 day) 
**OPHTHALMIC PHOTOENHANCER COMBINATIONS** |  | 
**PHOTREXA VISCOS OPHTHALMIC SOLUTION PREFILLED SYRINGE (riboflavin 5-phosphate-dextran)** | 3 | 
**PHOTREXA-PHOTREXA VISCOS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (riboflavin & riboflav5-dextran)** | 3 | 
**OPHTHALMIC RHO KINASE INHIBITORS** |  | 
**RHOPRESSA OPHTHALMIC SOLUTION (netarsudil dimesylate)** | 3 | QL (2.5 mL per 30 days) 

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<tr>
<td><strong>OPHTHALMICS - BLEPHAROPTOSIS AGENTS</strong></td>
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<td>UPNEEQ OPHTHALMIC SOLUTION (oxymetazoline hcl)</td>
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<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong>*</td>
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<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong>*</td>
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<tr>
<td>BELSOMRA ORAL TABLET (suvorexant)</td>
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<td>DAYVIGO ORAL TABLET (lemborexant)</td>
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<td><em><em>OTIC AGENTS</em> - DRUGS FOR THE EAR</em>*</td>
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<td><strong>OTIC AGENTS - MISCELLANEOUS</strong>* - WAX REMOVAL</td>
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<tr>
<td>acetic acid otic solution</td>
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<tr>
<td><strong>OTIC ANALGESIC COMBINATIONS</strong>* - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</td>
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<td>pramoxine-hc-chloroxylenol (Cortic-Nd Otic Solution)</td>
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<tr>
<td>OTICIN HC NR OTIC SOLUTION (pramoxine-hc-chloroxylenol)</td>
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<td>PRAMOTIC OTIC LIQUID (pramoxine-chloroxylenol)</td>
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<td><strong>OTIC ANTI-INFECTIVES</strong>* - ANTIBIOTICS</td>
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<tr>
<td>CETRAXAL OTIC SOLUTION (ciprofloxacin hcl)</td>
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<td>QL (28 containers per 1 fill)</td>
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<tr>
<td>ciprofloxacin hcl otic solution</td>
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<tr>
<td>ofloxacin otic solution</td>
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<tr>
<td>OTIPRIO INTRATYMPANIC SUSPENSION (ciprofloxacin)</td>
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<tr>
<td><strong>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</strong>* - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</td>
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<td>CIPRO HC OTIC SUSPENSION (ciprofloxacin-hydrocortisone)</td>
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<td>CIPRODEX OTIC SUSPENSION (ciprofloxacin-dexamethasone)</td>
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<td>ciprofloxacin-dexamethasone otic suspension</td>
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<td>ciprofloxacin-fluocinolone pf otic solution</td>
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<td>CORTISPORIN-TC OTIC SUSPENSION (neomycin-colist-hc-thonzonium)</td>
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<td>neomycin-polymyxin-hc otic solution</td>
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<td>neomycin-polymyxin-hc otic suspension</td>
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<td>OTOVEL OTIC SOLUTION (ciprofloxacin-fluocinolone)</td>
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<td>QL (28 vials per 1 fill)</td>
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<td><strong>OTIC STEROIDS</strong>* - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</td>
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<td>DERMOTIC OTIC OIL (fluocinolone acetonide)</td>
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<td>fluocinolone acetonide (Flac Otic Oil)</td>
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<td>fluocinolone acetonide otic oil</td>
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<td>hydrocortisone-acetic acid otic solution</td>
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<td><strong>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</strong>*</td>
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<td><strong>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</strong>*</td>
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<tr>
<td>KERYDIN EXTERNAL SOLUTION (tavaborole)</td>
<td>3</td>
<td>ST; QL (1 bottle per 30 days)</td>
</tr>
</tbody>
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<td><strong>tavaborole external solution</strong></td>
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<td><em>OXYTOCICS</em> - HORMONES</td>
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<td><em>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</em>** - DRUGS FOR WOMEN</td>
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<td>carboprost tromethamine intramuscular solution</td>
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<td>CERVIDIL VAGINAL INSERT (dinoprostone)</td>
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<td>HEMABATE INTRAMUSCULAR SOLUTION (carboprost tromethamine)</td>
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<td>PREPIDIL VAGINAL GEL (dinoprostone)</td>
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<td>PROSTIN E2 VAGINAL SUPPOSITORY (dinoprostone)</td>
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<td><em>OXYTOCICS</em>** - DRUGS FOR WOMEN</td>
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<td>methylergonovine maleate (Methergine Oral Tablet)</td>
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<td>methylergonovine maleate injection solution</td>
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<td>methylergonovine maleate oral tablet</td>
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<td>oxytocin injection solution</td>
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<td>OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
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<td>PITOCIN INJECTION SOLUTION (oxytocin)</td>
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<td><em>PA ENDONUCLEASE INHIBITORS</em>**</td>
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<td><em>PA ENDONUCLEASE INHIBITORS</em>**</td>
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<td>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (baloxavir marboxil)</td>
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<td>QL (1 dose pack per 90 days)</td>
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<tr>
<td>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (baloxavir marboxil)</td>
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<td>QL (1 dose pack per 90 days)</td>
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<td><em>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</em>**</td>
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<tr>
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<tr>
<td>HYQVIA SUBCUTANEOUS KIT (immune globulin-hyaluronidase)</td>
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<td><em>PASSIVE IMMUNIZING AGENTS</em></td>
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<td><em>ANTITOXINS-ANTIVENINS</em>**</td>
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<td>ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (centrourides (scorpion) im fab)</td>
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<tr>
<td>ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (crotalidae immune fab (equine))</td>
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<td>ANTIVENIN LATRODECTUS MACTANS INJECTION KIT</td>
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<td>ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (crotalidae polyval immune fab)</td>
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<td><em>ANTIVIRAL MONOCLONAL ANTIBODIES</em>**</td>
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<td>SYNAGIS INTRAMUSCULAR SOLUTION (palivizumab)</td>
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<td><strong>IMMUNE SERUMS</strong>*</td>
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<td>ASCENIV INTRAVENOUS SOLUTION <em>(immune globulin (human)-stra)</em></td>
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<tr>
<td>BIVIGAM INTRAVENOUS SOLUTION *(immune globulin (human))</td>
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<td>CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED *(immune globulin (human))</td>
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<tr>
<td>CUVITRUX SUBCUTANEOUS SOLUTION *(immune globulin (human))</td>
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<td>CYTOGAM INTRAVENOUS INJECTABLE <em>(cytomegalovirus immune glob)</em></td>
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<td>FLEBOGAMMA DIF INTRAVENOUS SOLUTION *(immune globulin (human))</td>
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<td>GAMASTAN INTRAMUSCULAR INJECTABLE *(immune globulin (human))</td>
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<td>Gammagard INJECTION SOLUTION *(immune globulin (human))</td>
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<td>Gammagard S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED *(immune globulin (human))</td>
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<td>GAMMAKED INJECTION SOLUTION *(immune globulin (human))</td>
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<td>GAMMAPLEX INTRAVENOUS SOLUTION *(immune globulin (human))</td>
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<td>GAMUNEX-C INJECTION SOLUTION *(immune globulin (human))</td>
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<td>HEPAGAM B INJECTION SOLUTION <em>(hepatitis b immune globulin)</em></td>
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<td>SP</td>
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<td>HIZENTRA SUBCUTANEOUS SOLUTION *(immune globulin (human))</td>
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<td>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE *(immune globulin (human))</td>
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<td>HYPERHEP B S/D INTRAMUSCULAR SOLUTION <em>(hepatitis b immune globulin)</em></td>
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<td>HYPPERAB INJECTION SOLUTION <em>(rabies immune globulin)</em></td>
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<td>SP</td>
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<tr>
<td>HYPPERAB S/D INJECTION SOLUTION <em>(rabies immune globulin)</em></td>
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<td>HYPPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE <em>(rho d immune globulin)</em></td>
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<td>HYPERTET S/D INTRAMUSCULAR INJECTABLE <em>(tetanus immune globulin)</em></td>
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<td>IMOGAM RABIES-HT INJECTION SOLUTION <em>(rabies immune globulin)</em></td>
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<td>SP</td>
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<td>KEDRAB INJECTION SOLUTION</td>
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<tr>
<td>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE <em>(rho d immune globulin)</em></td>
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<td>NABI-HB INTRAMUSCULAR SOLUTION <em>(hepatitis b immune globulin)</em></td>
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<td>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML <em>(immune globulin (human))</em></td>
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<td>OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML <em>(immune globulin (human))</em></td>
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<tr>
<td>PRIVIGEN INTRAVENOUS SOLUTION <em>(immune globulin (human))</em></td>
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<td>PA; SP</td>
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<tr>
<td>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE <em>(rho d immune globulin)</em></td>
<td>5</td>
<td>SP; QL (2 syringes per 365 days)</td>
</tr>
<tr>
<td>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE <em>(rho d immune globulin)</em></td>
<td>5</td>
<td>SP; QL (2 fills per 365 days)</td>
</tr>
<tr>
<td>VARIZIG INTRAMUSCULAR SOLUTION <em>(varicella-zoster immune glob)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WINRHO SDF INJECTION SOLUTION <em>(rho d immune globulin)</em></td>
<td>5</td>
<td>SP; QL (2 fills per 365 days)</td>
</tr>
<tr>
<td>XEMBIFY SUBCUTANEOUS SOLUTION <em>(immune globulin (human)-klhw)</em></td>
<td>5</td>
<td>PA; LD</td>
</tr>
<tr>
<td><em>PCS9 INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>PCS9 INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(alirocumab)</em></td>
<td>3</td>
<td>PA; QL (2 injection per 28 days)</td>
</tr>
<tr>
<td>REPATHA PUSHTONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE <em>(evolocumab)</em></td>
<td>3</td>
<td>PA; QL (1 injector per 30 days)</td>
</tr>
<tr>
<td>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <em>(evolocumab)</em></td>
<td>3</td>
<td>PA; QL (2 syringe per 28 days)</td>
</tr>
<tr>
<td>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR <em>(evolocumab)</em></td>
<td>3</td>
<td>PA; QL (2 syringe per 28 days)</td>
</tr>
<tr>
<td><em>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLORIVA ORAL TABLET CHEWABLE <em>(ped multiple vit-minerals-fl)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PENICILLINS</em> - DRUGS FOR INFECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINOPENICILLINS</em>** - ANTIBIOTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral suspension reconstituted</td>
<td>1 or 1a*</td>
<td>QL (500 mL per 1 fill)</td>
</tr>
<tr>
<td>amoxicillin oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral tablet chewable</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ampicillin oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ampicillin sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ampicillin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>NATURAL PENICILLINS</em>** - ANTIBIOTICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICILLIN L-A INTRAMUSCULAR SUSPENSION <em>(penicillin g benzathine)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
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</tr>
<tr>
<td>penicillin g potassium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>penicillin g sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td>penicillin v potassium oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pfizerpen injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PENICILLIN COMBINATIONS</strong>* - ANTIBIOTICS**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate or oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>QL (40 tablets per 1 fill)</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oraltab</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oraltab chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</td>
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<tr>
<td>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (amoxicillin-pot clavulanate)</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (amoxicillin-pot clavulanate)</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (amoxicillin-pot clavulanate)</td>
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<td>AUGMENTIN ORAL TABLET (amoxicillin-pot clavulanate)</td>
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<tr>
<td>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (penicillin g benzathine &amp; proc)</td>
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<tr>
<td>BICILLIN C-R INTRAMUSCULAR SUSPENSION (penicillin g benzathine &amp; proc)</td>
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<td></td>
</tr>
<tr>
<td>piperacillin sod-tazobactam so intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>UNASYN INJECTION SOLUTION RECONSTITUTED (ampicillin- sulbactam sodium)</td>
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<tr>
<td>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (ampicillin-sulbactam sodium)</td>
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<tr>
<td>ZOSYN INTRAVENOUS SOLUTION (piperacillin-tazobactam in dex)</td>
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<tr>
<td><strong>PENICILLINASE-RESISTANT PENICILLINS</strong>* - ANTIBIOTICS**</td>
<td></td>
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<tr>
<td>dicloxacillin sodium oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>NAFCELLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</td>
<td>1 or 1b*</td>
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<tr>
<td>NAFCELLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM</td>
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<tr>
<td>nafcillin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
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<tbody>
<tr>
<td><strong>PERITONEAL DIALYSIS SOLUTIONS</strong>*</td>
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<tr>
<td>DEFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>DEFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>DEFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>DEFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>2</td>
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<tr>
<td>DEFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION</td>
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</tr>
<tr>
<td>DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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</tr>
<tr>
<td>DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>EXTRANEAL INTRAPERITONEAL SOLUTION (icodextrin-electrolytes)</td>
<td>3</td>
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</tr>
<tr>
<td>ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
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<tr>
<td>ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<tr>
<td>ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION</td>
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<tr>
<td><strong>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</strong>*</td>
<td></td>
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</tr>
<tr>
<td>ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (copanlisib hcl)</td>
<td>3</td>
<td>PA; LD</td>
</tr>
<tr>
<td>COPIKTRA ORAL CAPSULE (duvelisib)</td>
<td>3; OC</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (alpelisib)</td>
<td>3; OC</td>
<td>PA; SP; QL (1 pack per 28 days)</td>
</tr>
<tr>
<td>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (alpelisib)</td>
<td>3; OC</td>
<td>PA; SP; QL (1 pack per 28 days)</td>
</tr>
<tr>
<td>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (alpelisib)</td>
<td>3; OC</td>
<td>PA; SP; QL (1 pack per 28 days)</td>
</tr>
<tr>
<td>ZYDELIG ORAL TABLET (idelalisib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
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<tr>
<td><strong>PIPHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</strong>*</td>
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<tr>
<td>EUCRISA EXTERNAL OINTMENT (crisaborole)</td>
<td>3</td>
<td>ST; QL (100 grams per 30 days)</td>
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<tr>
<td><strong>PIPHOSPHODIESTERASE 4 (PDE4) INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTEZLA ORAL TABLET (apremilast)</td>
<td>5</td>
<td>PA; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>OTEZLA ORAL TABLET THERAPY PACK (apremilast)</td>
<td>5</td>
<td>PA; SP; QL (1 pack per 365 days)</td>
</tr>
<tr>
<td><strong>PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES</strong>*</td>
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<td></td>
</tr>
<tr>
<td>TAKHZYRO SUBCUTANEOUS SOLUTION (lanadelumab-flyo)</td>
<td>5</td>
<td>PA; LD; SP; QL (2 syringes per 30 days)</td>
</tr>
<tr>
<td><strong>PLEUROMUTILINS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PLEUROMUTILINS</strong>*</td>
<td></td>
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</tr>
<tr>
<td>XENLETA INTRAVENOUS SOLUTION (lefamulin acetate)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>XENLETA ORAL TABLET (lefamulin acetate)</td>
<td>3</td>
<td>PA; LD; QL (10 tablets per 30 days)</td>
</tr>
<tr>
<td><strong>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNPARZA ORAL TABLET (olaparib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET 200 MG, 300 MG (rucaparib camsylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET 250 MG (rucaparib camsylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE 0.25 MG (talazoparib tosylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE 1 MG (talazoparib tosylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ZEJULA ORAL CAPSULE (niraparib tosylate)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 capsules per 1 day)</td>
</tr>
<tr>
<td><strong>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNPARZA ORAL TABLET (olaparib)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
</tbody>
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<tr>
<td>RUBRACA ORAL TABLET 200 MG, 300 MG (rucaparib camsylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablet per 1 day)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET 250 MG (rucaparib camsylate)</td>
<td>3; OC</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
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<tr>
<td>TALZENNA ORAL CAPSULE 0.25 MG (talazoparib tosylate)</td>
<td>3; OC</td>
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<td>TALZENNA ORAL CAPSULE 1 MG (talazoparib tosylate)</td>
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<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td>ZEJULA ORAL CAPSULE (niraparib tosylate)</td>
<td>3; OC</td>
<td>PA; LD; QL (3 capsules per 1 day)</td>
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<tr>
<td><em>POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS</em>**</td>
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</tr>
<tr>
<td>CONVENIENCE PAK COMBINATION THERAPY PACK (gabapentin &amp;</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine)</td>
<td></td>
<td></td>
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<tr>
<td><em>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</em>**</td>
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<tr>
<td>GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))</td>
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<td>PA; DO</td>
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<tr>
<td>GRALISE ORAL TABLET 600 MG (gabapentin (once-daily))</td>
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<tr>
<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG,</td>
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<td>PA; DO</td>
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<td>82.5 MG (pregabalin)</td>
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<tr>
<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG</td>
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<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>(pregabalin)</td>
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<tr>
<td>*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB</td>
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<tr>
<td>AGENTS***</td>
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<tr>
<td>CONVENIENCE PAK COMBINATION THERAPY PACK (gabapentin &amp;</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>POTASSIUM REMOVING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate (Kionex Oral Suspension)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LOKELMA ORAL PACKET (sodium zirconium cyclosilicate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate rectal suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate (Sps Oral Suspension)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VELTASSA ORAL PACKET (patiromer sorbitex calcium)</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRENATE ORAL TABLET CHEWABLE (prenat mv-min-methylfolate-fa)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><em><em>PROGESTINS</em> - HORMONES</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYGESTIN ORAL TABLET (norethindrone acetate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydroxyprogesterone caproate intramuscular oil</td>
<td>4</td>
<td>PA; SP; QL (25 mL per 21 weeks)</td>
</tr>
<tr>
<td>MAKENA INTRAMUSCULAR OIL (hydroxyprogesterone caproate)</td>
<td>4</td>
<td>PA; LD; SP; QL (25 mL per 21 weeks)</td>
</tr>
<tr>
<td>MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (hydroxyprogesterone caproate)</td>
<td>4</td>
<td>PA; LD; SP; QL (25 mL per 21 weeks)</td>
</tr>
<tr>
<td>medroxyprogesterone acetate oral tablet</td>
<td>1 or 1a*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>megestrol acetate oral suspension 625 mg/5ml</td>
<td>1 or 1b*; OC</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>progesterone intramuscular oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>progesterone micronized oral capsule 100 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>progesterone micronized oral capsule 200 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PROMETRIUM ORAL CAPSULE 100 MG (progesterone micronized)</td>
<td>3</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>PROMETRIUM ORAL CAPSULE 200 MG (progesterone micronized)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PROVERA ORAL TABLET (medroxyprogesterone acetate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZONTIVITY ORAL TABLET (vorapaxar sulfate)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KABIVEN INTRAVENOUS EMULSION (amino ac-dext-lipid-electrolyt)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PERIKABIVEN INTRAVENOUS EMULSION (amino ac-dext-lipid-electrolyt)</td>
<td>3</td>
<td></td>
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<tr>
<td><em><em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em> - DRUGS FOR THE NERVOUS SYSTEM</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acamprosate calcium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>QL (6 tablet per 1 day)</td>
</tr>
<tr>
<td>ANTABUSE ORAL TABLET (disulfiram)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>disulfiram oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>ANTI-CATAPLECTIC AGENTS</strong>* - DRUGS FOR SLEEP DISORDER</td>
<td></td>
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</tr>
<tr>
<td>XYREM ORAL SOLUTION (sodium oxybate)</td>
<td>3</td>
<td>PA; LD; QL (18 mL per 1 day)</td>
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<tr>
<td><strong>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clordiazepoxide-amitriptyline oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td><strong>CHOLINOMIMETICS - ACHE INHIBITORS</strong>* - DRUGS FOR ALZHEIMER'S DISEASE**</td>
<td></td>
<td></td>
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<tr>
<td>ARICEPT ORAL TABLET 10 MG, 23 MG (donepezil hcl)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ARICEPT ORAL TABLET 5 MG (donepezil hcl)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>donepezil hcl oral tablet 10 mg, 23 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>donepezil hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>donepezil hcl oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 9.5 MG/24HR (rivastigmine)</td>
<td>3</td>
<td>ST; QL (1 patch per 1 day)</td>
</tr>
<tr>
<td>EXELON TRANSDERMAL PATCH 24 HOUR 4.6 MG/24HR (rivastigmine)</td>
<td>3</td>
<td>ST; QL (1 gram per 1 day)</td>
</tr>
<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>galantamine hydrobromide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>galantamine hydrobromide oral tablet 12 mg, 8 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>galantamine hydrobromide oral tablet 4 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG (galantamine hydrobromide)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG (galantamine hydrobromide)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</td>
<td>1 or 1b*</td>
<td>QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</td>
<td>1 or 1b*</td>
<td>QL (1 patch per 1 day)</td>
</tr>
<tr>
<td>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</td>
<td>1 or 1b*</td>
<td>QL (1 gram per 1 day)</td>
</tr>
<tr>
<td><strong>FIBROMYALGIA AGENT - SNRIS</strong>* - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**</td>
<td></td>
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<tr>
<td>SAVELLA ORAL TABLET (milnacipran hcl)</td>
<td>2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK ORAL (milnacipran hcl)</td>
<td>2</td>
<td>QL (1 pack per 365 days)</td>
</tr>
<tr>
<td><strong>MOVEMENT DISORDER DRUG THERAPY</strong>* - DRUGS FOR THE NERVOUS SYSTEM**</td>
<td></td>
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</tr>
<tr>
<td>AUSTEDO ORAL TABLET (deutetrabenazine)</td>
<td>5</td>
<td>PA; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 40 MG (valbenazine tosylate)</td>
<td>5</td>
<td>PA; DO; LD</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 80 MG (valbenazine tosylate)</td>
<td>5</td>
<td>PA; LD; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE THERAPY PACK (valbenazine tosylate)</td>
<td>5</td>
<td>PA; LD; QL (1 pack per 1 year)</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 12.5 mg</td>
<td>1 or 1b*</td>
<td>PA; SP; QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 25 mg</td>
<td>1 or 1b*</td>
<td>PA; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>XENAZINE ORAL TABLET 12.5 MG (tetrabenazine)</td>
<td>3</td>
<td>PA; LD; SP; QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>XENAZINE ORAL TABLET 25 MG (tetrabenazine)</td>
<td>3</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
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<tr>
<td><strong>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</strong>* - DRUGS FOR MULTIPLE SCLEROSIS</td>
<td></td>
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</tr>
<tr>
<td>AUBAGIO ORAL TABLET (teriflunomide)</td>
<td>4</td>
<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</strong>* - DRUGS FOR MULTIPLE SCLEROSIS</td>
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<tr>
<td>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP; QL (4 kits per 28 days)</td>
</tr>
<tr>
<td>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP; QL (4 kits per 28 days)</td>
</tr>
<tr>
<td>BETASERON SUBCUTANEOUS KIT (interferon beta-1b)</td>
<td>4</td>
<td>PA; SP; QL (15 kits per 30 days)</td>
</tr>
<tr>
<td>EXTAVIA SUBCUTANEOUS KIT (interferon beta-1b)</td>
<td>4</td>
<td>PA; SP; QL (15 kits per 30 days)</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (peginterferon beta-1a)</td>
<td>4</td>
<td>PA; LD; SP; QL (1 ML per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (peginterferon beta-1a)</td>
<td>4</td>
<td>PA; LD; SP; QL (1 ML per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (peginterferon beta-1a)</td>
<td>4</td>
<td>PA; LD; SP; QL (1 ML per 28 days)</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (peginterferon beta-1a)</td>
<td>4</td>
<td>PA; LD; SP; QL (1 ML per 28 days)</td>
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<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP; QL (12 ML per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP; QL (4.2 ML per 28 days)</td>
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<tr>
<td>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (interferon beta-1a)</td>
<td>4</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</strong>* - DRUGS FOR MULTIPLE SCLEROSIS</td>
<td></td>
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<tr>
<td>KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ofatumumab)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 syringe per 28 days)</td>
</tr>
<tr>
<td>LEMTRADA INTRAVENOUS SOLUTION (alemtuzumab)</td>
<td>5</td>
<td>PA; LD; SP; QL (3 vials per 365 days)</td>
</tr>
<tr>
<td>TYSABRI INTRAVENOUS CONCENTRATE (natalizumab)</td>
<td>5</td>
<td>PA; LD; SP</td>
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<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</strong>* - DRUGS FOR MULTIPLE SCLEROSIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAFIERTAM ORAL CAPSULE DELAYED RELEASE (monomethyl fumarate)</td>
<td>5</td>
<td>PA; LD; QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>dimethyl fumarate oral capsule delayed release 120 mg</td>
<td>4</td>
<td>PA; LD; SP; QL (14 capsules per 365 days)</td>
</tr>
<tr>
<td>dimethyl fumarate oral capsule delayed release 240 mg</td>
<td>4</td>
<td>PA; LD; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>dimethyl fumarate starter pack oral</td>
<td>4</td>
<td>PA; SP; QL (1 kit per 365 days)</td>
</tr>
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<tbody>
<tr>
<td>TECFIDERA ORAL (dimethyl fumarate)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 kit per 365 days)</td>
</tr>
<tr>
<td>TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (dimethyl fumarate)</td>
<td>5</td>
<td>PA; LD; SP; QL (14 capsules per 365 days)</td>
</tr>
<tr>
<td>TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (dimethyl fumarate)</td>
<td>5</td>
<td>PA; LD; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>VUMERITY ORAL CAPSULE DELAYED RELEASE (diroximel fumarate)</td>
<td>5</td>
<td>PA; LD; SP; QL (4 capsules per 1 day)</td>
</tr>
</tbody>
</table>

*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS

| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (dalfampridine) | 5 | PA; LD; SP; QL (2 tablets per 1 day) |

*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE

| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 1 or 1b* | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 1 or 1b* | QL (1 capsule per 1 day) |
| memantine hcl oral solution | 1 or 1b* | QL (10 mL per 1 day) |
| memantine hcl oral tablet 10 mg | 1 or 1b* | QL (2 tablets per 1 day) |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg | 1 or 1b* | QL (1 tablet per 1 day) |
| memantine hcl oral tablet 5 mg | 1 or 1b* | DO |
| NAMENDA ORAL TABLET 10 MG (memantine hcl) | 3 | QL (2 tablets per 1 day) |
| NAMENDA ORAL TABLET 5 MG (memantine hcl) | 3 | DO |
| NAMENDA TITRATION PAK ORAL TABLET (memantine hcl) | 3 | QL (1 tablet per 1 day) |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 7 MG (memantine hcl) | 3 | DO |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG (memantine hcl) | 3 | QL (1 capsule per 1 day) |
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR (memantine hcl) | 2 | QL (1 pack per 1 fill) |

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<td></td>
<td></td>
</tr>
<tr>
<td>perphenazine-amitriptyline oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</strong>* - DRUGS FOR DEPRESSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd) oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd) oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>SARAFEM ORAL TABLET 10 MG (fluoxetine hcl (pmdd))</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>SARAFEM ORAL TABLET 20 MG (fluoxetine hcl (pmdd))</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
<td></td>
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</tr>
<tr>
<td>NUEDEXTA ORAL CAPSULE (dextromethorphan-quinidine)</td>
<td>3</td>
<td>PA; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ergoloid mesylates oral tablet</td>
<td>1 or 1b*</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>pimozide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>RESTLESS LEG SYNDROME (RLS) AGENTS</strong>* - DRUGS FOR THE NERVOUS SYSTEM</td>
<td></td>
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</tr>
<tr>
<td>HORIZANT ORAL TABLET EXTENDED RELEASE (gabapentin enacarbil)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>SMOKING DETERRENTS</strong>* - DRUGS FOR DEPRESSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bupropion hcl er (smoking det) oral tablet extended release 12 hour</td>
<td>1 or 1b*; $0</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK ORAL TABLET (varenicline tartrate)</td>
<td>3; $0</td>
<td>PA; QL (60 tablet per 30 days)</td>
</tr>
<tr>
<td>CHANTIX ORAL TABLET 0.5 MG (varenicline tartrate)</td>
<td>3; $0</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>CHANTIX ORAL TABLET 1 MG (varenicline tartrate)</td>
<td>3; $0</td>
<td>PA; QL (2 tablet per 1 day)</td>
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<tr>
<td>CHANTIX STARTING MONTH PAK ORAL TABLET (varenicline tartrate)</td>
<td>3; $0</td>
<td>PA; QL (1 starting month pack per 365 days)</td>
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<tr>
<td>cvs nicotine mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs nicotine mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>cvs nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>cvs nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eq nicotine mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eq nicotine mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eq nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>eq nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>eq nicotine step 3 transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>eq nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>eql nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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</tr>
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<tbody>
<tr>
<td>eql nicotine polacrilex mouth/throat lozenge</td>
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<tr>
<td>gnp nicotine mini mouth/throat lozenge</td>
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<tr>
<td>gnp nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>gnp nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>gnp nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense nicotine mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>goodsense nicotine mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>hm nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>hm nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>hm nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>kls quit2 mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>kls quit2 mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>kls quit4 mouth/throat gum</td>
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<tr>
<td>kls quit4 mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>NICODERM CQ TRANSDERMAL PATCH 24 HOUR (nicotine)</td>
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<tr>
<td>nicorelief mouth/throat gum</td>
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<tr>
<td>NICORETTE MINI MOUTH/THROAT LOZENGE (nicotine polacrilex)</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>NICORETTE MOUTH/THROAT GUM (nicotine polacrilex)</td>
<td>2; $0</td>
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</tr>
<tr>
<td>NICORETTE MOUTH/THROAT LOZENGE (nicotine polacrilex)</td>
<td>2; $0</td>
<td></td>
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<tr>
<td>NICORETTE STARTER KIT MOUTH/THROAT GUM (nicotine polacrilex)</td>
<td>2; $0</td>
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</tr>
<tr>
<td>nicotine mini mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
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<tr>
<td>nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
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<tr>
<td>nicotine step 1 transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>nicotine step 2 transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>nicotine step 3 transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>NICOTINE TRANSDERMAL KIT</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>NICOTROL INHALATION INHALER (nicotine)</td>
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<td>PA</td>
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<tr>
<td>NICOTROL NS NASAL SOLUTION (nicotine)</td>
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<td>PA</td>
</tr>
<tr>
<td>px stop smoking aid mouth/throat gum</td>
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<tr>
<td>px stop smoking aid mouth/throat lozenge</td>
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<td>ra mini nicotine mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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<td>ra nicotine gum mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ra nicotine mouth/throat gum</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td>ra nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*; $0</td>
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<tr>
<td>ra nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*; $0</td>
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</tr>
<tr>
<td>ra nicotine transdermal patch 24 hour</td>
<td>1 or 1b*; $0</td>
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<tbody>
<tr>
<td><strong>sm nicotine mouth/throat gum</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>sm nicotine mouth/throat lozenge</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>sm nicotine polacrilex mouth/throat gum</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>sm nicotine polacrilex mouth/throat lozenge</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>sm nicotine transdermal patch 24 hour</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>sr nicotine mouth/throat gum</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>thrive mouth/throat gum</strong></td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</strong>* - DRUGS FOR MULTIPLE SCLEROSIS**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GILENYA ORAL CAPSULE 0.5 MG (fingolimod hcl)</td>
<td>4</td>
<td>PA; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td>MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)</td>
<td>4</td>
<td>PA; LD; SP; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>MAYZENT ORAL TABLET 2 MG (siponimod fumarate)</td>
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<td>PA; LD; SP; QL (1 tablet per 1 day)</td>
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<tr>
<td>ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (ozanimod hcl)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 pack per 1 fill)</td>
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<td>ZEPOSIA ORAL CAPSULE (ozanimod hcl)</td>
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<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
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<tr>
<td>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (ozanimod hcl)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 pack per 1 fill)</td>
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<tr>
<td><strong>THIENBENZODIAZEPINES &amp; SSRIS</strong>* - DRUGS FOR SEVERE MENTAL DISORDERS**</td>
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<tr>
<td>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG (olanzapine-fluoxetine hcl)</td>
<td>3</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><strong>VASOMOTOR SYMPTOM AGENTS - SSRIS</strong>* - DRUGS FOR THE NERVOUS SYSTEM**</td>
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<tr>
<td>BRISDELLE ORAL CAPSULE (paroxetine mesylate)</td>
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<tr>
<td>paroxetine mesylate oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</strong>*</td>
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<td></td>
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<tr>
<td><strong>POSTHERPETIC NEURALGIA (PHN) AGENTS</strong>*</td>
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<tr>
<td>GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))</td>
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<td>PA; DO</td>
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<tr>
<td>GRALISE ORAL TABLET 600 MG (gabapentin (once-daily))</td>
<td>2</td>
<td>PA; QL (3 tablets per 1 day)</td>
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<tr>
<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (pregabalin)</td>
<td>3</td>
<td>PA; DO</td>
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<tr>
<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (pregabalin)</td>
<td>3</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>OFEV ORAL CAPSULE (nintedanib esylate)</td>
<td>5</td>
<td>PA; LD; SP; QL (2 capsules per 1 day)</td>
</tr>
<tr>
<td>OFEV ORAL CAPSULE (nintedanib esylate)</td>
<td>5</td>
<td>PA; LD; SP; QL (9 capsule per 1 day)</td>
</tr>
<tr>
<td>OFEV ORAL CAPSULE (nintedanib esylate)</td>
<td>5</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>ESBRIET ORAL CAPSULE (pirfenidone)</td>
<td>5</td>
<td>PA; LD; SP; QL (9 tablets per 1 day)</td>
</tr>
<tr>
<td>ESBRIET ORAL TABLET 267 MG (pirfenidone)</td>
<td>5</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>ESBRIET ORAL TABLET 801 MG (pirfenidone)</td>
<td>5</td>
<td>PA; LD; SP; QL (3 tablets per 1 day)</td>
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<tr>
<td>UPTRAVI ORAL TABLET (selexipag)</td>
<td>5</td>
<td>PA; LD; SP; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>UPTRAVI ORAL TABLET THERAPY PACK (selexipag)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 pack per 365 days)</td>
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<tr>
<td>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (alpha1-proteinase inhibitor)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>GLASSIA INTRAVENOUS SOLUTION (alpha1-proteinase inhibitor)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS SOLUTION (alpha1-proteinase inhibitor)</td>
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<td>PA; LD</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED (alpha1-proteinase inhibitor)</td>
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<td>PA; LD</td>
</tr>
<tr>
<td>ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (alpha1-proteinase inhibitor)</td>
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<td>PA; LD; SP</td>
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<tr>
<td>KALLYDECO ORAL PACKET 25 MG (ivacaftor)</td>
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<td>PA; LD; QL (2 packets per 1 day)</td>
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<tr>
<td>KALLYDECO ORAL PACKET 50 MG, 75 MG (ivacaftor)</td>
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<tr>
<td>KALLYDECO ORAL TABLET (ivacaftor)</td>
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<tr>
<td>PULMOZYME INHALATION SOLUTION (dornase alfa)</td>
<td>5</td>
<td>SP; QL (150 mL per 30 days)</td>
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<tr>
<td>SCEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER (talc)</td>
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<tr>
<td>STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED (talc)</td>
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</tr>
</tbody>
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<tr>
<td>STERITALC INTRAPLEURAL POWDER (<em>talc</em>)</td>
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<tr>
<td><strong>RESPIRATORY AGENTS - MISC.</strong>* - DRUGS FOR THE LUNGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUROSURF INTRATRACHEAL SUSPENSION (<em>poractant alfa</em>)</td>
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<tr>
<td>INFASURF INTRATRACHEAL SUSPENSION (<em>calfactant in nacl</em>)</td>
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<tr>
<td>SURVANTA INTRATRACHEAL SUSPENSION (<em>beractant in nacl</em>)</td>
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<td><strong>SCLEROSTIN INHIBITORS</strong>*</td>
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<td></td>
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<tr>
<td>EVENTITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<em>romosozumab-aqqg</em>)</td>
<td>5</td>
<td>PA; SP; QL (2 syringes per 30 days)</td>
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<tr>
<td><strong>SEBORRHEIC KERATOSIS PRODUCTS</strong></td>
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<tr>
<td>ESKATA EXTERNAL SOLUTION (<em>hydrogen peroxide</em>)</td>
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<tr>
<td><strong>SELECTIN BLOCKERS</strong>*</td>
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<tr>
<td>ADAKVEO INTRAVENOUS SOLUTION (<em>erizanlizumab-tmca</em>)</td>
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<td>PA; SP</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</strong>*</td>
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</tr>
<tr>
<td>REYVOW ORAL TABLET 100 MG (<em>lasmiditan succinate</em>)</td>
<td>3</td>
<td>ST; QL (8 tablets per 30 days)</td>
</tr>
<tr>
<td>REYVOW ORAL TABLET 50 MG (<em>lasmiditan succinate</em>)</td>
<td>3</td>
<td>ST; QL (4 tablets per 30 days)</td>
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<tr>
<td><strong>SEPTAL AGENTS - ABLATION</strong>*</td>
<td></td>
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<tr>
<td>ABLYSINOL INTRA-ARTERIAL SOLUTION (<em>dehydrated alcohol</em>)</td>
<td>3</td>
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<tr>
<td><strong>SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPTANTAG</strong>*</td>
<td></td>
<td></td>
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<tr>
<td>ADDYI ORAL TABLET (<em>flibanserin</em>)</td>
<td>3</td>
<td>PA; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td><strong>SEROTONIN MODULATORS</strong>*</td>
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<tr>
<td>nefazodone hcl oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>trazodone hcl oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>TRINTELLIX ORAL TABLET 10 MG, 5 MG (<em>vortioxetine hbr</em>)</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TRINTELLIX ORAL TABLET 20 MG (<em>vortioxetine hbr</em>)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIIBRYD ORAL TABLET 10 MG, 20 MG (<em>vilazodone hcl</em>)</td>
<td>3</td>
<td>ST; DO</td>
</tr>
<tr>
<td>VIIBRYD ORAL TABLET 40 MG (<em>vilazodone hcl</em>)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>VIIBRYD STARTER PACK ORAL KIT (<em>vilazodone hcl</em>)</td>
<td>3</td>
<td>ST; QL (1 pack per 365 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td><strong>SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB</strong>*</td>
<td></td>
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</tr>
<tr>
<td>TRIJARYD XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linaglip-metform)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td>TRIJARYD XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linaglip-metform)</td>
<td>3</td>
<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td><strong>SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS</strong>*</td>
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<tr>
<td>GLYXAMBI ORAL TABLET (empagliflozin-linagliptin)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>QTERN ORAL TABLET (dapagliflozin-saxagliptin)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>STEGLUJAN ORAL TABLET (ertugliflozin-sitagliptin)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td><strong>SINUS NODE INHIBITORS</strong></td>
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<tr>
<td>CORLANOR ORAL SOLUTION (ivabradine hcl)</td>
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<td>PA; QL (4 ampules per 1 day)</td>
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<tr>
<td>CORLANOR ORAL TABLET (ivabradine hcl)</td>
<td>2</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td><strong>SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS</strong>*</td>
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<tr>
<td>ONPATTRO INTRAVENOUS SOLUTION (patisiran sodium)</td>
<td>5</td>
<td>PA; LD</td>
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<tr>
<td><strong>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR- BIGUANIDE COMB</strong>*</td>
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<tr>
<td>INVOKAMET ORAL TABLET (canagliflozin-metformin hcl)</td>
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<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (canagliflozin-metformin hcl)</td>
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<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>SEGLUROMET ORAL TABLET (ertugliflozin-metformin hcl)</td>
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<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>SYNJARDY ORAL TABLET (empagliflozin-metformin hcl)</td>
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<td>ST; QL (2 tablets per 1 day)</td>
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<tr>
<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)</td>
<td>2</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (empagliflozin-metformin hcl)</td>
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<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (dapagliflozin-metformin hcl)</td>
<td>2</td>
<td>ST; QL (1 tablet per 1 day)</td>
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<tr>
<td>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (dapagliflozin-metformin hcl)</td>
<td>2</td>
<td>ST; QL (2 tablet per 1 day)</td>
</tr>
<tr>
<td>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (dapagliflozin-metformin hcl)</td>
<td>2</td>
<td>ST; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>SPINAL MUSCULAR ATROPHY-SMN2 SPlicing MODIFIERS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SPINAL MUSCULAR ATROPHY-SMN2 SPlicing MODIFIERS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVRYSDI ORAL SOLUTION RECONSTITUTED (risdiplam)</td>
<td>5</td>
<td>PA; LD; QL (5 mg per 1 day)</td>
</tr>
</tbody>
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<tr>
<td><strong>SPLEEN TYROSINE KINASE (SYK) INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAVALISSE ORAL TABLET <em>(fostamatinib disodium)</em></td>
<td>5</td>
<td>PA; LD; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><strong>STERIODS - MOUTH/THROAT/DENTAL</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide (Oralone Mouth/Throat Paste)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em><em>SULFONAMIDES</em> - DRUGS FOR INFECTIONS</em>*</td>
<td></td>
<td></td>
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<tr>
<td>SULFADIAZINE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em><em>TETRACYCLINES</em> - DRUGS FOR INFECTIONS</em>*</td>
<td></td>
<td></td>
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<tr>
<td>ACTICLATE ORAL TABLET <em>(doxycycline hyclate)</em></td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour)</td>
<td>1 or 1b*</td>
<td>ST</td>
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<tr>
<td>demeclocycline hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>DORYX MPC ORAL TABLET DELAYED RELEASE <em>(doxycycline hyclate)</em></td>
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<td>ST</td>
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<tr>
<td>DORYX ORAL TABLET DELAYED RELEASE <em>(doxycycline hyclate)</em></td>
<td>3</td>
<td>ST</td>
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<tr>
<td>doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted)</td>
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<tr>
<td>doxycycline hyclate intravenous solution reconstituted</td>
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<td>doxycycline hyclate oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</td>
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<tr>
<td>doxycycline hyclate oral tablet 150 mg, 75 mg</td>
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<tr>
<td>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</td>
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<tr>
<td>DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG</td>
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<td>ST</td>
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<tr>
<td>doxycycline monohydrate oral capsule</td>
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<tr>
<td>doxycycline monohydrate oral suspension reconstituted</td>
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<tr>
<td>doxycycline monohydrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED <em>(minocycline hcl)</em></td>
<td>3</td>
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<tr>
<td>minocycline hcl er oral capsule extended release 24 hour</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>minocycline hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>ST</td>
</tr>
<tr>
<td>minocycline hcl oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>minocycline hcl oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR <em>(minocycline hcl)</em></td>
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<td>ST</td>
</tr>
<tr>
<td>doxycycline monohydrate (Mondoxyne NI Oral Capsule)</td>
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<tr>
<td>doxycycline hyclate (Morgidox Oral Capsule)</td>
<td>1 or 1b*</td>
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<tr>
<td>SEYSARA ORAL TABLET <em>(sarecycline hcl)</em></td>
<td>3</td>
<td>ST</td>
</tr>
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<tbody>
<tr>
<td>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (minocycline hcl)</td>
<td>3</td>
<td>ST</td>
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<tr>
<td>tetracycline hcl oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>VIBRAMYCIN ORAL CAPSULE (doxycycline hyclate)</td>
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<td>ST</td>
</tr>
<tr>
<td>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (doxycycline monohydrate)</td>
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<td>ST</td>
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<tr>
<td>VIBRAMYCIN ORAL SYRUP (doxycycline calcium)</td>
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<td>ST</td>
</tr>
<tr>
<td>XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (minocycline hcl)</td>
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<td>ST</td>
</tr>
<tr>
<td><strong>TETRAHYDROISOQUINOLINES</strong>*</td>
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</tr>
<tr>
<td><strong>TETRAHYDROISOQUINOLINES</strong>*</td>
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<tr>
<td>YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (trabectedin)</td>
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<td>LD; SP</td>
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<td><strong>THROMBOLYTIC AGENT - MISC</strong>*</td>
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<tr>
<td><strong>THROMBOLYTIC AGENT - MISC</strong>*</td>
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<tr>
<td>DEFITELIO INTRAVENOUS SOLUTION (defibrotide sodium)</td>
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<td>*<em>THYROID AGENTS</em> - HORMONES</td>
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<tr>
<td>methimazole oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>propylthiouracil oral tablet</td>
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<td>TAPAZOLE ORAL TABLET (methimazole)</td>
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<tr>
<td><strong>THYROID HORMONES</strong>* - DRUGS FOR THYROID</td>
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<tr>
<td>ARMOUR THYROID ORAL TABLET (thyroid)</td>
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<tr>
<td>CYTOMEL ORAL TABLET (liothyronine sodium)</td>
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<td>levothyroxine sodium (Euthyrox Oral Tablet)</td>
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<td>levothyroxine sodium (Levo-T Oral Tablet)</td>
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<td>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION</td>
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<td>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</td>
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<td>levothyroxine sodium (Levoxyl Oral Tablet)</td>
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<td>liothyronine sodium intravenous solution</td>
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<td>liothyronine sodium oral tablet</td>
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<tr>
<td>NATURE-THROID ORAL TABLET (thyroid)</td>
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<tr>
<td>np thyroid oral tablet</td>
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<tr>
<td>SYNTHROID ORAL TABLET (levothyroxine sodium)</td>
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<td>TIROSINT ORAL CAPSULE (levothyroxine sodium)</td>
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<td>TIROSINT-SOL ORAL SOLUTION (levothyroxine sodium)</td>
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<td>TRIOSTAT INTRAVENOUS SOLUTION (liothyronine sodium)</td>
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<tr>
<td>levothyroxine sodium (Unithroid Oral Tablet)</td>
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<tr>
<td>WESTHROID ORAL TABLET (thyroid)</td>
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<td>WP THYROID ORAL TABLET (thyroid)</td>
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*TOXOIDS* - BIOLOGICAL AGENTS

*TOXOID COMBINATIONS*** - VACCINES

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<tr>
<td>ADACEL INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)</td>
<td>3; $0</td>
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<tr>
<td>BOOSTRIX INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)</td>
<td>3; $0</td>
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<tr>
<td>DAPTCHEL INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)</td>
<td>3; $0</td>
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<tr>
<td>DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION</td>
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</tr>
<tr>
<td>INFANRIX INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>KINRIX INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)</td>
<td>3; $0</td>
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</tr>
<tr>
<td>PEDIARIX INTRAMUSCULAR SUSPENSION (dtap-hepatitis b recomb-ipv)</td>
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<td>PENTACHEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)</td>
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<tr>
<td>QUADRACHEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)</td>
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<td>TDVAX INTRAMUSCULAR SUSPENSION (tetanus-diphtheria toxins td)</td>
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<td>TENIVAC INTRAMUSCULAR INJECTABLE (tetanus-diphtheria toxins td)</td>
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<tr>
<td>TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION</td>
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*TRANSTHYRETIN STABILIZERS***

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<tbody>
<tr>
<td>VYNDAMAX ORAL CAPSULE (tafamidis)</td>
<td>5</td>
<td>PA; LD; SP; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>VYNDAQEL ORAL CAPSULE (tafamidis meglumine (cardiac))</td>
<td>5</td>
<td>PA; LD; SP; QL (4 capsules per 1 day)</td>
</tr>
</tbody>
</table>

*TRYPTOPHAN HYDROXYLASE INHIBITORS***

*TRYPTOPHAN HYDROXYLASE INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>XERMELO ORAL TABLET (telotristat etiprate)</td>
<td>5</td>
<td>PA; LD; QL (3 tablets per 1 day)</td>
</tr>
</tbody>
</table>

*ULCER DRUGS*

*ANTICHOLINERGIC COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide-clidinium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DONNATAL ORAL ELIXIR (pb-hydroxy-atropine-scopolamine)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIBRAX ORAL CAPSULE (chlordiazepoxide-clidinium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenobarbital-belladonna alk oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pb-hydroxy-atropine-scopolamine (Phenohyro Oral Elixir)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

BRAND=Brand drug  generic=generic drug  *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information Tier 1 or 1a*=Drugs with the lowest cost share  Tier 1 or 1b*=drugs with a low cost share  Tier 2=Drugs with a higher cost share than Tier 1  Tier 3=Drugs with a higher cost share than Tier 2  Tier 4=Drugs with a higher cost share than Tier 3 and usually include preferred specialty brand and generic drugs Tier 5=Drugs with the highest cost share and are non-preferred specialty brand and generic drugs $0=Preventive Drug  DO=Dose Optimization  LD=Limited Distribution  OC=Oral Chemotherapy  PA=Prior Authorization  QL=Quantity Limit  SP=Specialty Pharmacy  ST=Step Therapy

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<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTISPASMODICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PB-HYOSCY-ATROPINE-SCOPOLAMINE (Phenohydro Oral Tablet)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL INTRAMUSCULAR SOLUTION (dicyclomine hcl)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL INTRAMUSCULAR SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL ORAL CAPSULE</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL ORAL SOLUTION</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL ORAL TABLET</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>BELLADONNA ALKALOIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANASPAZ ORAL TABLET DISPERSEIBLE (hyoscyamine sulfate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR (atropine</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SULFATE INJECTION SOLUTION 8 MG/20ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE INJECTION SOLUTION prefilled syringe 0.25 mg/5ml, 1 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE ORAL TABLET</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE ORAL TABLET DISPERSEIBLE</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SLUBLINGUAL</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>H-2 ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIMETIDINE HCL ORAL SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Cimetidine oral tablet 200 mg, 400 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Cimetidine oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Cimetidine oral tablet 800 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>FAMOTIDINE INTRAVENOUS SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FAMOTIDINE ORAL SUSPENSION RECONSTITUTED</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FAMOTIDINE ORAL TABLET 20 mg</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>FAMOTIDINE ORAL TABLET 40 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>FAMOTIDINE PREMIXED INTRAVENOUS SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIZATIDINE ORAL CAPSULE</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIZATIDINE ORAL SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PEPCID ORAL TABLET 20 MG (famotidine)</td>
<td>3</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>PEPCID ORAL TABLET 40 MG (famotidine)</td>
<td>3</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td><em>MISC. ANTI-ULCER</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARAFATE ORAL SUSPENSION (sucralfate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARAFATE ORAL TABLET (sucralfate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUCRALFATE ORAL SUSPENSION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>sucralfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

**PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>omeprazole-sodium bicarbonate oral capsule</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>omeprazole-sodium bicarbonate oral packet</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>ZEGERID ORAL CAPSULE (omeprazole-sodium bicarbonate)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>ZEGERID ORAL PACKET (omeprazole-sodium bicarbonate)</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
</tbody>
</table>

**PROTON PUMP INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACIPHEX ORAL TABLET DELAYED RELEASE (rabeprazole sodium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE (rabeprazole sodium)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>DEXILANT ORAL CAPSULE DELAYED RELEASE (dexlansoprazole)</td>
<td>2</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule delayed release</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral packet</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>esomeprazole sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lansoprazole oral capsule delayed release</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>lansoprazole oral tablet delayed release dispersible</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (esomeprazole sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEXIUM ORAL CAPSULE DELAYED RELEASE (esomeprazole magnesium)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>NEXIUM ORAL PACKET (esomeprazole magnesium)</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>omeprazole oral capsule delayed release</td>
<td>1 or 1b*</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>pantoprazole sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pantoprazole sodium oral packet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pantoprazole sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREVACID ORAL CAPSULE DELAYED RELEASE (lansoprazole)</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSBLE (lansoprazole)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>PRILOSEC ORAL PACKET (omeprazole magnesium)</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (pantoprazole sodium)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROTONIX ORAL PACKET (pantoprazole sodium)</td>
<td>3</td>
<td>ST; QL (1 packet per 1 day)</td>
</tr>
<tr>
<td>PROTONIX ORAL TABLET DELAYED RELEASE (pantoprazole sodium)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE</td>
<td>3</td>
<td>ST; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>rabeprazole sodium oral tablet delayed release</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

**QUATERNARY ANTICHOLINERGICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUVPOSA ORAL SOLUTION (glycopyrrolate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYCATE ORAL TABLET (glycopyrrolate)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>glycopyrrolate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>GLYCOPHYRROLE INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYCOPHYRROLE INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYCOPHYRROLE ORAL TABLET 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GLYCOPHYRROLE ORAL TABLET 1.5 MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GLYCOPHYRROLE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYRX-PF INJECTION SOLUTION (glycopyrrole)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methscopolamine bromide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propantheline bromide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PYLERA ORAL CAPSULE (bis subcit-metronid-tetracyc)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</strong>*</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicill-clarithro-lansopraz oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMECLAMOX-PAK ORAL (amoxicill-clarithro-omeprazole)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TALICIA ORAL CAPSULE DELAYED RELEASE (amoxicill-rifabutin-omeprazole)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ULCER DRUGS - PROSTAGLANDINS</strong>*</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CYTOTEC ORAL TABLET (misoprostol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>misoprostol oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em><em>URINARY ANTI-INFECTIVES</em> - DRUGS FOR THE URINARY SYSTEM</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fosfomycin tromethamine oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HIREX ORAL TABLET (methenamine hippurate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MACROBID ORAL CAPSULE (nitrofurantoin monohyd macro)</td>
<td>3</td>
<td>QL (14 capsules per 1 fill)</td>
</tr>
<tr>
<td>MACRODANTIN ORAL CAPSULE (nitrofurantoin macrocrystal)</td>
<td>3</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>methenamine hippurate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methenamine mandelate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MONUROL ORAL PACKET (fosfomycin tromethamine)</td>
<td>3</td>
<td>QL (1 pack per 1 fill)</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal oral capsule</td>
<td>1 or 1b*</td>
<td>QL (4 capsules per 1 day)</td>
</tr>
<tr>
<td>nitrofurantoin monohyd macro oral capsule</td>
<td>1 or 1b*</td>
<td>QL (14 capsules per 1 fill)</td>
</tr>
<tr>
<td>nitrofurantoin oral suspension</td>
<td>1 or 1b*</td>
<td>QL (80 mL per 1 day)</td>
</tr>
<tr>
<td><strong>URINARY ANTISPASMODICS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BETA-3 ADRENERGIC AGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (mirabegron)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><em>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tolterodine tartrate)</td>
<td>3 ST; QL (1 capsule per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DETROL ORAL TABLET (tolterodine tartrate)</td>
<td>3 ST; QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DIROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (oxybutynin chloride)</td>
<td>3 ST; QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DIROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (oxybutynin chloride)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (darifenacin hydrobromide)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (darifenacin hydrobromide)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>GELNIQUE TRANSDERMAL GEL (oxybutynin chloride)</td>
<td>3 ST; QL (1 sachet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride oral syrup</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (oxybutynin)</td>
<td>3 ST; QL (8 patch per 28 days)</td>
<td></td>
</tr>
<tr>
<td>solifenacin succinate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>tolterodine tartrate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>tolterodine tartrate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (fesoterodine fumarate)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td>trospium chloride er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>trospium chloride oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>VESICARE ORAL TABLET (solifenacin succinate)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
<tr>
<td><em>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)</em>**(NEW)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tolterodine tartrate)</td>
<td>3 ST; QL (1 capsule per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DETROL ORAL TABLET (tolterodine tartrate)</td>
<td>3 ST; QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DIROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (oxybutynin chloride)</td>
<td>3 ST; QL (2 tablets per 1 day)</td>
<td></td>
</tr>
<tr>
<td>DIROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (oxybutynin chloride)</td>
<td>3 ST; QL (1 tablet per 1 day)</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (darifenacin hydrobromide)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (darifenacin hydrobromide)</td>
<td>3</td>
<td>ST; QL (1 sachet per 1 day)</td>
</tr>
<tr>
<td>GELNIQUE TRANSDERMAL GEL (oxybutynin chloride)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride oral syrup</td>
<td>1 or 1b*</td>
<td>QL (20 mL per 1 day)</td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>1 or 1b*</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
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<td>3</td>
<td>ST; QL (8 patch per 28 days)</td>
</tr>
<tr>
<td>solifenacin succinate oral tablet</td>
<td>1 or 1b*</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>toterodine tartrate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>toterodine tartrate oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (fesoterodine fumarate)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>trospium chloride er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>trospium chloride oral tablet</td>
<td>1 or 1b*</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>VESICARE ORAL TABLET (solifenacin succinate)</td>
<td>3</td>
<td>ST; QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (mirabegron)</td>
<td>3</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
</tbody>
</table>

*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW)

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bethanechol chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***

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<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
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<tbody>
<tr>
<td>bethanechol chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
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</table>

*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** (NEW)

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<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
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<tbody>
<tr>
<td>flavoxate hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***

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<tr>
<th>Prescription Drug Name</th>
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<tbody>
<tr>
<td>flavoxate hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*VACCINES* - BIOLOGICAL AGENTS

<table>
<thead>
<tr>
<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (haemophilus b polysac conj vac)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>BCG VACCINE INJECTION INJECTABLE</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b recomb omv adj)</td>
<td>3; $0</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Prescription Drug Name</th>
<th>Drug Tier</th>
<th>Coverage Requirements and Limits</th>
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</thead>
<tbody>
<tr>
<td>BIOTHRAX INTRAMUSCULAR SUSPENSION (<em>anthrax vaccine adsorbed</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HIBERIX INJECTION SOLUTION RECONSTITUTED (<em>haemophilus b polysac conj vac</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>MENACTRA INTRAMUSCULAR INJECTABLE (<em>meningococcal a c y&amp;w-135 conj</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>MENQUADFI INTRAMUSCULAR INJECTABLE (<em>meningococcal a c y&amp;w-135 conj</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<em>meningococcal a c y&amp;w-135 olig</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>PEDVAX HIB INTRAMUSCULAR SUSPENSION (<em>haemophilus b polysac conj vac</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>PNEUMOVAX 23 INJECTION INJECTABLE (<em>pneumococcal vac polyvalent</em>)</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>PREVNAR 13 INTRAMUSCULAR SUSPENSION (<em>pneumococcal 13-val conj vac</em>)</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>meningococcal b vac (recomb)</em></td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SOLUTION (<em>typhoid vi polysaccharide vacc</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAXCHORA ORAL SUSPENSION RECONSTITUTED (<em>cholera vac live attenuated</em>)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIVOTIF ORAL CAPSULE DELAYED RELEASE (<em>typhoid vaccine</em>)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>VIRAL VACCINE COMBINATIONS</em>** - VACCINES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-M-R II INJECTION SOLUTION RECONSTITUTED (<em>measles, mumps &amp; rubella vacc</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<em>measles-mumps-rubella-varicell</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>hepatitis a-hep b recomb vac</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td><em>VIRAL VACCINES</em>** - VACCINES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<em>influenza vac split quad</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>influenza vac split quad</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>ENGERIX-B INJECTION SUSPENSION (<em>hepatitis b vac recombinant</em>)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>influenza vac a&amp;b surf ant adj</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUAD QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>influenza vac a&amp;b sa adj quad</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<em>influenza vac split quad</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<em>influenza vac recomb ha quad</em>)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
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<tr>
<td>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac subunit quad)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac subunit quad)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split quad)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUMIST QUADRIVALENT NASAL SUSPENSION (influenza virus vac live quad)</td>
<td>2; $0</td>
<td>QL (2 fills per 180 days)</td>
</tr>
<tr>
<td>FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac high-dose quad)</td>
<td>2</td>
<td>QL (0.7 mL per 1 fill)</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split quad)</td>
<td>2; $0</td>
<td>QL (1 fill per 180 days)</td>
</tr>
<tr>
<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION (hpv 9-valent recomb vaccine)</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hpv 9-valent recomb vaccine)</td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>HAVRIX INTRAMUSCULAR SUSPENSION (hepatitis a vaccine)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (hepatitis b vac recomb adj)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>IMOVAX RABIES INTRAMUSCULAR INJECTABLE (rabies virus vaccine, hdc)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IPOL INJECTION INJECTABLE (poliovirus vaccine inactivated)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>IXIARO INTRAMUSCULAR SUSPENSION (japanese encephalitis vac inac)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (rabies vaccine, pcec)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RECOMBIVAX HB INJECTION SUSPENSION (hepatitis b vac recombinant)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>ROTARIX ORAL SUSPENSION RECONSTITUTED (rotavirus vaccine live oral)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (zoster vac recomb adjuvanted)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>STAMARIL INJECTION SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAQTA INTRAMUSCULAR SUSPENSION (hepatitis a vaccine)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>VARIVAX SUBCUTANEOUS INJECTABLE (varicella virus vaccine live)</td>
<td>3; $0</td>
<td></td>
</tr>
<tr>
<td>YF-VAX SUBCUTANEOUS INJECTABLE (yellow fever vaccine)</td>
<td>3</td>
<td></td>
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<td><em>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>PHEXXI VAGINAL GEL <em>(lactic ac-citric ac-pot bitart)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VAGINAL PRODUCTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMIDAZOLE-RELATED ANTIFUNGALS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GYNAZOLE-1 VAGINAL CREAM <em>(butoconazole nitrate (1 dose))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>miconazole 3 vaginal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal cream 0.4%</td>
<td>1 or 1b* QL (90 grams per 30 days)</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal cream 0.8%</td>
<td>1 or 1b* QL (40 grams per 30 days)</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal suppository</td>
<td>1 or 1b* QL (6 suppositories per 30 days)</td>
<td></td>
</tr>
<tr>
<td><em>MISCELLANEOUS VAGINAL PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTRAROSA VAGINAL INSERT <em>(prasterone)</em></td>
<td>3 ST; QL (1 insert per 1 day)</td>
<td></td>
</tr>
<tr>
<td><strong>SPERMICIDES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENCARE VAGINAL SUPPOSITORY <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>SHUR-SEAL CONTRACEPTIVE VAGINAL GEL <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>TODAY SPONGE VAGINAL <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM <em>(nonoxynol-9)</em></td>
<td>2; $0</td>
<td></td>
</tr>
<tr>
<td>vcf vaginal contraceptive vaginal gel</td>
<td>1 or 1b*; $0</td>
<td></td>
</tr>
<tr>
<td><strong>VAGINAL ANTI-INFECTIVES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEOCIN VAGINAL CREAM <em>(clindamycin phosphate)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN VAGINAL SUPPOSITORY <em>(clindamycin phosphate)</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate vaginal cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLINDESE VAGINAL CREAM <em>(clindamycin phosphate (1 dose))</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metronidazole vaginal gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NUVESSA VAGINAL GEL <em>(metronidazole)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metronidazole <em>(Vandazole Vaginal Gel)</em></td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VAGINAL ESTROGENS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESTRACE VAGINAL CREAM <em>(estradiol)</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol vaginal cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>estradiol vaginal tablet</td>
<td>1 or 1b* QL (18 tablet per 28 days)</td>
<td></td>
</tr>
<tr>
<td>ESTRING VAGINAL RING <em>(estradiol)</em></td>
<td>3</td>
<td>QL (1 ring per 90 days)</td>
</tr>
<tr>
<td>FEMRING VAGINAL RING <em>(estradiol acetate)</em></td>
<td>3</td>
<td>QL (1 ring per 90 days)</td>
</tr>
<tr>
<td>IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG <em>(estradiol)</em></td>
<td>3</td>
<td>QL (18 inserts per 28 days)</td>
</tr>
<tr>
<td>IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG <em>(estradiol)</em></td>
<td>3</td>
<td>QL (18 packs per 28 days)</td>
</tr>
</tbody>
</table>

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<tr>
<td>IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (estradiol)</td>
<td>3</td>
<td>QL (18 inserts per 28 days)</td>
</tr>
<tr>
<td>IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (estradiol)</td>
<td>3</td>
<td>QL (18 packs per 28 days)</td>
</tr>
<tr>
<td>PREMARIN VAGINAL CREAM (estrogens, conjugated)</td>
<td>2</td>
<td>QL (1 gm per 1 day)</td>
</tr>
<tr>
<td>VAGIFEM VAGINAL TABLET (estradiol)</td>
<td>3</td>
<td>QL (18 tablet per 28 days)</td>
</tr>
<tr>
<td>estradiol (Yuvalam Vaginal Tablet)</td>
<td>1 or 1b*</td>
<td>QL (18 tablet per 28 days)</td>
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*VAGINAL PROGESTINS***

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<th>Coverage Requirements and Limits</th>
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<tr>
<td>CRINONE VAGINAL GEL 4 % (progesterone)</td>
<td>5</td>
<td>SP</td>
</tr>
<tr>
<td>CRINONE VAGINAL GEL 8 % (progesterone)</td>
<td>5</td>
<td>PA; SP; QL (1 applicator per 1 day)</td>
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<tr>
<td>ENDOMETRIN VAGINAL INSERT (progesterone)</td>
<td>3</td>
<td>PA</td>
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*VASOPRESSORS* - DRUGS FOR THE HEART

*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION

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<td>ADRENALIN INJECTION SOLUTION (epinephrine)</td>
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<tr>
<td>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (epinephrine)</td>
<td>3</td>
<td>ST; QL (2 pens per 1 fill)</td>
</tr>
<tr>
<td>epinephrine injection solution auto-injector</td>
<td>1 or 1b*</td>
<td>QL (2 pens per 1 fill)</td>
</tr>
<tr>
<td>EPINEPHRINE SNAP-V INJECTION KIT (epinephrine)</td>
<td>3</td>
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</tr>
<tr>
<td>EPINEPHRINE 2-PAK INJECTION SOLUTION AUTO-INJECTOR (epinephrine)</td>
<td>3</td>
<td>ST; QL (2 pens per 1 fill)</td>
</tr>
<tr>
<td>EPINEPHRINE 2-PAK INJECTION SOLUTION AUTO-INJECTOR (epinephrine)</td>
<td>3</td>
<td>ST; QL (2 pens per 1 fill)</td>
</tr>
<tr>
<td>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (epinephrine)</td>
<td>2</td>
<td>QL (2 syringes per 1 fill)</td>
</tr>
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*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION

AKOVAZ INTRAVENOUS SOLUTION (ephradine sulfate (pressors)) | 3 |
BIORPHEN INTRAVENOUS SOLUTION (phenylephrine hcl (pressors)) | 3 |
dobutamine hcl intravenous solution | 1 or 1b* |
dobutamine in d5w intravenous solution | 1 or 1b* |
dopamine hcl intravenous solution | 1 or 1b* |
dopamine in d5w intravenous solution | 1 or 1b* |
EMERPHED INTRAVENOUS SOLUTION (ephradine sulfate (pressors)) | 3 |
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE | 3 |
EPHEDRINE SULFATE INTRAVENOUS SOLUTION | 3 |
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 |
EPHEDRINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 |
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION | 3 |
EPINEPHRINE HCL-NAACL INTRAVENOUS SOLUTION | 3 |
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 |

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<td>EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION</td>
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<tr>
<td>EPINEPHRINE-NAACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
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<tr>
<td>GIAPREZA INTRAVENOUS SOLUTION (angiotensin ii acetate)</td>
<td>3</td>
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<tr>
<td>LEVOPHED INTRAVENOUS SOLUTION (norepinephrine bitartrate)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>midodrine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norepinephrine bitartrate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
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<tr>
<td>NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
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<tr>
<td>PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.8 MG/10ML</td>
<td>3</td>
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<tr>
<td>PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML</td>
<td>3</td>
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<tr>
<td>PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML</td>
<td>3</td>
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<tr>
<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAZCULEP INTRAVENOUS SOLUTION (phenylephrine hcl (pressors))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS</strong>*</td>
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<tr>
<td><strong>VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS</strong>*</td>
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<td></td>
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<tr>
<td>DEFLUX INJECTION PREFILLED SYRINGE (dextranomer-hyaluronic acid)</td>
<td>3</td>
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<tr>
<td><em><em>VITAMINS</em> - DRUGS FOR NUTRITION</em>*</td>
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<tr>
<td><strong>PABA</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aminobenzoate potassium oral packet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td><strong>VITAMIN A</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
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<tr>
<td>AQUASOL A INTRAMUSCULAR SOLUTION (vitamin a)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN B-1</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thiamine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN B-6</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pyridoxine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN C</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCOR INTRAVENOUS SOLUTION (ascorbic acid)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ascorbic acid injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN D</strong>* - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRISDOL ORAL CAPSULE (ergocalciferol)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ergocalciferol oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><em>VITAMIN E</em>** - DRUGS FOR NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHEAT GERM OIL ORAL OIL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN K</em>** - DRUGS FOR NUTRITION</td>
<td></td>
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<tr>
<td>MEPHYTON ORAL TABLET (<em>phytonadione</em>)</td>
<td>3</td>
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</tr>
<tr>
<td>phytonadione injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phytonadione oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vitamin k1 injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRYSVITA SUBCUTANEOUS SOLUTION (<em>burosumab-twza</em>)</td>
<td>5</td>
<td>PA; LD; SP</td>
</tr>
</tbody>
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<td>ALPRAZOLAM INTENSOL</td>
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<td>alprolix</td>
<td>185</td>
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<tr>
<td>alprostadil</td>
<td>114</td>
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Most plans include our home delivery program at no extra cost to you. Find out more by going online to anthem.com/ca or call 866-297-1013.

For information about your pharmacy benefit, log in at anthem.com/ca.

You’ll find the most up-to-date drug list and details about your benefits. If you still have questions, we’re here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m. ET.