Massachusetts Individual and Small Group
3-Tier Drug List

Effective: 08/01/2019
Key Terms

Formulary
A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

Brand-Name Drugs
Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

Generic Drugs
Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

3-Tier Pharmacy Copayment Program (3-Tier Program)
To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- **Tier 1**: Medications on this tier have the lowest cost sharing amount
- **Tier 2**: Medications on this tier have a higher cost sharing amount
- **Tier 3**: Medications on this tier have the highest cost sharing amount

Please note that tier placement is subject to change throughout the year.

Copayment
A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

Coinsurance
Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.
Medical Review Process
Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Quantity Limitation (QL) Program
Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

New-To-Market Drug Evaluation Process (NTM)
In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan’s Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-to-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Non-Covered Drugs (NC)
There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Prior Authorization (PA) Program
In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.
**Step Therapy Prior Authorization (STPA)**

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1—the lowest step—are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

**Designated Specialty Pharmacy Program (SP)**

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

**Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)**

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.
Over-The-Counter Drugs (OTC)
When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

Cancer Mandate (CM)
Oral Cancer medications may have a cost share of up to $50 or the cost of the drug, whichever is less under the Massachusetts oral cancer therapy mandate. Please check your benefit document.

Women’s Health (WH)
Certain medications may be covered without copayment under Women’s Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Affordable Care Act (ACA)
Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications
Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Tufts Health Plan, Attention:**
Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)


tuftshealthplan.com | 800.462.0224
For no cost translation in English, call the number on your ID card.

For no cost translation in Arabic, call the number on your ID card.

For no cost translation in Chinese, please call the number on your ID card.

For no cost translation in French, composez le numéro indiqué sur votre carte d’identité.

For no cost translation in German, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

For no cost translation in Greek, chiamare il numero indicato sulla tessera identificativa.

For no cost translation in Haitian Creole, rele nimewo ki sou kat ID ou.

For no cost translation in Italian, è possibile chiamare il numero indicato sulla tessera identificativa.

For no cost translation in Japanese, call the number on your ID card.

For no cost translation in Khmer (Cambodian), call the number on your ID card.

For no cost translation in Korean, call the number on your ID card.

For no cost translation in Laotian, call the number on your ID card.

For no cost translation in Navajo, call the number on your ID card.

For no cost translation in Persian, call the number on your ID card.

For no cost translation in Polish, call the number on your ID card.

For no cost translation in Portuguese, ligue para o número no seu cartão de identificação.

For no cost translation in Russian, call the number on your ID card.

For no cost translation in Spanish, llame al número de su tarjeta de miembro.

For no cost translation in Tagalog, call the number on your ID card.

For no cost translation in Vietnamese, call the number on your ID card.

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<th>MM</th>
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<tr>
<td>NTM</td>
<td>New-to-Market</td>
<td>PA</td>
<td>Prior Authorization</td>
<td>QL</td>
<td>Quantity Limitation Program</td>
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<tr>
<td>SI</td>
<td>Specialty Infusion</td>
<td>SP</td>
<td>Designated Specialty Pharmacy</td>
<td>STPA</td>
<td>Step Therapy Prior Authorization</td>
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<td>WH</td>
<td>Women’s Health</td>
<td>ACA</td>
<td>Preventive Service</td>
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</table>

Tier 1 - Lowest Copayment  Tier 2 - Middle Copayment  Tier 3 - Highest Copayment
Table of Contents

*ADHD/ANTI-NARCOLEPSY/ANTI-OBESEITY/ANOREXSIANTS* ................................................................. 5
*AGENTS FOR NARCOTIC WITHDRAWAL*** .............................................................................................. 7
*AGENTS FOR OPIOID WITHDRAWAL*** ................................................................................................. 7
*ALS AGENTS - MISCELLANEOUS*** ......................................................................................................... 7
*ALTERNATIVE MEDICINES* ..................................................................................................................... 8
*AMEBICIDES* ............................................................................................................................................. 8
*AMINO ACIDS*** ......................................................................................................................................... 8
*AMINOGLYCOSIDES* ................................................................................................................................. 8
*AMINOMETHYLCYCLINES*** ..................................................................................................................... 8
*ANALEPSICS - ANTI-INFLAMMATORY* ....................................................................................................... 8
*ANALEPSICS - NONNARCOTIC* .................................................................................................................. 11
*ANALEPSICS - OPIOID* ............................................................................................................................... 11
*ANDROGENS-ANABOLIC* ............................................................................................................................ 15
*ANORECTAL AGENTS* .................................................................................................................................. 15
*ANTHELMINTICS* ....................................................................................................................................... 16
*ANTIANGINAL AGENTS* ............................................................................................................................... 16
*ANTIANGIETY AGENTS* .............................................................................................................................. 16
*ANTIARRHYTHMICS* ................................................................................................................................... 17
*ANTI-ASTHMATIC AND BRONchodilATOR AGENTS* ............................................................................. 17
*ANTICOAGULANTS* ..................................................................................................................................... 20
*ANTICONVULSANTS* .................................................................................................................................... 20
*ANTIDEPRESSANTS* .................................................................................................................................... 23
*ANTIDIABETICS* .......................................................................................................................................... 25
*ANTIDIARRHEALS* ...................................................................................................................................... 27
*ANTIDOTES AND SPECIFIC ANTAGONISTS* .............................................................................................. 28
*ANTIDOTES* ................................................................................................................................................ 28
*ANTIEMETICS* ............................................................................................................................................ 28
*ANTIFUNGALS* ............................................................................................................................................ 29
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** ............................................................. 29
*ANTIHISTAMINES* ....................................................................................................................................... 30
*ANTIHYPERTENSIVES* ................................................................................................................................. 31
*ANTI-INFECTIVE AGENTS - MISC.* ............................................................................................................. 33
*ANTIMALARIALS* ......................................................................................................................................... 34
*ANTIMYASTHENIC AGENTS* ......................................................................................................................... 34
*ANTIMYASTHENIC/CHOLINERGIC AGENTS* .............................................................................................. 34
*ANTIMYCOBACTERIAL AGENTS* .................................................................................................................. 34
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** .................................................................................................... 35
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** .................................................. 35
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* .................................................................................. 35
*ANTI-OBESEITY - GLP-1 RECEPTOR AGONISTS*** .................................................................................. 39
*ANTI-OBESEITY AGENT COMBinations** .................................................................................................... 39
*ANTIPARKINSON AGENTS* ........................................................................................................................ 39
*ANTIPSYCHOTICS/ANTIMANIC AGENTS* ..................................................................................................... 40
*ANTITROVIRALs ADJUVANTS*** .................................................................................................................. 42
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** ............................................................... 42
*ANTISEPTICS & DISINFECTANTS* ................................................................................................................ 42
*ANTITROVIRALs* .......................................................................................................................................... 42
*ASSORTED CLASSES* .................................................................................................................................... 45
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** ............................................................................. 46
<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</em></td>
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<tr>
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<td>STPA; QL (90 TABLETS per 90 days)</td>
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<td>QL (180 EA per 90 days)</td>
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<td>BELVIQ ORAL TABLET</td>
<td>Tier-3</td>
<td>PA</td>
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<td>Tier-3</td>
<td>PA</td>
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</tr>
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<tr>
<td>15 mg</td>
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^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
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<th>Notes</th>
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<td>PA</td>
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<td>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</td>
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<td>PA; STPA; ¥ (PA applies to members 25 and older ); QL (240 ML per 30 days)</td>
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<td>Tier-3</td>
<td>PA</td>
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<td>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</td>
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<td>Tier-3</td>
<td>PA</td>
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<td>XENICAL ORAL CAPSULE</td>
<td>Tier-3</td>
<td>PA</td>
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<td><em>AGENTS FOR NARCOTIC WITHDRAWAL</em>**</td>
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<tr>
<td>LUCEMYRA ORAL TABLET</td>
<td>Tier-3</td>
<td>QL (132 Tablets per 1 Fill)</td>
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<td><em>AGENTS FOR OPIOID WITHDRAWAL</em>**</td>
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<td>QL (132 Tablets per 1 Fill)</td>
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<td><em>ALS AGENTS - MISCELLANEOUS</em>**</td>
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<tr>
<td>RADICAVA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<th>Drug</th>
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<tr>
<td><strong>ALTERNATIVE MEDICINES</strong>*</td>
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<tr>
<td>coenzyme q10 oral tablet 100 mg, 200 mg, 25 mg, 50 mg</td>
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<td>PA</td>
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<tr>
<td><strong>AMEBICIDES</strong>*</td>
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<tr>
<td>SOLOSEC ORAL PACKET</td>
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<tr>
<td>YODOXIN ORAL TABLET</td>
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<td><strong>AMINO ACIDS</strong>*</td>
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<td>ENDARI ORAL PACKET</td>
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<td>PA</td>
</tr>
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<td><strong>AMINOGLYCOSIDES</strong>*</td>
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<td>ARIKAYCE INHALATION SUSPENSION</td>
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<tr>
<td>BETHKIS INHALATION NEBULIZATION SOLUTION</td>
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<td>neo-fradin oral solution</td>
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<tr>
<td>neomycin sulfate oral tablet</td>
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<td>paromomycin sulfate oral capsule</td>
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<td>TOBI PODHALER INHALATION CAPSULE</td>
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<td>tobramycin inhalation nebulization solution</td>
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<td><strong>AMINOMETHYLCLYCLINES</strong>*</td>
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<tr>
<td>NUZYRA ORAL TABLET 150 MG</td>
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<tr>
<td><strong>ANALGESICS - ANTI-INFLAMMATORY</strong>*</td>
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<tr>
<td>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
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<tr>
<td>ACTEMRA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<tr>
<td>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 VIALS per 28 Days)</td>
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<tr>
<td>celecoxib oral capsule</td>
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<tr>
<td>diclofenac potassium oral tablet</td>
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<tr>
<td>diclofenac sodium er oral tablet extended release 24 hour</td>
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<tr>
<td>diclofenac sodium oral tablet delayed release</td>
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</tr>
<tr>
<td>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>PA; SP; QL (8 Vials per 28 Days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (8 Syringes per 28 days)</td>
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<tr>
<td><strong>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<tr>
<td><strong>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
</tr>
<tr>
<td><em>etodolac er oral tablet extended release 24 hour</em></td>
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<td></td>
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<tr>
<td><em>etodolac oral capsule</em></td>
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<tr>
<td><em>etodolac oral tablet</em></td>
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<td><em>fenoprofen calcium oral tablet</em></td>
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<tr>
<td><em>flurbiprofen oral tablet</em></td>
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<tr>
<td><strong>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</strong></td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td><strong>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Syringes per 28 days)</td>
</tr>
<tr>
<td><strong>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
</tr>
<tr>
<td><strong>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td><strong>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Syringes per 28 days)</td>
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<tr>
<td><em>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</em></td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td><strong>ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED</strong></td>
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<td>Medical Benefit PA</td>
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<tr>
<td><strong>INDOCIN ORAL SUSPENSION</strong></td>
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<td><strong>INDOCIN RECTAL SUPPOSITORY</strong></td>
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<tr>
<td><em>indomethacin er oral capsule extended release</em></td>
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<tr>
<td><em>indomethacin oral capsule</em></td>
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<td><em>ketoprofen er oral capsule extended release 24 hour</em></td>
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<tr>
<td><em>ketoprofen oral capsule 25 mg</em></td>
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<tr>
<td><em>ketoprofen oral capsule 50 mg, 75 mg</em></td>
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<td>^ (LCG)</td>
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<tr>
<td><em>ketorolac tromethamine oral tablet</em></td>
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<tr>
<td><strong>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (2 auto-injectors per 28 days)</td>
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<tr>
<td><strong>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
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<tr>
<td>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; QL (28 Syringes per 28 days)</td>
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<tr>
<td>leflunomide oral tablet</td>
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<td>meclofenamate sodium oral capsule</td>
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<td>mefenamic acid oral capsule</td>
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<tr>
<td>meloxicam oral suspension</td>
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<tr>
<td>meloxicam oral tablet</td>
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<td>^ (LCG)</td>
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<tr>
<td>nabumetone oral tablet</td>
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<tr>
<td>NALFON ORAL CAPSULE 200 MG</td>
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<td>naproxen dr oral tablet delayed release</td>
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<td>naproxen oral suspension</td>
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<tr>
<td>naproxen oral tablet</td>
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<tr>
<td>naproxen sodium er oral tablet extended release 24 hour 500 mg</td>
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<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<tr>
<td>OLUMIANT ORAL TABLET</td>
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<td>PA; SP</td>
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<td>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<td>ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA</td>
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<tr>
<td>oxaprozin oral tablet</td>
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<td>piroxicam oral capsule</td>
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<td>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<tr>
<td>RHEUMATREX ORAL TABLET 2.5 MG</td>
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<td>RIDAURA ORAL CAPSULE</td>
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<td>SIMPONI ARIA INTRAVENOUS SOLUTION</td>
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<td>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; SP; QL (1 Syringe per 28 days)</td>
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<td>PA; SP; QL (1 Syringe per 28 days)</td>
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<tr>
<td>sulindac oral tablet</td>
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<td>tolmetin sodium oral capsule</td>
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<td>tolmetin sodium oral tablet</td>
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<tr>
<td>XELJANZ ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; QL (60 TABLETS per 30 Days)</td>
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<td><strong>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</strong></td>
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<td>PA; SP; QL (30 TABLETS per 30 days)</td>
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<td><strong>ANALGESICS - NONNARCOTIC</strong></td>
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<td>BUPAP ORAL TABLET</td>
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<tr>
<td>butalbital compound/asa oral tablet</td>
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<tr>
<td>butalbital-acetaminophen oral tablet 50-325 mg</td>
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<tr>
<td>butalbital-apap-caffeine oral capsule 50-325-40 mg</td>
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<tr>
<td>butalbital-apap-caffeine oral tablet</td>
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<tr>
<td>butalbital-asa-caffeine oral capsule</td>
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<td>butalbital-aspirin-caffeine oral tablet</td>
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<td>diflunisal oral tablet</td>
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<td>ESGIC ORAL CAPSULE</td>
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<tr>
<td><strong>ANALGESICS - OPIOID</strong></td>
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<tr>
<td>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>QL (32 TABLETS per 30 Days)</td>
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<tr>
<td>acetaminophen-codeine #2 oral tablet</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>acetaminophen-codeine #3 oral tablet</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>acetaminophen-codeine #4 oral tablet</td>
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<td>QL (6 Tablets per 1 day)</td>
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<tr>
<td>acetaminophen-codeine oral solution</td>
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<td>QL (150 ML per 1 day)</td>
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<tr>
<td>apap-caff-dihydrocodeine oral capsule</td>
<td>Tier-2</td>
<td>QL (10 Capsules per 1 day)</td>
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<tr>
<td>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</td>
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<td>QL (10 Tablets per 1 day)</td>
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<tr>
<td>ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT</td>
<td>Tier-1</td>
<td>QL (90 EA per 30 days)</td>
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<tr>
<td>BELBUCA BUCCAL FILM</td>
<td>Tier-3</td>
<td>PA; QL (60 Films per 30 days)</td>
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<tr>
<td>BUNAVAIL BUCCAL FILM</td>
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<td>PA</td>
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<tr>
<td>buprenorphine hcl sublingual tablet sublingual 2 mg</td>
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<td>QL (90 EA per 30 days)</td>
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<tr>
<td>buprenorphine hcl sublingual tablet sublingual 8 mg</td>
<td>Tier-1</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film</td>
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<td>PA</td>
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<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</td>
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<td>buprenorphine transdermal patch weekly</td>
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<td>PA; QL (4 EA per 30 days)</td>
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<tr>
<td>butalbital compound/codeine oral capsule</td>
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<tr>
<td>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</td>
<td>Tier-2</td>
<td>QL (360 Capsules per 30 days)</td>
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<td>butalbital-asa-caff-codeine oral capsule</td>
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<td>butorphanol tartrate nasal solution</td>
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<tr>
<td>codeine sulfate oral solution</td>
<td>Tier-1</td>
<td>QL (60 ML per 1 day)</td>
</tr>
<tr>
<td>codeine sulfate oral tablet 15 mg</td>
<td>Tier-1</td>
<td>QL (24 tablets per 1 day)</td>
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<tr>
<td>codeine sulfate oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (12 tablets per 1 day)</td>
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<tr>
<td>codeine sulfate oral tablet 60 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>EMBEDA ORAL CAPSULE EXTENDED RELEASE</td>
<td>Tier-1</td>
<td>QL (60 EA per 30 days)</td>
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<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>Tier-1</td>
<td>QL (120 UNITS per 30 Days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</td>
<td>Tier-1</td>
<td>QL (10 PATCHES per 30 Days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</td>
<td>Tier-2</td>
<td>QL (10 patches per 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</td>
<td>Tier-1</td>
<td>QL (90 ML per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg, 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-660 mg, 10-750 mg, 7.5-750 mg</td>
<td>Tier-1</td>
<td>QL (5 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 2.5-325 mg</td>
<td>Tier-1</td>
<td>QL (12 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 2.5-500 mg, 5-300 mg, 5-325 mg, 5-500 mg</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen oral tablet</td>
<td>Tier-1</td>
<td>QL (5 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</td>
<td>Tier-2</td>
<td>QL (30 EA per 30 days)</td>
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<tr>
<td>hydromorphone hcl oral liquid</td>
<td>Tier-1</td>
<td>QL (20 ML per 1 day)</td>
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<td>hydromorphone hcl oral tablet 2 mg</td>
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<td>QL (10 tablets per 1 day)</td>
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<td>hydromorphone hcl oral tablet 4 mg</td>
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<tr>
<td>hydromorphone hcl oral tablet 8 mg</td>
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<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl rectal suppository</td>
<td>Tier-1</td>
<td>QL (4 EA per 1 day)</td>
</tr>
<tr>
<td>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</td>
<td>Tier-3</td>
<td>QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 130 MG, 150 MG, 200 MG, 70 MG</td>
<td>Tier-3</td>
<td>QL (60 CAPSULES per 30 Days)</td>
</tr>
<tr>
<td>meperidine hcl oral solution</td>
<td>Tier-1</td>
<td>QL (90 ML per 1 day)</td>
</tr>
<tr>
<td>meperidine hcl oral tablet 100 mg</td>
<td>Tier-1</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>meperidine hcl oral tablet 50 mg</td>
<td>Tier-1</td>
<td>QL (18 tablets per 1 day)</td>
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<tr>
<td>methadone hcl injection solution</td>
<td>Tier-1</td>
<td>PA; QL (2 ML per 1 day)</td>
</tr>
<tr>
<td>METHADONE HCL INTENSOL ORAL CONCENTRATE</td>
<td>Tier-1</td>
<td>PA; QL (2 ML per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral solution 10 mg/5ml</td>
<td>Tier-1</td>
<td>PA; QL (10 ML per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral solution 5 mg/5ml</td>
<td>Tier-1</td>
<td>PA; QL (20 ML per 1 day)</td>
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<tr>
<td>methadone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet 5 mg</td>
<td>Tier-1</td>
<td>PA; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet soluble</td>
<td>Tier-1</td>
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<tr>
<td>METHADOSE ORAL CONCENTRATE 10 MG/ML</td>
<td>Tier-1</td>
<td>PA; QL (2 ML per 1 day)</td>
</tr>
<tr>
<td>METHADOSE ORAL TABLET 10 MG</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
<td>Tier-1</td>
<td>QL (4.5 ML per 1 day)</td>
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<tr>
<td>morphine sulfate er beads oral capsule extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release</td>
<td>Tier-1</td>
<td>QL (90 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>morphine sulfate oral solution 10 mg/5ml</td>
<td>Tier-1</td>
<td>QL (45 ML per 1 day)</td>
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<tr>
<td>morphine sulfate oral solution 20 mg/5ml</td>
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<td>QL (22.5 ML per 1 day)</td>
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<tr>
<td>morphine sulfate oral tablet 15 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate rectal suppository 10 mg, 5 mg</td>
<td>Tier-1</td>
<td>QL (6 suppositories per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository 20 mg</td>
<td>Tier-1</td>
<td>QL (4 suppositories per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository 30 mg</td>
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<td>QL (3 suppositories per 1 day)</td>
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<tr>
<td>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>Tier-3</td>
<td>QL (60 EA per 30 days)</td>
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<tr>
<td>OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG</td>
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<td>QL (12 tablets per 1 day)</td>
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<tr>
<td>OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG</td>
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<td>QL (8 tablets per 1 day)</td>
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<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
<td>Tier-2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral capsule</td>
<td>Tier-1</td>
<td>QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
<td>Tier-1</td>
<td>QL (3 ML per 1 day)</td>
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</tbody>
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<tr>
<th>Drug</th>
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<th>Notes</th>
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<tbody>
<tr>
<td>oxycodone hcl oral solution</td>
<td>Tier-1</td>
<td>QL (60 ML per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 15 mg</td>
<td>Tier-1</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 20 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 5 mg</td>
<td>Tier-1</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral capsule</td>
<td>Tier-1</td>
<td>QL (8 Capsules per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral solution</td>
<td>Tier-1</td>
<td>QL (60 ML per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 10-650 mg</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 7.5-325 mg, 7.5-500 mg</td>
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<td>QL (8 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-aspirin oral tablet 4.8355-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-ibuprofen oral tablet</td>
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<td>QL (4 Tablets per 1 day)</td>
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<tr>
<td>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</td>
<td>Tier-2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxymorphone hcl er oral tablet extended release 12 hour</td>
<td>Tier-2</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>oxymorphone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>oxymorphone hcl oral tablet 5 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>pentazocine-acetaminophen oral tablet</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
</tr>
<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
<td>Tier-1</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>PRIMLEV ORAL TABLET</td>
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<tr>
<td>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>SUBSYS SUBLINGUAL LIQUID</td>
<td>Tier-3</td>
<td>QL (30 Bottles per 30 Days)</td>
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<tr>
<td>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>tramadol hcl er oral capsule extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>tramadol hcl er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>tramadol hcl oral tablet</td>
<td>Tier-1</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>tramadol-acetaminophen oral tablet</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>XARTEMIS XR ORAL TABLET EXTENDED RELEASE</td>
<td>Tier-3</td>
<td>QL (120 TABLETS per 30 days)</td>
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<tr>
<td>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</td>
<td>Tier-3</td>
<td>QL (60 Capsules per 30 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</td>
<td>Tier-3</td>
<td>PA</td>
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**ANDROGENS-ANABOLIC**

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<thead>
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<th>Drug</th>
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<tbody>
<tr>
<td>ANADROL-50 ORAL TABLET</td>
<td>Tier-3</td>
</tr>
<tr>
<td>ANDROID ORAL CAPSULE</td>
<td>Tier-1</td>
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<tr>
<td>ANDROXY ORAL TABLET</td>
<td>Tier-3</td>
</tr>
<tr>
<td>danazol oral capsule</td>
<td>Tier-1</td>
</tr>
<tr>
<td>FIRST-TESTOSTERONE MC TRANSDERMAL CREAM</td>
<td>Tier-3</td>
</tr>
<tr>
<td>FIRST-TESTOSTERONE TRANSDERMAL OINTMENT</td>
<td>Tier-3</td>
</tr>
<tr>
<td>methitest oral tablet</td>
<td>Tier-3</td>
</tr>
<tr>
<td>oxandrolone oral tablet</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone enanhtate injection solution</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone enanhtate intramuscular solution</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</td>
<td>Tier-2</td>
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<tr>
<td>testosterone transdermal solution</td>
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**ANORECTAL AGENTS**

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<tr>
<td>COLOCORT RECTAL ENEMA</td>
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<tr>
<td>CORTIFOAM RECTAL FOAM</td>
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<tr>
<td>hydrocortisone ace-pramoxine rectal kit</td>
<td>Tier-2</td>
</tr>
<tr>
<td>hydrocortisone rectal cream 1 %</td>
<td>Tier-1  ^ (LCG)</td>
</tr>
<tr>
<td>hydrocortisone rectal cream 2.5 %</td>
<td>Tier-1</td>
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<tr>
<td>hydrocortisone rectal enema</td>
<td>Tier-1</td>
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<tr>
<td>PROCTOCREAM HC RECTAL CREAM</td>
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<tr>
<td>PROCTOFOAM HC RECTAL FOAM</td>
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<tr>
<td>PROCTOZONE-HC RECTAL CREAM</td>
<td>Tier-1</td>
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<tr>
<td>RECTIV RECTAL OINTMENT</td>
<td>Tier-3  QL (1 TUBE per 30 Days)</td>
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<tr>
<td>UCERIS RECTAL FOAM</td>
<td>Tier-2</td>
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<tr>
<td>albendazole oral tablet</td>
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<tr>
<td>benznidazole oral tablet</td>
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<tr>
<td>EMVERM ORAL TABLET CHEWABLE</td>
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<td>ivermectin oral tablet</td>
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<tr>
<td>praziquantel oral tablet</td>
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<td><strong>ANTIANGINAL AGENTS</strong></td>
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<td>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE</td>
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<td>ISORDIL TITRADOSE ORAL TABLET 40 MG</td>
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<td>isosorbide dinitrate er oral tablet extended release</td>
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<td>isosorbide dinitrate oral tablet</td>
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<td>isosorbide dinitrate sublingual tablet sublingual</td>
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<tr>
<td>isosorbide mononitrate er oral tablet extended release 24 hour</td>
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<tr>
<td>isosorbide mononitrate oral tablet</td>
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<tr>
<td>MINITRAN TRANSDERMAL PATCH 24 HOUR</td>
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<td>NITRO-BID TRANSDERMAL OINTMENT</td>
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</tr>
<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</td>
<td>Tier-3</td>
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<tr>
<td>nitroglycerin er oral capsule extended release</td>
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<td>nitroglycerin sublingual tablet sublingual</td>
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<td>nitroglycerin transdermal patch 24 hour</td>
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<td>nitroglycerin translingual aerosol solution</td>
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<td>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<td>ranolazine er oral tablet extended release 12 hour</td>
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<td><strong>ANTIANXIETY AGENTS</strong></td>
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<tr>
<td>alprazolam oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>alprazolam oral tablet dispersible</td>
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<tr>
<td>buspirone hcl oral tablet</td>
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<td>chlordiazepoxide hcl oral capsule</td>
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<td>^ (LCG)</td>
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<td>diazepam oral solution 1 mg/ml</td>
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<td>diazepam oral tablet</td>
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<tr>
<td>hydroxyzine hcl oral solution</td>
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<td>hydroxyzine hcl oral syrup</td>
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<td>hydroxyzine hcl oral tablet</td>
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<td>hydroxyzine pamoate oral capsule</td>
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<td>LORAZEPAM INTENSOL ORAL CONCENTRATE</td>
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<td>lorazepam oral concentrate</td>
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<tr>
<td>lorazepam oral tablet</td>
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<tr>
<td>meprobamate oral tablet</td>
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<tr>
<td>oxazepam oral capsule</td>
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*ANTIARRHYTHMICS*

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<tr>
<td>amiodarone hcl oral tablet 200 mg, 400 mg</td>
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<td>disopyramide phosphate oral capsule</td>
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<td>dofetilide oral capsule</td>
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<tr>
<td>flecainide acetate oral tablet</td>
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<tr>
<td>mexiletine hcl oral capsule</td>
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<tr>
<td>MULTAQ ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
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PACERONE ORAL TABLET 100 MG

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<tr>
<td>PACERONE ORAL TABLET 200 MG, 400 MG</td>
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<td>propafenone hcl er oral capsule extended release 12 hour</td>
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<tr>
<td>propafenone hcl oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>quinidine gluconate er oral tablet extended release</td>
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<td>quinidine sulfate er oral tablet extended release</td>
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<td>quinidine sulfate oral tablet</td>
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**ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

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<tr>
<td>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 Days)</td>
</tr>
<tr>
<td>ADVAIR HFA INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
</tr>
<tr>
<td>albuterol sulfate er oral tablet extended release 12 hour</td>
<td>Tier-1</td>
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<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</td>
<td>Tier-1</td>
<td>¥ (Generic for Proair HFA and Ventolin HFA. Generic Proventil HFA is Non-covered.); QL (6 inhalers per 90 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation nebulization solution</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 days)</td>
</tr>
<tr>
<td>albuterol sulfate oral syrup</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>albuterol sulfate oral tablet</td>
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</tr>
<tr>
<td>aminophylline oral tablet</td>
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<tr>
<td>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (1 INHALER per 30 days)</td>
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<tr>
<td>ARNUNITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 Inhalers per 90 days)</td>
</tr>
<tr>
<td>ATROVENT HFA INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 Inhalers per 90 days)</td>
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<tr>
<td>BROVANA INHALATION NEBULIZATION SOLUTION</td>
<td>Tier-3</td>
<td>QL (180 vials per 90 Days)</td>
</tr>
<tr>
<td>budesonide inhalation suspension</td>
<td>Tier-1</td>
<td>QL (180 VIALS per 90 Days)</td>
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<tr>
<td>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</td>
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<tr>
<td>cromolyn sodium inhalation nebulization solution</td>
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<td>QL (360 Vials per 90 Days)</td>
</tr>
<tr>
<td>DALIRESB ORAL TABLET</td>
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<tr>
<td>ELIXOPHYLLIN ORAL ELIXIR</td>
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<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
</tr>
<tr>
<td>FLOVENT HFA INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
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<tr>
<td>fluticasone-salmeterol inhalation aerosol powder breath activated</td>
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<td>QL (3 inhalers per 90 days)</td>
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<tr>
<td>FORADIL AEROLIZER INHALATION CAPSULE</td>
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<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>ipratropium bromide inhalation solution</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 Days)</td>
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<tr>
<td>ipratropium-albuterol inhalation solution</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 Days)</td>
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<tr>
<td>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</td>
<td>Tier-1</td>
<td>QL (270 VIALS per 90 Days)</td>
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<tr>
<td>levalbuterol tartrate hfa inhalation aerosol†</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<td>LUFLYLIN ORAL TABLET</td>
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<td>MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED</td>
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<td>QL (3 UNITS per 90 Days)</td>
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<td>metaproterenol sulfate oral syrup</td>
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<td>metaproterenol sulfate oral tablet</td>
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<td>montelukast sodium oral tablet</td>
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<tr>
<td>montelukast sodium oral tablet chewable</td>
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<tr>
<td>PERFOROMIST INHALATION NEBULIZATION SOLUTION</td>
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<td>QL (180 VIALS per 90 Days)</td>
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<tr>
<td>PROAIR HFA INHALATION AEROSOL SOLUTION</td>
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<td>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>QL (6 UNITS per 90 days)</td>
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<tr>
<td>QVAR INHALATION AEROSOL SOLUTION</td>
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<td>QL (6 EA per 90 Days)</td>
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<td>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</td>
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<tr>
<td>SEREVENT DISKUS INHALATION AEROSOL BREATH ACTIVATED</td>
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<td>QL (3 UNITS per 90 Days)</td>
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<td>SPIRIVA HANDIHALER INHALATION CAPSULE</td>
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<td>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</td>
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<td>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</td>
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<td>SYMBICORT INHALATION AEROSOL</td>
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<td>terbutaline sulfate oral tablet</td>
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<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<tr>
<td>THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</td>
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<tr>
<td>theophylline er oral tablet extended release 12 hour</td>
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<td>theophylline oral elixir</td>
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<td>theophylline oral solution</td>
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<td>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>QL (3 Diskus per 90 days)</td>
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<td>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>zafirlukast oral tablet</td>
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<td>zileuton er oral tablet extended release 12 hour</td>
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<td>ZYFLO ORAL TABLET</td>
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<td>BEVYXXA ORAL CAPSULE</td>
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<td>ELIQUIS ORAL TABLET</td>
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<td>enoxaparin sodium injection solution</td>
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<td>enoxaparin sodium subcutaneous solution</td>
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<td>fondaparinux sodium subcutaneous solution</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</td>
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<td>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</td>
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<td>JANTOVEN ORAL TABLET</td>
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<td>warfarin sodium oral tablet</td>
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<td>XARELTO ORAL TABLET</td>
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<td>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</td>
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<td>BANZEL ORAL SUSPENSION</td>
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<td>BANZEL ORAL TABLET 200 MG</td>
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<td>QL (1440 TABLETS per 90 Days)</td>
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<td>BANZEL ORAL TABLET 400 MG</td>
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<td>QL (720 TABLETS per 90 Days)</td>
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<td>BRIVIACT ORAL SOLUTION</td>
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<td>carbamazepine er oral capsule extended release 12 hour</td>
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<td>carbamazepine oral suspension</td>
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<td>carbamazepine oral tablet</td>
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<td>carbamazepine oral tablet chewable</td>
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<td>CELONTIN ORAL CAPSULE</td>
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<td>clobazam oral tablet</td>
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<td>clonazepam oral tablet</td>
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<td>clonazepam oral tablet dispersible</td>
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<td>DIACOMIT ORAL CAPSULE</td>
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<td>DIASTAT ACUDIAL RECTAL GEL</td>
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<td>DIASTAT PEDIATRIC RECTAL GEL</td>
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<td>diazepam rectal gel</td>
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<td>DILANTIN ORAL CAPSULE 30 MG</td>
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<td>divalproex sodium er oral tablet extended release 24 hour</td>
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<td>ethosuximide oral capsule</td>
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<td>felbamate oral suspension</td>
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<td>FYCOMPA ORAL SUSPENSION</td>
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<tr>
<td>gabapentin oral capsule</td>
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<td>gabapentin oral solution 250 mg/5ml</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</td>
<td>Tier-2</td>
<td>QL (90 EA per 90 days)</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 200 mg</td>
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<td>QL (270 EA per 90 days)</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</td>
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<td>QL (180 EA per 90 days)</td>
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<tr>
<td>lamotrigine oral tablet</td>
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<td>^ (LCG)</td>
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<tr>
<td>lamotrigine oral tablet chewable</td>
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<td>^ (LCG)</td>
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<td>lamotrigine starter kit-blue oral kit</td>
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<td>lamotrigine starter kit-green oral kit</td>
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<td>levetiracetam er oral tablet extended release 24 hour</td>
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<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</td>
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<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</td>
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<td>PEGANONE ORAL TABLET</td>
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<td>^ (LCG)</td>
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<td>phenytoin sodium extended oral capsule</td>
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<td>POTIGA ORAL TABLET</td>
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<td>primidone oral tablet</td>
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<td>STAVZOR ORAL CAPSULE DELAYED RELEASE</td>
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<td>tiagabine hcl oral tablet 2 mg, 4 mg</td>
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<td>topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg</td>
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<td>topiramate oral capsule sprinkle</td>
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<td><strong>VIMPAT ORAL SOLUTION</strong></td>
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<td><strong>VIMPAT ORAL TABLET</strong></td>
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<td><strong>ANTIDEPRESSANTS</strong></td>
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<td>PA; ¥ (PA applies to members 12 and younger); ^ (LCG)</td>
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<td>amoxapine oral tablet</td>
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<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<td>bupropion hcl er (sr) oral tablet extended release 12 hour</td>
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<td>citalopram hydrobromide oral solution</td>
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<td>citalopram hydrobromide oral tablet</td>
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<td>clomipramine hcl oral capsule</td>
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<td>desipramine hcl oral tablet</td>
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<td>desvenlafaxine er oral tablet extended release 24 hour</td>
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<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>desvenlafaxine fumarate er oral tablet extended release 24 hour</td>
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<td>doxepin hcl oral capsule</td>
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<td>doxepin hcl oral concentrate</td>
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<td>duloxetine hcl oral capsule delayed release particles 30 mg</td>
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<td>QL (90 EA per 30 Days)</td>
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<td>fluvoxamine maleate oral tablet</td>
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<td>imipramine hcl oral tablet</td>
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<td>MARPLAN ORAL TABLET</td>
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<td>phenelzine sulfate oral tablet</td>
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<td>protriptyline hcl oral tablet</td>
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<td>sertraline hcl oral concentrate</td>
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<td>tranylcypromine sulfate oral tablet</td>
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<tr>
<td>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</td>
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<td>trazodone hcl oral tablet 300 mg</td>
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<td>trimipramine maleate oral capsule</td>
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<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</td>
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<td>acarbose oral tablet</td>
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<td>ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>alogliptin benzoate oral tablet</td>
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<td>alogliptin-metformin hcl oral tablet</td>
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<td>alogliptin-pioglitazone oral tablet</td>
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<td>chlorpropamide oral tablet</td>
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<td>CYCLOSET ORAL TABLET</td>
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<td>glimepiride oral tablet</td>
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<td>glipizide er oral tablet extended release 24 hour</td>
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<td>glipizide oral tablet</td>
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<td>glipizide xl oral tablet extended release 24 hour</td>
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<td>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</td>
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<td>glyburide oral tablet</td>
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<td>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</td>
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<td>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
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<td>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
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<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>JANUVIA ORAL TABLET</td>
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<td>JARDIANCE ORAL TABLET</td>
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<td>KORLYM ORAL TABLET</td>
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<td>PA; QL (120 TABLETS per 30 Days)</td>
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<td>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>metformin hcl er (mod) oral tablet extended release 24 hour</td>
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<td>pioglitazone hcl oral tablet</td>
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<td>pioglitazone hcl-glimepiride oral tablet</td>
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<td>Deferasirox Oral Tablet Soluble</td>
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<td>Evzio Injection Solution Auto-injector</td>
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<td>QL (30 TABLETS per 30 Days)</td>
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<td>Anzemet Oral Tablet</td>
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<td>Aprepitant Oral Capsule 125 mg, 40 mg, 80 &amp; 125 mg</td>
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<td>QL (1 EA per 7 days)</td>
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<td>Aprepitant Oral Capsule 80 mg</td>
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<td>Cesamet Oral Capsule</td>
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<td>QL (18 CAPSULES per 7 Days)</td>
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<td>QL (6 TABLETS per 7 Days)</td>
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<td>Granisol Oral Solution</td>
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<td>Ondansetron HCL Oral Solution</td>
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<td>QL (90 ML per 7 Days)</td>
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<tr>
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<tr>
<td>ondansetron hcl oral tablet 24 mg</td>
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<td>QL (1 TABLET per 7 Days)</td>
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<tr>
<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<td>QL (9 TABLETS per 7 Days)</td>
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<tr>
<td>ondansetron oral tablet dispersible</td>
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<td>QL (9 EA per 7 Days)</td>
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<tr>
<td>SANCUSO TRANSDERMAL PATCH</td>
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<td>QL (1 PATCH per 7 Days)</td>
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<td>scopolamine transdermal patch 72 hour</td>
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<td>trimethobenzamide hcl oral capsule</td>
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<tr>
<td>VARUBI ORAL TABLET</td>
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<td>¥ (Max 6 capsules per 30 days); QL (2 CAPSULES per 1 Fill)</td>
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<tr>
<td>ZUPLENZ ORAL FILM</td>
<td>Tier-3</td>
<td>QL (10 FILMS per 7 Days)</td>
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**ANTIFUNGALS**

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<td>fluconazole oral tablet</td>
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<td>flucytosine oral capsule</td>
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<td>griseofulvin microsize oral suspension</td>
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<td>griseofulvin ultramicrosize oral tablet</td>
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<td>itraconazole oral solution</td>
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<td>ketoconazole oral tablet</td>
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<tr>
<td>LAMISIL ORAL PACKET 125 MG</td>
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<td>¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (56 PACKETS per 28 Days)</td>
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<tr>
<td>LAMISIL ORAL PACKET 187.5 MG</td>
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<td>¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days)</td>
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<td>nystatin oral tablet</td>
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<td>ONMEL ORAL TABLET</td>
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<td>PA; QL (28 EA per 28 Days)</td>
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<tr>
<td>terbinfine hcl oral tablet</td>
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<td>¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)</td>
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<td>QL (150 ML per 14 Days)</td>
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<td>voriconazole oral tablet 200 mg</td>
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<tr>
<td>voriconazole oral tablet 50 mg</td>
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**ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**

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<td>PA; SP</td>
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<td>desloratadine oral tablet</td>
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<td>diphenhydramine hcl oral capsule 25 mg</td>
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<td>promethazine hcl rectal suppository 12.5 mg, 25 mg</td>
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<td>atorvastatin calcium oral tablet 10 mg, 20 mg</td>
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<td>atorvastatin calcium oral tablet 40 mg, 80 mg</td>
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<td>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</td>
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<td>XIFAXAN ORAL TABLET 200 MG</td>
<td>Tier-3</td>
<td>PA; QL (9 TABLETS per 30 Days)</td>
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<td>**<em>ANTIMALARIALS</em></td>
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<td>atovaquone-proguanil hcl oral tablet</td>
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<tr>
<td>COARTEM ORAL TABLET</td>
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<td>QL (24 TABLETS per 180 Days)</td>
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<td>DARAPRIM ORAL TABLET</td>
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<td>hydroxychloroquine sulfate oral tablet</td>
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<td>KRINTAFEL ORAL TABLET</td>
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<td>mefloquine hcl oral tablet</td>
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<td>primaquine phosphate oral tablet</td>
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<td>quinine sulfate oral capsule</td>
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<tr>
<td>FIRDAPSE ORAL TABLET</td>
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<tr>
<td>guanidine hcl oral tablet</td>
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</tr>
<tr>
<td>MESTINON ORAL SYRUP</td>
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<tr>
<td>MYTELASE ORAL TABLET</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>pyridostigmine bromide er oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>pyridostigmine bromide oral tablet</td>
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<tr>
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<td>**<em>ANTIMYCOBACTERIAL AGENTS</em></td>
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<td>cycloserine oral capsule</td>
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<td>ethambutol hcl oral tablet</td>
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<tr>
<td>ISONARIF ORAL CAPSULE</td>
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<tr>
<td>isoniazid oral syrup</td>
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<tr>
<td>isoniazid oral tablet 100 mg</td>
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<tr>
<td>isoniazid oral tablet 300 mg</td>
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<td>^ (LCG)</td>
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<tr>
<td>PASER ORAL PACKET</td>
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<tr>
<td>PRIFTIN ORAL TABLET</td>
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<td>*pyrazinamide oral tablet</td>
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<tr>
<td>*rifabutin oral capsule</td>
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<tr>
<td>*rifampin oral capsule</td>
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<tr>
<td>RIFATER ORAL TABLET</td>
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<tr>
<td>SIRTURO ORAL TABLET</td>
<td>Tier-2</td>
<td>PA</td>
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<tr>
<td>TRECATOR ORAL TABLET</td>
<td>Tier-3</td>
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**ANTINEOPLASTIC - BCL-2 INHIBITORS***

| VENCLEXTA ORAL TABLET                     | Tier-2 | PA; ^ (CM)                        |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM)                        |

**ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***

| VITRAKVI ORAL CAPSULE                     | Tier-2 | PA; SP; ^ (CM)                    |
| VITRAKVI ORAL SOLUTION                    | Tier-2 | PA; SP; ^ (CM)                    |

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

| abiraterone acetate oral tablet           | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 days) |
| ACTIMMUNE SUBCUTANEOUS SOLUTION           | Tier-2 |                                   |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE      | Tier-2 | PA; SP; ^ (CM); QL (60 TABLETS per 30 Days) |
| AFINITOR ORAL TABLET                      | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |
| ALECENSA ORAL CAPSULE                     | Tier-2 | PA; SP; ^ (CM)                    |
| ALUNBRIG ORAL TABLET                      | Tier-2 | PA; SP; ^ (CM)                    |
| ALUNBRIG ORAL TABLET THERAPY PACK         | Tier-2 | PA; SP; ^ (CM)                    |
| anastrozole oral tablet                   | Tier-1 | ^ (CM)                            |
| bexarotene oral capsule                   | Tier-1 | SP; ^ (CM)                        |
| bicalutamide oral tablet                  | Tier-1 | ^ (CM)                            |
| BOSULIF ORAL TABLET 100 MG                | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |
| BOSULIF ORAL TABLET 400 MG                | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |
| BOSULIF ORAL TABLET 500 MG                | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |

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<td>BRAFTOVI ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td>CABOMETYX ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
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<td>CALQUENCE ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td>capecitabine oral tablet 150 mg</td>
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<td>SP; ^ (CM); QL (168 TABLETS per 14 days)</td>
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<td>capecitabine oral tablet 500 mg</td>
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<td>SP; ^ (CM); QL (84 TABLETS per 14 days)</td>
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<tr>
<td>CAPRELSA ORAL TABLET 100 MG</td>
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<td>PA; ^ (CM); QL (60 TABLETS per 30 Days)</td>
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<tr>
<td>CAPRELSA ORAL TABLET 300 MG</td>
<td>Tier-2</td>
<td>PA; ^ (CM); QL (30 TABLETS per 30 Days)</td>
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<tr>
<td>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td>COMETRIQ (140 MG DAILY DOSE) ORAL KIT</td>
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<td>PA; ^ (CM)</td>
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<tr>
<td>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</td>
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<td>PA; ^ (CM)</td>
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<tr>
<td>COTELLIC ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
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<tr>
<td>cyclophosphamide oral capsule</td>
<td>Tier-2</td>
<td>SP; ^ (CM)</td>
</tr>
<tr>
<td>cyclophosphamide oral tablet</td>
<td>Tier-1</td>
<td>SP; ^ (CM)</td>
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<tr>
<td>CYRAMZA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>DAURISMO ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td>EMCYT ORAL CAPSULE</td>
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<td>ERIVEDGE ORAL CAPSULE</td>
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<td>erlotinib hcl oral tablet</td>
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<td>SP; ^ (CM)</td>
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<tr>
<td>etoposide oral capsule</td>
<td>Tier-1</td>
<td>SP; ^ (CM)</td>
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<tr>
<td>exemestane oral tablet</td>
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<td>^ (CM)</td>
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<td>FARYDAK ORAL CAPSULE</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td>flutamide oral capsule</td>
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<td>^ (CM)</td>
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<tr>
<td>GILOTRIF ORAL TABLET</td>
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<td>PA; ^ (CM)</td>
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<tr>
<td>GLEOSTINE ORAL CAPSULE</td>
<td>Tier-3</td>
<td>SP; ^ (CM)</td>
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<tr>
<td>HEXALEN ORAL CAPSULE</td>
<td>Tier-2</td>
<td>^ (CM)</td>
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<tr>
<td>HYCAMTIN ORAL CAPSULE 0.25 MG</td>
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<td>PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days)</td>
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<tr>
<td>HYCAMTIN ORAL CAPSULE 1 MG</td>
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<td>PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days)</td>
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<tr>
<td>hydroxyurea oral capsule</td>
<td>Tier-1</td>
<td>^ (CM)</td>
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<th>Drug</th>
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<tr>
<td>ICLUSIG ORAL TABLET 15 MG</td>
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<td>PA; ^ (CM); QL (60 EA per 30 Days)</td>
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<tr>
<td>ICLUSIG ORAL TABLET 45 MG</td>
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<td>PA; ^ (CM); QL (30 EA per 30 Days)</td>
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<tr>
<td>imatinib mesylate oral tablet</td>
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<td>SP; ^ (CM)</td>
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<td>IMBRUVICA ORAL CAPSULE 70 MG</td>
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<td>IMBRUVICA ORAL TABLET</td>
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<td>PA; ^ (CM)</td>
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<tr>
<td>INLYTA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
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<td>INTRON A INJECTION SOLUTION</td>
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<td>SP</td>
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<tr>
<td>INTRON A INJECTION SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>SP</td>
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<tr>
<td>IRESSA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<td>JAKAFI ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<td>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<tr>
<td>LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<td>LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<td>LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<td>LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<td>LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</td>
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<td>letrozole oral tablet</td>
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<td>leucovorin calcium oral tablet</td>
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<td>^ (CM)</td>
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<td>LEUKERAN ORAL TABLET</td>
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<td>leuprolide acetate injection kit</td>
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<td># (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)</td>
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<td>lomustine oral capsule</td>
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<td>LORBRENA ORAL TABLET</td>
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<td>LYSODREN ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<td>MEKTOVI ORAL TABLET</td>
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<td>melphalan oral tablet</td>
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<td>NERLYNX ORAL TABLET</td>
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<td>PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)</td>
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<td>RYDAPT ORAL CAPSULE</td>
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<tr>
<td>SOLTAMOX ORAL SOLUTION</td>
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<td>^ (CM)</td>
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<tr>
<td>SPRYCEL ORAL TABLET 100 MG, 140 MG</td>
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<td>PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)</td>
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<tr>
<td>SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG</td>
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<td>PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)</td>
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<td>STIVARGA ORAL TABLET</td>
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<td>PA; SP; ^ (CM); QL (84 TABLETS per 28 Days)</td>
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<td>SUTENT ORAL CAPSULE</td>
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<tr>
<td>SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG</td>
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<td>SP; QL (4 VIALS per 28 days)</td>
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<td>PA; SP; ^ (CM); QL (180 TABLETS per 30 Days)</td>
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<td>PA; ^ (CM)</td>
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<td><strong>ANTIPARKINSON AGENTS</strong></td>
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<td>APOKYN SUBCUTANEOUS SOLUTION</td>
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<td>carbidopa-levodopa-entacapone oral tablet</td>
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<td>DUOPA ENTERAL SUSPENSION</td>
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<td>QL (30 PATCHES per 30 Days)</td>
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<td>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</td>
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<td>ropinirole hcl er oral tablet extended release 24 hour</td>
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<td>QL (90 TABLETS per 90 Days)</td>
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<td>ropinirole hcl oral tablet</td>
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<td>ABILIFY MYCITE ORAL TABLET</td>
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<td>PA; QL (30 tablets per 30 days)</td>
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<td>STPA; QL (90 EA per 90 days)</td>
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<td>STPA; QL (180 EA per 90 days)</td>
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<td>chlorpromazine hcl oral tablet</td>
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<td>clozapine oral tablet</td>
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<td>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</td>
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<td>LATUDA ORAL TABLET 80 MG</td>
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<td>STPA; QL (180 EA per 90 days)</td>
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<td>lithium carbonate oral capsule</td>
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<td>lithium carbonate oral tablet</td>
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<td>lithium oral solution</td>
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<td>loxapine succinate oral capsule</td>
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<td>NUPLAZID ORAL CAPSULE</td>
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<td>PA; SP; QL (30 capsules per 30 days)</td>
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<td>NUPLAZID ORAL TABLET</td>
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<td>PA; SP; QL (60 Tablets per 30 days)</td>
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<td>paliperidone er oral tablet extended release 24 hour</td>
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<td>prochlorperazine maleate oral tablet</td>
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<td>SP; QL (4 PENS per 28 Days)</td>
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<td>PREZISTA ORAL SUSPENSION</td>
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<td>PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG</td>
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<td>QL (20 UNITS per 365 Days)</td>
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<tr>
<td>SELZENTRY ORAL TABLET 25 MG</td>
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<td>cyclosporine modified oral capsule</td>
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<tr>
<td>ZORTRESS ORAL TABLET</td>
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<td>QL (180 TABLETS per 90 Days)</td>
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<td><em>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</em>**</td>
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<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</td>
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<td>PA; SP; QL (4 ML per 28 days)</td>
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<td><em>BACTERIAL MONOCLONAL ANTIBODIES</em>**</td>
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<td><em>BETA BLOCKERS</em></td>
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<td>acebutolol hcl oral capsule</td>
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<tr>
<td>atenolol oral tablet</td>
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<tr>
<td>betaxolol hcl oral tablet</td>
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<td>bisoprolol fumarate oral tablet</td>
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<tr>
<td>BYSTOLIC ORAL TABLET</td>
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<tr>
<td>carvedilol oral tablet</td>
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<td>carvedilol phosphate er oral capsule extended release 24 hour</td>
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<td>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</td>
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<td>metoprolol tartrate oral tablet 37.5 mg, 75 mg</td>
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<td>timolol maleate oral tablet</td>
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*BILE ACID SYNTHESIS DISORDER AGENTS***

| CHOLBAM ORAL CAPSULE                                                 | Tier-2   | PA             |

*BIOLOGICALS MISC*

| GRASTEK SUBLINGUAL TABLET SUBLINGUAL                                 | Tier-3   | PA; QL (30 EA per 30 days) |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL                                | Tier-3   | PA; QL (30 EA per 30 days) |

*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***

| AIMOVIG 140 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Tier-2   | PA; QL (1 pack per 30 days) |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | Tier-2   | PA; QL (1 injector per 30 days) |

*CALCIUM CHANNEL BLOCKERS*

| amlodipine besylate oral tablet                                      | Tier-1   | ^ (LCG)        |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR                    | Tier-3   |                |

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<td>COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG</td>
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<td>dilt-cd oral capsule extended release 24 hour</td>
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<td>diltiazem hcl er coated beads oral capsule extended release 24 hour</td>
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<td>diltzac oral capsule extended release 24 hour</td>
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<td>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</td>
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<td>sildenafil citrate oral tablet 20 mg</td>
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<td>tadalafil (pah) oral tablet</td>
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<td><strong>tadalafil oral tablet 5 mg</strong></td>
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<td>PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)</td>
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<td>PA; SI</td>
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<td><strong>cefoxime axetil oral suspension reconstituted 125 mg/5ml</strong></td>
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<td><strong>cefoxime axetil oral tablet</strong></td>
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^ = Mandates May Apply  
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**CONTRACEPTIVES**

| AMETHIA LO ORAL TABLET                                               | Tier-1 | ^ (WH)       |
| AMETHIA ORAL TABLET                                                  | Tier-1 | ^ (WH)       |
| AMETHYST ORAL TABLET                                                 | Tier-1 | ^ (WH)       |
| APRI ORAL TABLET                                                     | Tier-1 | ^ (WH)       |
| ARANELLE ORAL TABLET                                                 | Tier-1 | ^ (WH)       |
| AVIANE ORAL TABLET                                                   | Tier-1 | ^ (WH)       |
| AZURETTE ORAL TABLET                                                 | Tier-1 | ^ (WH)       |
| BALCOLETRA ORAL TABLET                                               | Tier-3 | ^ (WH)       |
| BALZIVA ORAL TABLET                                                  | Tier-1 | ^ (WH)       |
| BEYAZ ORAL TABLET                                                    | Tier-3 | PA; ^ (WH)   |
| BREVICON (28) ORAL TABLET                                            | Tier-3 | PA; ^ (WH)   |
| CAMILA ORAL TABLET                                                   | Tier-1 | ^ (WH)       |
| CAMRESE LO ORAL TABLET                                               | Tier-1 | ^ (WH)       |
| CAMRESE ORAL TABLET                                                  | Tier-1 | ^ (WH)       |
| CRYSELLE-28 ORAL TABLET                                              | Tier-1 | ^ (WH)       |
| CYCLAFEM 1/35 ORAL TABLET                                            | Tier-1 | ^ (WH)       |
| CYCLAFEM 7/7/7 ORAL TABLET                                           | Tier-1 | ^ (WH)       |
| CYCLESSA ORAL TABLET                                                 | Tier-3 | PA; ^ (WH)   |
| DESOGEN ORAL TABLET                                                  | Tier-3 | PA; ^ (WH)   |
| drosipiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg          | Tier-1 | ^ (WH)       |
| drosipirenone-ethinyl estradiol oral tablet                           | Tier-1 | ^ (WH)       |
| ELLA ORAL TABLET                                                     | Tier-3 | ^ (WH)       |
| ENPRESSE-28 ORAL TABLET                                              | Tier-1 | ^ (WH)       |
| ERRIN ORAL TABLET                                                    | Tier-1 | ^ (WH)       |
| ESTROSTEP FE ORAL TABLET                                             | Tier-3 | PA; ^ (WH)   |
| ethynodiol diac-eth estradiol oral tablet                            | Tier-1 | ^ (WH)       |

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<th>Drug</th>
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<td>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</td>
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<td>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</td>
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<td>prednisone (pak) oral tablet</td>
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<td>PREDNISONE INTENSOL ORAL CONCENTRATE</td>
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<td>prednisone oral solution</td>
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<td>prednisone oral tablet</td>
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<td>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</td>
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<td><strong>Cough/Cold/Allergy</strong></td>
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<td>benzonatate oral capsule 100 mg</td>
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<td>benzonatate oral capsule 150 mg, 200 mg</td>
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<td>BROMFED DM ORAL SYRUP</td>
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<td>cheratussin ac oral syrup</td>
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<td>hydrocodone-homatropine oral syrup</td>
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<td>hydrocodone-homatropine oral tablet</td>
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<td>hydromet oral syrup</td>
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<td>iophen c-nr oral liquid</td>
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<td>mytussin dac oral solution</td>
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<tr>
<td>NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %</td>
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<td>promethazine-dm oral syrup</td>
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<td>SSKI ORAL SOLUTION</td>
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<td>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
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<tr>
<td>IBRANCE ORAL CAPSULE</td>
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<td>PA; SP; ^ (CM)</td>
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<td>PA; SP; ^ (CM)</td>
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<td>KISQALI 400 DOSE ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<td>KISQALI 600 DOSE ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td>VERZENIO ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<td><strong>CYSTIC FIBROSIS AGENT - COMBINATIONS</strong>*</td>
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<td>ORKAMBI ORAL PACKET</td>
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<td>ORKAMBI ORAL TABLET</td>
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<td>AKNE-MYCIN EXTERNAL OINTMENT</td>
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<td>ala-cort external cream 1 %</td>
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<td>CLINDACIN-P EXTERNAL SWAB</td>
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<td>clindamycin phosphate external foam</td>
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<td><strong>COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
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<td>PA; SP; QL (2 Syringes per 28 days)</td>
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<tr>
<td><strong>COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</strong></td>
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<td>PA; SP; QL (2 Syringes per 28 days)</td>
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<tr>
<td><strong>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</strong></td>
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<td>PA; SP; QL (1 Syringe per 28 days)</td>
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<td><strong>CROTAN EXTERNAL LOTION</strong></td>
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<tr>
<td>diclofenac sodium transdermal gel 1 %</td>
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<td>QL (2 Tubes per 1 Fill)</td>
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<td>diclofenac sodium transdermal gel 3 %</td>
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<td><strong>DIFFERIN EXTERNAL GEL 0.1 %</strong></td>
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<td>PA; # (OTC)</td>
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<tr>
<td><strong>DIFFERIN GEL 0.1 % EXTERNAL (OTC)</strong></td>
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<td>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)</td>
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<td>DEPLIN 15 ORAL CAPSULE</td>
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<td>DEPLIN 7.5 ORAL CAPSULE</td>
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<td>DEPLIN ORAL TABLET</td>
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<tr>
<td>l-methylfolate oral tablet</td>
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<td><em>DIGESTIVE AIDS</em></td>
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<td>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</td>
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<tr>
<td>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</td>
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<td>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</td>
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<td>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES</td>
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<td><strong>DIRECT-ACTING P2Y12 INHIBITORS</strong>*</td>
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<td><strong>DIURETICS</strong></td>
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<td>acetazolamide er oral capsule extended release 12 hour</td>
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<td>acetazolamide oral tablet</td>
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<td>amiloride hcl oral tablet</td>
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<tr>
<td>amiloride-hydrochlorothiazide oral tablet</td>
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<td>bumetanide oral tablet</td>
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<td>chlorothiazide oral tablet</td>
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<td>chlorthalidone oral tablet</td>
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<td>DIURIL ORAL SUSPENSION</td>
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<td>ethacrynic acid oral tablet</td>
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<td>furosemide oral solution 10 mg/ml, 40 mg/4ml</td>
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<td>furosemide oral solution 8 mg/ml</td>
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<td>indapamide oral tablet</td>
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<td>KEVEYIS ORAL TABLET</td>
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<td>methazolamide oral tablet</td>
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<td>spironolactone oral tablet</td>
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<td>spironolactone-hctz oral tablet</td>
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<td>torsemide oral tablet</td>
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<td>triamterene-hctz oral capsule</td>
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<td>triamterene-hctz oral tablet</td>
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<td>BUPHENYL ORAL TABLET</td>
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<td>cabergoline oral tablet</td>
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<td>calcitonin (salmon) nasal solution</td>
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<td>calcitriol oral capsule</td>
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<td>calcitriol oral solution</td>
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<td>chorionic gonadotropin intramuscular solution reconstituted</td>
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<td>desmopressin ace spray refrig nasal solution</td>
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<td>desmopressin acetate oral tablet</td>
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<td>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>FOLLISTIM AQ INJECTION SOLUTION</td>
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<td>FOLLISTIM AQ SUBCUTANEOUS SOLUTION</td>
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<td>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</td>
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<td>FORTICAL NASAL SOLUTION</td>
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<td>GALAFOLD ORAL CAPSULE</td>
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<td>ganirelix acetate subcutaneous solution</td>
<td>Tier-3 PA; ¥</td>
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<td>GONAL-F INJECTION SOLUTION RECONSTITUTED</td>
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<td>GONAL-F RFF PEN SUBCUTANEOUS SOLUTION</td>
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<td>HP ACTHAR INJECTION GEL</td>
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<td>ibandronate sodium oral tablet</td>
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<td>INCRELEX SUBCUTANEOUS SOLUTION</td>
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<td>JYNARQUE ORAL TABLET THERAPY PACK</td>
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<td>KUVAN ORAL PACKET</td>
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<td>PA; SP</td>
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<td>KUVAN ORAL TABLET SOLUBLE</td>
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<td>levocarnitine oral solution</td>
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<td>PA; SP</td>
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<td>MIACALCIN INJECTION SOLUTION</td>
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<td>NATPARA SUBCUTANEOUS CARTRIDGE</td>
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<td>SP; QL (2 Cartridges per 28 days)</td>
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<td>NITYR ORAL TABLET</td>
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<td>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML</td>
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<td>NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML</td>
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<td>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</td>
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<td>ORFADIN ORAL CAPSULE</td>
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<td>ORFADIN ORAL SUSPENSION</td>
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<td>PA</td>
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<tr>
<td>ORILISSA ORAL TABLET 150 MG</td>
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<td>PA; QL (30 tablets per 30 days)</td>
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<td>ORILISSA ORAL TABLET 200 MG</td>
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<td>PA; QL (60 tablets per 30 days)</td>
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<td>OSPHENA ORAL TABLET</td>
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<td>OVIDREL SUBCUTANEOUS INJECTABLE</td>
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<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</td>
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<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
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<td>PA; QL (1 syringe per 1 day)</td>
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<td>paricalcitol oral capsule</td>
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<td>raloxifene hcl oral tablet</td>
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<td>RAVICTI ORAL LIQUID</td>
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<td>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</td>
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<td>SAMSCA ORAL TABLET</td>
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<td>QL (14 TABLETS per 7 Days)</td>
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<td>SENSIPEAR ORAL TABLET</td>
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<td>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</td>
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<td>SKELID ORAL TABLET</td>
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<td>sodium phenylbutyrate oral tablet</td>
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<td>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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*ESTROGENS*

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<td>ANGELIQ ORAL TABLET</td>
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<td>CENESTIN ORAL TABLET</td>
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<td>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</td>
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<td>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</td>
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<td>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</td>
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<td>estradiol transdermal patch twice weekly</td>
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<td>EVAMIST TRANSDERMAL SOLUTION</td>
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<td>FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG</td>
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<td>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</td>
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<td>PREFEST ORAL TABLET</td>
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<td>DUAVEE ORAL TABLET</td>
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<td><em>FARNESOID X RECEPTOR (FXR) AGONISTS</em>**</td>
<td>Tier-3</td>
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<tr>
<td>OCALIVA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; QL (30 Tablets per 30 days)</td>
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<tr>
<td><em>FLUOROQUINOLONES</em></td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>BAXDELA ORAL TABLET</td>
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</tr>
<tr>
<td>ciprofloxacin hcl oral tablet 100 mg</td>
<td>Tier-1</td>
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</tbody>
</table>

^ = Mandates May Apply  
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<table>
<thead>
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<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</td>
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<td>^(LCG)</td>
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<tr>
<td>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
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<tr>
<td>levofloxacin oral solution</td>
<td>Tier-1</td>
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<tr>
<td>levofloxacin oral tablet</td>
<td>Tier-1</td>
<td>^(LCG)</td>
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<tr>
<td>moxifloxacin hcl oral tablet</td>
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<tr>
<td>NOROXIN ORAL TABLET</td>
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<tr>
<td>ofloxacar oral tablet</td>
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<tr>
<td><em>GASTROINTESTINAL AGENTS - MISC.</em></td>
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<tr>
<td>alosetron hcl oral tablet</td>
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<tr>
<td>AMITIZA ORAL CAPSULE</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<tr>
<td>balsalazide disodium oral capsule</td>
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<tr>
<td>calcium acetate (phos binder) oral capsule</td>
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<tr>
<td>calcium acetate (phos binder) oral tablet</td>
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<td></td>
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<tr>
<td>CIMZIA PREFILLED SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Injections per 28 Days)</td>
</tr>
<tr>
<td>CIMZIA STARTER KIT SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Injections per 28 Days)</td>
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<tr>
<td>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Injections per 28 days)</td>
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<tr>
<td>cromolyn sodium oral concentrate</td>
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<tr>
<td>DIPENTUM ORAL CAPSULE</td>
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<tr>
<td>enulose oral solution</td>
<td>Tier-1</td>
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</tr>
<tr>
<td>GATTEX SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>SP; QL (30 Vials per 30 Days)</td>
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<tr>
<td>generlac oral solution</td>
<td>Tier-1</td>
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<tr>
<td>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>Medical Benefit</td>
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<tr>
<td>lanthanum carbonate oral tablet chewable</td>
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<tr>
<td>LINZESS ORAL CAPSULE</td>
<td>Tier-2</td>
<td>QL (30 CAPSULES per 30 Days)</td>
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<tr>
<td>mesalamine oral capsule delayed release</td>
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<tr>
<td>mesalamine oral tablet delayed release</td>
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<tr>
<td>mesalamine rectal suppository</td>
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<tr>
<td>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</td>
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<tr>
<td>metoclopramide hcl oral tablet</td>
<td>Tier-1</td>
<td>^(LCG)</td>
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<tr>
<td>metoclopramide hcl oral tablet dispersible 10 mg</td>
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<td>QL (120 EA per 30 days)</td>
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<tr>
<td>metoclopramide hcl oral tablet dispersible 5 mg</td>
<td>Tier-1</td>
<td>QL (120 EA per 30 days)</td>
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<tr>
<td>MOVANTIK ORAL TABLET</td>
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<tr>
<td>PENTASA ORAL CAPSULE EXTENDED RELEASE</td>
<td>Tier-2</td>
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<tr>
<td>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td>Medical Benefit PA</td>
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<tr>
<td>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>Medical Benefit PA</td>
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<tr>
<td>sevelamer carbonate oral packet 0.8 gm</td>
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<tr>
<td>SFROWASA RECTAL ENEMA</td>
<td>Tier-2</td>
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<tr>
<td>sulfasalazine oral tablet</td>
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<td></td>
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<tr>
<td>sulfasalazine oral tablet delayed release</td>
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<tr>
<td>SULFAZINE ORAL TABLET</td>
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<tr>
<td>ursodiol oral capsule</td>
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<tr>
<td>ursodiol oral tablet</td>
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<tr>
<td><strong>GENITOURINARY AGENTS - MISCELLANEOUS</strong></td>
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<tr>
<td>alfuzosin hcl er oral tablet extended release 24 hour</td>
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<tr>
<td>CYSTAGON ORAL CAPSULE</td>
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<tr>
<td>dutasteride oral capsule</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl oral capsule</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>ELMIRON ORAL CAPSULE</td>
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<tr>
<td>finasteride oral tablet 5 mg</td>
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<tr>
<td>potassium citrate er oral tablet extended release</td>
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<td></td>
</tr>
<tr>
<td>tamsulosin hcl oral capsule</td>
<td>Tier-1</td>
<td></td>
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<tr>
<td><strong>GLYCOPEPTIDES</strong>*</td>
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<tr>
<td>FIRST-VANCOMYCIN 25 ORAL SOLUTION</td>
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<td>FIRST-VANCOMYCIN 50 ORAL SOLUTION</td>
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<tr>
<td>FIRVANQ ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>QL (2 ML per 10 days)</td>
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<td>vancomycin hcl oral capsule</td>
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<td><strong>GOUT AGENTS</strong></td>
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<tr>
<td>allopurinol oral tablet</td>
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<tr>
<td>colchicine oral capsule</td>
<td>Tier-2</td>
<td>QL (180 EA per 90 days)</td>
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<tr>
<td>colchicine oral tablet</td>
<td>Tier-2</td>
<td>QL (180 EA per 90 days)</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>colchicine-probenecid oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>DUZALLO ORAL TABLET</td>
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<td>PA</td>
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<td>KRYSITEXXA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>probenecid oral tablet</td>
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<tr>
<td>ULORIC ORAL TABLET</td>
<td>Tier-3</td>
<td>STPA</td>
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<tr>
<td>ZURAMPIC ORAL TABLET</td>
<td>Tier-3</td>
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**HEMATOLOGICAL AGENTS - MISC.**

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<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit, 750 unit</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>adynovate intravenous solution reconstituted 3000 unit</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>AFSTYLIA INTRAVENOUS KIT</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>anagrelide hcl oral capsule</td>
<td>Tier-1</td>
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<tr>
<td>aspirin-dipyridamole er oral capsule extended release 12 hour</td>
<td>Tier-2</td>
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<tr>
<td>BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>BENEFIX INTRAVENOUS KIT</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td>BERINERT INTRAVENOUS KIT</td>
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<td>SI</td>
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<tr>
<td>BRILINTA ORAL TABLET</td>
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<tr>
<td>cilostazol oral tablet</td>
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<td>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<tr>
<td>clopidogrel bisulfate oral tablet 300 mg</td>
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<td>clopidogrel bisulfate oral tablet 75 mg</td>
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<td>^ (LCG)</td>
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<td>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<tr>
<td>CORIFACT INTRAVENOUS KIT</td>
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<td>PA; SI</td>
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</tbody>
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<tr>
<td>dipyridamole oral tablet</td>
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<td>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
</tr>
<tr>
<td>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT</td>
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<tr>
<td>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<tr>
<td>FIRAZYR SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; SP; QL (3 ML per 1 Fill)</td>
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<tr>
<td>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SP</td>
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<td>HELIXATE FS INTRAVENOUS KIT</td>
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<td>PA; SI</td>
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<td>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</td>
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<td>PA; SI</td>
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<td>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</td>
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<td>JIVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<tr>
<td>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>KOGENATE FS BIO-SET INTRAVENOUS KIT</td>
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<td>PA; SI</td>
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<td>KOGENATE FS INTRAVENOUS KIT</td>
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<td>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<tr>
<td>MONOCLOATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT</td>
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<td>PA; SI</td>
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<td>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>PA; SI</td>
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<tbody>
<tr>
<td>obizur intravenous solution reconstituted</td>
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<td>pentoxifylline er oral tablet extended release</td>
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<td>prasugrel hcl oral tablet</td>
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<td>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>rixubis intravenous solution reconstituted</td>
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<td>SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML</td>
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<td>PA; SI</td>
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<td>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</td>
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<tr>
<td>XYNTHA SOLOFUSE INTRAVENOUS KIT</td>
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<td>PA; SI</td>
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**HEMATOPOIETIC AGENTS**

| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier-2 | SP; QL (4 ML per 30 days) |

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<tr>
<td><strong>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE</strong></td>
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<td>SP; QL (4 ML per 30 days)</td>
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<td>100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</td>
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<td><strong>CERDELGA ORAL CAPSULE</strong></td>
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<tr>
<td><strong>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<tr>
<td>cyanocobalamin injection solution 1000 mcg/ml</td>
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<td>^ (LCG)</td>
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<td>cyanocobalamin injection solution 2000 mcg/ml</td>
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<tr>
<td><strong>DOPTELET ORAL TABLET 20 MG</strong></td>
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<td><strong>DROXIA ORAL CAPSULE</strong></td>
<td>Tier-2</td>
<td>^ (CM)</td>
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<td>PA</td>
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<tr>
<td><strong>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</strong></td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 Days)</td>
</tr>
<tr>
<td><strong>FERIVA ORAL CAPSULE</strong></td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td><strong>FERRALET 90 ORAL TABLET</strong></td>
<td>Tier-3</td>
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</tr>
<tr>
<td>folic acid oral tablet 1 mg</td>
<td>Tier-1</td>
<td>^ (ACA)</td>
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<tr>
<td><strong>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (1 ML per 14 days)</td>
</tr>
<tr>
<td><strong>FUSION PLUS ORAL CAPSULE</strong></td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td><strong>GRANIX SUBCUTANEOUS SOLUTION</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (10 vials per 14 days)</td>
</tr>
<tr>
<td><strong>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier-2</td>
<td>PA; SP; QL (10 Syringes per 14 days)</td>
</tr>
<tr>
<td><strong>INTEGRA F ORAL CAPSULE</strong></td>
<td>Tier-3</td>
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<td><strong>INTEGRA PLUS ORAL CAPSULE</strong></td>
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<tr>
<td><strong>IROSPAN 24/6 ORAL</strong></td>
<td>Tier-3</td>
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</tr>
<tr>
<td><strong>LEUKINE INJECTION SOLUTION</strong></td>
<td>Tier-2</td>
<td>SP; QL (6 vials per 14 Days)</td>
</tr>
<tr>
<td><strong>MAXARON FORTE ORAL CAPSULE</strong></td>
<td>Tier-3</td>
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<tr>
<td><strong>MAXARON FORTE ORAL TABLET</strong></td>
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<tr>
<td>miglustat oral capsule</td>
<td>Tier-3</td>
<td>PA</td>
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<tr>
<td><strong>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier-2</td>
<td>QL (2 Syringes per 28 days)</td>
</tr>
<tr>
<td><strong>MULPLETA ORAL TABLET</strong></td>
<td>Tier-3</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>NASCOBAL NASAL SOLUTION</strong></td>
<td>Tier-2</td>
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<tr>
<td>NEULASTA SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Syringe per 14 days)</td>
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<tr>
<td>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (10 VIALS per 14 days)</td>
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<tr>
<td>NEUPOGEN INJECTION SOLUTION</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 Syringes per 14 days)</td>
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<tr>
<td>NIVESTYM INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>PA; SP; QL (10 syringes per 14 days)</td>
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<tr>
<td>NOVAFERRUM ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>Medical Benefit</td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 Days)</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET</td>
<td>Tier-2</td>
<td>SP; QL (60 packets per 30 days)</td>
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<tr>
<td>PROMACTA ORAL TABLET 12.5 MG, 75 MG</td>
<td>Tier-2</td>
<td>SP; QL (30 TABLETS per 30 days)</td>
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<tr>
<td>PROMACTA ORAL TABLET 25 MG</td>
<td>Tier-2</td>
<td>SP; QL (30 TABLETS per 30 Days)</td>
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<tr>
<td>PROMACTA ORAL TABLET 50 MG</td>
<td>Tier-2</td>
<td>SP; QL (60 TABLETS per 30 days)</td>
</tr>
<tr>
<td>RETACRIT INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 days)</td>
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<tr>
<td>SIKLOS ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (0.6 mL per 14 days)</td>
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<tr>
<td>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>Medical Benefit</td>
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<tr>
<td>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>SP; QL (10 Syringes per 14 days)</td>
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</tbody>
</table>

**HEMOSTATICS**

| AMICAR ORAL SOLUTION                      | Tier-3  |                                           |
| AMICAR ORAL SYRUP                        | Tier-3  |                                           |
| aminocaproic acid oral tablet            | Tier-2  |                                           |
| tranexamic acid oral tablet              | Tier-1  | QL (30 TABLETS per 28 Days)               |

**HEPATITIS C AGENT - COMBINATIONS***

| EPCLUSA ORAL TABLET                      | Tier-2  | PA; SP; ¥ (Generic formulations are non-covered) |

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<table>
<thead>
<tr>
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<tr>
<td>HARVONI ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ¥ (Generic formulations are non-covered)</td>
</tr>
<tr>
<td>VOSEVI ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP</td>
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<tr>
<td><em>HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS</em>*</td>
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<tr>
<td>XURIDEN ORAL PACKET</td>
<td>Tier-2</td>
<td>PA; QL (120 Packets per 30 days)</td>
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<tr>
<td><em>HYPNOTICS</em></td>
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<tr>
<td>chloral hydrate oral syrup</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>estazolam oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>eszopiclone oral tablet</td>
<td>Tier-1</td>
<td>QL (10 TABLETS per 30 days)</td>
</tr>
<tr>
<td>flurazepam hcl oral capsule</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>HETLIOZ ORAL CAPSULE</td>
<td>Tier-3</td>
<td>PA; QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral elixir</td>
<td>Tier-1</td>
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<tr>
<td>phenobarbital oral solution</td>
<td>Tier-1</td>
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<tr>
<td>phenobarbital oral tablet 100 mg, 60 mg</td>
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<tr>
<td>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</td>
<td>Tier-1 ^ (LCG)</td>
<td></td>
</tr>
<tr>
<td>ROZEREM ORAL TABLET</td>
<td>Tier-3</td>
<td>STPA; QL (10 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>temazepam oral capsule</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>triazolam oral tablet</td>
<td>Tier-1</td>
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</tr>
<tr>
<td>zaleplon oral capsule</td>
<td>Tier-1</td>
<td>QL (10 CAPSULES per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate er oral tablet extended release</td>
<td>Tier-1</td>
<td>STPA; QL (10 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG); QL (10 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate sublingual tablet sublingual</td>
<td>Tier-2</td>
<td>STPA; QL (10 TABLETS per 30 days)</td>
</tr>
<tr>
<td>ZOLPIMIST ORAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Unit per 30 Days)</td>
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<tr>
<td><em>HYPOPHOSPHATASIA (HPP) AGENTS</em>**</td>
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</tr>
<tr>
<td>STRENSIQ SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; QL (24 VIALS per 28 days)</td>
</tr>
<tr>
<td><em>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</em>**</td>
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<tr>
<td>VIBERZI ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td><em>INTEGRIN RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
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</tr>
<tr>
<td>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
</tbody>
</table>

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77
<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>INTERLEUKIN ANTAGONISTS</strong>*</td>
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<tr>
<td>STELARA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-4 ALPHA ANTAGONISTS</strong>*</td>
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<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</strong>*</td>
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<tr>
<td>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>NUCALAPA SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)</strong>*</td>
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<tr>
<td>CINQAIR INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><strong>INTERLEUKIN-6 (IL-6) ANTAGONANTS</strong>*</td>
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<tr>
<td>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><strong>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</strong>*</td>
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<tr>
<td>TIBSOVO ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td><strong>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</strong>*</td>
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<tr>
<td>IDHIFA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM); QL (30 Tablets per 30 days)</td>
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<td><strong>LAXATIVES</strong>*</td>
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<tr>
<td>CLENPIQ ORAL SOLUTION</td>
<td>Tier-3</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
</tr>
<tr>
<td>constulose oral solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>GAVILYTE-C ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
</tr>
<tr>
<td>GAVILYTE-G ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
</tr>
<tr>
<td>GOLYTELY ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<td>HALFLYTELY WITH FLAVOR PACKS ORAL KIT</td>
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<td>KRISTALOSE ORAL PACKET</td>
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<tr>
<td>lactulose oral solution</td>
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<tr>
<td>MOVIPREP ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
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<tr>
<td>OSMOPREP ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>peg 3350/electrolytes oral solution reconstituted</td>
<td>Tier-1</td>
<td>^ (ACA)</td>
</tr>
<tr>
<td>PLENVU ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>PREPOPIK ORAL PACKET</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
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<tr>
<td>SUPREP BOWEL PREP KIT ORAL SOLUTION</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
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<tr>
<td>TRILYTE ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td><strong>LEPTIN ANALOGUES</strong>*</td>
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<td>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>PA; QL (30 Injections per 30 days)</td>
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<tr>
<td><strong>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</strong>*</td>
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<td>XIIDRA OPHTHALMIC SOLUTION</td>
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<td>PA</td>
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<td><strong>LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS</strong>*</td>
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<tr>
<td>KANUMA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td><strong>MACROLIDES</strong>*</td>
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<tr>
<td>azithromycin oral packet</td>
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<tr>
<td>azithromycin oral suspension reconstituted</td>
<td>Tier-1</td>
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<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
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<tr>
<td>clarithromycin er oral tablet extended release 24 hour</td>
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<tr>
<td>clarithromycin oral suspension reconstituted</td>
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<td>clarithromycin oral tablet</td>
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<td>E.E.S. 400 ORAL TABLET</td>
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<td>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</td>
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<tr>
<td>ERY-TAB ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ERYTHROCIN STEARATE ORAL TABLET 250 MG</td>
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<td>erythromycin base oral capsule delayed release particles</td>
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<tr>
<td>erythromycin base oral tablet</td>
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<tr>
<td>erythromycin ethylsuccinate oral suspension reconstituted</td>
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<td>erythromycin ethylsuccinate oral tablet</td>
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<td>erythromycin stearate oral tablet 250 mg</td>
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<td>PCE ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ZMAX ORAL SUSPENSION RECONSTITUTED</td>
<td>Tier-3</td>
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</table>

*MEDICAL DEVICES*

| BD AUTOSHIELD                                                        | Tier-2 |       |
| BD AUTOSHIELD DUO                                                    | Tier-2 |       |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML      | Tier-2 |       |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 25G X 1/2" 1 ML, 27G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 30G X 1/2" 0.5 ML, U-100 1 ML | Tier-2 |       |
| BD INSULIN SYRINGE HALF-UNIT                                         | Tier-2 |       |
| BD INSULIN SYRINGE MICROFINE                                         | Tier-2 |       |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML            | Tier-2 |       |
| BD INSULIN SYRINGE U-40                                              | Tier-2 |       |
| BD INSULIN SYRINGE ULTRAFINE                                         | Tier-2 |       |
| BD INTEGRA INSULIN SYRINGE                                           | Tier-2 |       |
| BD INTEGRA SYRINGE 25G X 1" 1 ML                                     | Tier-2 |       |
| BD PEN NEEDLE MINI U/F                                               | Tier-2 |       |
| BD PEN NEEDLE NANO U/F                                               | Tier-2 |       |
| BD PEN NEEDLE ORIGINAL U/F                                           | Tier-2 |       |
| BD PEN NEEDLE SHORT U/F                                              | Tier-2 |       |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML | Tier-2 |       |
| BD SAFETY-LOK INSULIN SYRINGE                                        | Tier-2 |       |

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<tr>
<td><strong>MIGRAINE PRODUCTS</strong></td>
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<tr>
<td>almotriptan malate oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 days)</td>
</tr>
<tr>
<td>ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>STPA; QL (4 Vials per 30 days)</td>
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<tr>
<td>dihydroergotamine mesylate nasal solution</td>
<td>Tier-3</td>
<td>QL (1 Box per 30 days)</td>
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<tr>
<td>eletriptan hydrobromide oral tablet</td>
<td>Tier-2</td>
<td>QL (6 EA per 30 days)</td>
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<tr>
<td>ERGOMAR SUBLINGUAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>ergotamine-caffeine oral tablet</td>
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<tr>
<td>frovatriptan succinate oral tablet</td>
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<td>QL (9 TABLETS per 30 days)</td>
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<td>MIGERGOT RECTAL SUPPOSITORY</td>
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<tr>
<td>MIGRANAL NASAL SOLUTION</td>
<td>Tier-3</td>
<td>QL (1 Box per 30 Days)</td>
</tr>
<tr>
<td>naratriptan hcl oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>ONZETRA XSAIL NASAL EXHALER POWDER</td>
<td>Tier-3</td>
<td>STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet dispersible</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>sumatriptan nasal solution 20 mg/act</td>
<td>Tier-1</td>
<td>QL (1 Box per 30 Days)</td>
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<tr>
<td>sumatriptan nasal solution 5 mg/act</td>
<td>Tier-1</td>
<td>QL (2 Boxes per 30 Days)</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
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<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
<td>Tier-1</td>
<td>QL (4 INJECTIONS per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution</td>
<td>Tier-1</td>
<td>QL (4 Injections per 30 Days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</td>
<td>Tier-1</td>
<td>QL (4 INJECTIONS per 30 days)</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</td>
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<td>QL (4 INJECTIONS per 30 days)</td>
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<td>sumatriptan-naproxen sodium oral tablet</td>
<td>Tier-2</td>
<td>PA; QL (9 EA per 30 days)</td>
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<tr>
<td>zolmitriptan oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 Days)</td>
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<td>zolmitriptan oral tablet dispersible</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 Days)</td>
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<tr>
<td>ZOMIG NASAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Box per 30 Days)</td>
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<td><strong>MINERALS &amp; ELECTROLYTES</strong></td>
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<td>EFFER-K ORAL TABLET EFFERVESCENT</td>
<td>Tier-3</td>
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<tr>
<td>GALZIN ORAL CAPSULE</td>
<td>Tier-2</td>
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<tr>
<td>KLOK-CON 10 ORAL TABLET EXTENDED RELEASE</td>
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<td>LURIDE ORAL SOLUTION</td>
<td>Tier-3</td>
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<tr>
<td>LURIDE ORAL TABLET CHEWABLE</td>
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<td>(ACA)</td>
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<td>potassium chloride clys er oral tablet extended release</td>
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<td>potassium chloride er oral capsule extended release</td>
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<tr>
<td>potassium chloride er oral tablet extended release 10 meq, 8 meq</td>
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<td>potassium chloride oral packet</td>
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<tr>
<td>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</td>
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<tr>
<td>sodium fluoride oral solution</td>
<td>Tier-1</td>
<td>(ACA)</td>
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<td>sodium fluoride oral tablet</td>
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<td>sodium fluoride oral tablet chewable</td>
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<td><em>MIXED ALLERGENIC EXTRACTS</em>**</td>
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<td>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>PA; QL (30 EA per 30 days)</td>
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<td>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>PA; QL (30 EA per 30 days)</td>
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<td><em>MONOBACTAMS</em>**</td>
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<td>CAYSTON INHALATION SOLUTION RECONSTITUTED</td>
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<td><em>MOUTH/THROAT/DENTAL AGENTS</em></td>
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<td>APHTHASOL MOUTH/THROAT PASTE</td>
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<td>cevimeline hcl oral capsule</td>
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<td>chlorhexidine gluconate mouth/throat solution</td>
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<td>clotrimazole mouth/throat troche</td>
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<td>EPISIL MOUTH/THROAT LIQUID</td>
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<td>QL (4 Bottles per 30 Days)</td>
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<td>FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION</td>
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<td>GELCLAIR MOUTH/THROAT GEL</td>
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<tr>
<td><em>lidocaine hcl mouth/throat solution</em></td>
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<td><em>lidocaine viscous mouth/throat solution</em></td>
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<td>NUMOISYN MOUTH/THROAT LIQUID</td>
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<td><em>nystatin mouth/throat suspension</em></td>
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<td>ORALONE MOUTH/THROAT PASTE</td>
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<td>PERIOGARD MOUTH/THROAT SOLUTION</td>
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<td><em>pilocarpine hcl oral tablet</em></td>
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<tr>
<td><em>triamcinolone acetonide mouth/throat paste</em></td>
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<td><em>MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS</em>**</td>
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<td>VIMIZIM INTRAVENOUS SOLUTION</td>
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<td>ATABEX EC ORAL TABLET DELAYED RELEASE</td>
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<td>CITRANATAL DHA ORAL</td>
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<td>CITRANATAL RX ORAL TABLET</td>
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<td>GESTICARE DHA ORAL 27-1 &amp; 250 MG</td>
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<td>MARNATAL-F ORAL CAPSULE</td>
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<td><em>myrneohrocaps oral capsule</em></td>
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<td>NEEVO DHA ORAL CAPSULE 27-1.13 MG</td>
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<td><em>pnv-dha+docusate oral capsule</em></td>
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<td><em>pnv-ob/dha oral</em></td>
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<td><em>prenatal plus iron oral tablet</em></td>
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<td>PREQUE 10 ORAL TABLET</td>
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<tr>
<td>SELECT-OB+DHA ORAL</td>
<td>Tier-3</td>
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<tr>
<td>VITAFOL-OB+DHA ORAL</td>
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<td><em>vol-tab rx oral tablet</em></td>
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<td><em>MUSCULAR DYSTROPHY AGENTS</em>**</td>
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<td>EXONDYS S1 INTRAVENOUS SOLUTION</td>
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<td>PA</td>
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<td><em>MUSCULOSKELETAL THERAPY AGENTS</em></td>
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<td><em>baclofen oral tablet</em></td>
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<td><em>carisoprodol oral tablet</em></td>
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<tr>
<td><em>carisoprodol-aspirin oral tablet</em></td>
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<tr>
<th>Drug</th>
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<tr>
<td>carisoprodol-aspirin-codeine oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>chlorzoxazone oral tablet 500 mg</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>cyclobenzaprine hcl oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>dantrolene sodium oral capsule</td>
<td>Tier-2</td>
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<td>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA; SP</td>
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<td>metaxalone oral tablet 800 mg</td>
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<td>methocarbamol oral tablet</td>
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<td>orphenadrine citrate er oral tablet extended release 12 hour</td>
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<td>orphenadrine compound-ds oral tablet</td>
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<td>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</td>
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<td>tizanidine hcl oral capsule</td>
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<td>tizanidine hcl oral tablet</td>
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<td><em>NASAL AGENTS - SYSTEMIC AND TOPICAL</em></td>
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<tr>
<td>azelastine hcl nasal solution 0.1 %</td>
<td>Tier-1</td>
<td>QL (3 EA per 90 Days)</td>
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<tr>
<td>azelastine hcl nasal solution 0.15 %</td>
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<td>QL (3 EA per 90 Days)</td>
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<tr>
<td>BACTROBAN NASAL NASAL OINTMENT</td>
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<tr>
<td>budesonide nasal suspension</td>
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<td>QL (3 EA per 90 days)</td>
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<tr>
<td>flunisolide nasal solution</td>
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<td>QL (3 EA per 90 Days)</td>
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<td>fluticasone propionate nasal suspension</td>
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<td>QL (3 EA per 90 Days)</td>
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<td>ipratropium bromide nasal solution</td>
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<td>QL (6 EA per 90 Days)</td>
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<td>mometasone furoate nasal suspension</td>
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<td>QL (6 EA per 90 days)</td>
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<td>olopatadine hcl nasal solution</td>
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<td>QL (3 EA per 90 days)</td>
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<tr>
<td>triamcinolone acetonide nasal aerosol</td>
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<td>QL (3 EA per 90 days)</td>
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<tr>
<td><em>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</em>**</td>
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<td>ENTRESTO ORAL TABLET</td>
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<tr>
<td><em>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</em>**</td>
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<tr>
<td>NORTHERA ORAL CAPSULE</td>
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<td>PA</td>
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<td><em>NEUROMUSCULAR AGENTS</em></td>
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<td>BOTOX INJECTION SOLUTION RECONSTITUTED</td>
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<td>MYOBLOC INTRAMUSCULAR SOLUTION</td>
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<td>riluzole oral tablet</td>
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<td>TIGLUTIK ORAL SUSPENSION</td>
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<tr>
<td>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</td>
<td>Medical Benefit</td>
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*NUTRIENTS*

| NUTRESTORE ORAL PACKET                                    | Tier-2                        | PA     |

*OPHTHALMIC AGENTS*

| ak-poly-bac ophthalmic ointment                          | Tier-1                        |        |
| ALOCRIL OPHTHALMIC SOLUTION                              | Tier-3                        |        |
| ALOMIDE OPHTHALMIC SOLUTION                              | Tier-3                        |        |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                     | Tier-3                        |        |
| ALREX OPHTHALMIC SUSPENSION                              | Tier-2                        |        |
| apraclonidine hcl ophthalmic solution                    | Tier-1                        |        |
| atropine sulfate ophthalmic solution                     | Tier-1                        |        |
| AZASITE OPHTHALMIC SOLUTION                              | Tier-3                        | QL (1 Bottle per 7 Days) |
| azelastine hcl ophthalmic solution                       | Tier-1                        |        |
| AZOPT OPHTHALMIC SUSPENSION                              | Tier-2                        |        |
| bacitracin ophthalmic ointment                           | Tier-1                        |        |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | Tier-1                        |        |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment         | Tier-1                        |        |
| BESIVANCE OPHTHALMIC SUSPENSION                          | Tier-3                        | QL (1 Bottle per 5 Days) |
| betaxolol hcl ophthalmic solution                        | Tier-1                        |        |
| BETIMOL OPHTHALMIC SOLUTION                              | Tier-2                        |        |
| BETOPTIC-S OPHTHALMIC SUSPENSION                         | Tier-3                        |        |
| bimatoprost ophthalmic solution                          | Tier-2                        | STPA   |
| BLEPHAMIDE OPHTHALMIC SUSPENSION                         | Tier-3                        |        |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT                    | Tier-3                        |        |
| brimonidine tartrate ophthalmic solution 0.15 %          | Tier-2                        |        |
| brimonidine tartrate ophthalmic solution 0.2 %           | Tier-1                        |        |
| BROMDAY OPHTHALMIC SOLUTION                              | Tier-3                        |        |

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<td>bromfenac sodium (once-daily) ophthalmic solution</td>
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<td>carteolol hcl ophthalmic solution</td>
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<td>COMBIGAN OPHTHALMIC SOLUTION</td>
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<td>cromolyn sodium ophthalmic solution</td>
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<td>cyclopentolate hcl ophthalmic solution 0.5 %</td>
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<td>dexamethasone sodium phosphate ophthalmic solution</td>
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<td>diclofenac sodium ophthalmic solution</td>
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<td>gatifloxacin ophthalmic solution</td>
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<td>gentamicin sulfate ophthalmic ointment</td>
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<td>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</td>
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<td>PA; SI</td>
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<td>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</td>
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<td>SYNAGIS INTRAMUSCULAR SOLUTION</td>
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<td>PA; SP</td>
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<td>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</td>
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<td>amoxicillin oral tablet</td>
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<td>amoxicillin oral tablet chewable 250 mg</td>
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<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<td>PA; SP</td>
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<td>PA; SP; ^ (CM)</td>
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<td>RUBRACA ORAL TABLET</td>
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<td>PA; SP; ^ (CM); QL (120 EA per 30 days)</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td>ZEJULA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td><strong>POTASSIUM REMOVING AGENTS</strong>*</td>
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<tr>
<td>KIONEX ORAL SUSPENSION</td>
<td>Tier-1</td>
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<td>LOKELMA ORAL PACKET</td>
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<tr>
<td>sodium polystyrene sulfonate oral suspension</td>
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<tr>
<td>VELTASSA ORAL PACKET</td>
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<td><strong>PROGESTINS</strong></td>
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<tr>
<td>medroxyprogesterone acetate oral tablet</td>
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<td>^ (LCG)</td>
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<td>megestrol acetate oral suspension 625 mg/5ml</td>
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<td>norethindrone acetate oral tablet</td>
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<td>progesterone micronized oral capsule</td>
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<td><strong>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</strong>*</td>
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<tr>
<td>ZONTIVITY ORAL TABLET</td>
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<tr>
<td>*<em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em></td>
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<td>acamprosate calcium oral tablet delayed release</td>
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<tr>
<td>AUBAGIO ORAL TABLET</td>
<td>Tier-2</td>
<td>SP; QL (28 TABLETS per 28 Days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 12 MG</td>
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<td>PA; SP; QL (120 EA per 30 days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 6 MG, 9 MG</td>
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<td>PA; SP; QL (60 EA per 30 days)</td>
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<td>AVONEX INTRAMUSCULAR KIT</td>
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<td>SP; QL (4 VIALS per 28 days)</td>
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<tr>
<td>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</td>
<td>Tier-3</td>
<td>SP; QL (4 Pens per 28 days)</td>
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<tr>
<td>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</td>
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<td>SP; QL (4 Syringes per 28 days)</td>
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<tr>
<td>BETASERON SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>SP; QL (15 Vials per 30 Days)</td>
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<td>BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<tr>
<td>bupropion hcl er (smoking det) oral tablet</td>
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<td>extended release 12 hour</td>
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^ = Mandates May Apply  
¥ = Additional Limits May Apply  
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<td>chlordiazepoxide-amitriptyline oral tablet</td>
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<td>cvs nicotine polacrilex mouth/throat lozenge</td>
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<td>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</td>
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<td>dalfampridine er oral tablet extended release 12 hour</td>
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<td>PA; SP; QL (60 Tablets per 30 days)</td>
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<tr>
<td>disulfiram oral tablet</td>
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<tr>
<td>donepezil hcl oral tablet</td>
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<td>donepezil hcl oral tablet dispersible</td>
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<td>eq nicotine step 3 transdermal patch 24 hour</td>
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<td>fluoxetine hcl (pmdd) oral capsule</td>
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<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour</td>
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<td>galantamine hydrobromide oral solution</td>
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<td>galantamine hydrobromide oral tablet</td>
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<tr>
<td>GILENYA ORAL CAPSULE 0.5 MG</td>
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<td>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</td>
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<td>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
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<td>SP; QL (30 Syringes per 30 days)</td>
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<tr>
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<td>perphenazine-amitriptyline oral tablet</td>
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<td>pimozide oral tablet</td>
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<tr>
<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)</td>
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<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>SP; QL (2 Syringes per 28 days)</td>
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<td>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>SAVELLA ORAL TABLET</td>
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<td>TECFIDERA ORAL CAPSULE DELAYED RELEASE</td>
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<td>PA; SP</td>
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<td>PULMOZYME INHALATION SOLUTION</td>
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<td><em>SEROTONIN MODULATORS</em>**</td>
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<td>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</td>
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<td><em>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</em>**</td>
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<tr>
<td>SYNJARDY ORAL TABLET</td>
<td>Tier-2</td>
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<tr>
<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>Tier-2</td>
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<tr>
<td><em>SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES</em>**</td>
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<td>SPINRAZA INTRATHecal SOLUTION</td>
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<tr>
<td><em>SPLIEEN TYROSINE KINASE (SYK) INHIBITORS</em>**</td>
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<tr>
<td>TAVALISSE ORAL TABLET</td>
<td>Tier-3</td>
<td>QL (60 tablets per 30 days)</td>
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<th>Status</th>
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<tbody>
<tr>
<td><strong>STEROIDS - MOUTH/THROAT/DENTAL</strong>*</td>
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<tr>
<td>ORALONE MOUTH/THROAT PASTE</td>
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<tr>
<td>triamcinolone acetonide mouth/throat paste</td>
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<tr>
<td><strong>SULFONAMIDES</strong>*</td>
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<tr>
<td>sulfadiazine oral tablet</td>
<td>Tier-3</td>
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<tr>
<td><strong>TETRACYCLINES</strong>*</td>
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<tr>
<td>demeclocycline hcl oral tablet</td>
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<tr>
<td>doxycycline hyclate oral capsule</td>
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<tr>
<td>doxycycline hyclate oral capsule delayed release particles 100 mg</td>
<td>Tier-1</td>
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<tr>
<td>doxycycline hyclate oral tablet 100 mg, 20 mg</td>
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<tr>
<td>doxycycline hyclate oral tablet 75 mg</td>
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<tr>
<td>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg, 80 mg</td>
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<tr>
<td>doxycycline monohydrate oral capsule</td>
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<tr>
<td>minocycline hcl oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</td>
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<tr>
<td>minocycline hcl oral capsule</td>
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<tr>
<td>minocycline hcl oral tablet</td>
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</tr>
<tr>
<td>tetracycline hcl oral capsule</td>
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<tr>
<td>VIBRAMYCIN ORAL SYRUP</td>
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<tr>
<td><strong>THYROID AGENTS</strong>*</td>
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<tr>
<td>ARMOUR THYROID ORAL TABLET</td>
<td>Tier-2</td>
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<tr>
<td>LEVOTHROID ORAL TABLET</td>
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<tr>
<td>levothyroxine sodium oral tablet</td>
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<td>LEVOXYL ORAL TABLET</td>
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<tr>
<td>liothyronine sodium oral tablet</td>
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<tr>
<td>methimazole oral tablet</td>
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<tr>
<td>NATURE-THYROID ORAL TABLET</td>
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<tr>
<td>propylthiouracil oral tablet</td>
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<tr>
<td>SYNTHROID ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</td>
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<tr>
<td>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</td>
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<tr>
<td>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</td>
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<tr>
<td>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</td>
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<tr>
<td>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</td>
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<tr>
<td>TIROSINT ORAL CAPSULE</td>
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<tr>
<td>TIROSINT-SOL ORAL SOLUTION</td>
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<tr>
<td>UNITHROID DIRECT ORAL TABLET</td>
<td>Tier-1</td>
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<tr>
<td>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG</td>
<td>Tier-1</td>
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**TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***

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<tr>
<td>BRINEURA SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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**TRYPTOPHAN HYDROXYLASE INHIBITORS***

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<td>XERMELO ORAL TABLET</td>
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**ULCER DRUGS**

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<tbody>
<tr>
<td>amoxicill-clarithro-lansopraz oral</td>
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<tr>
<td>CANTIL ORAL TABLET</td>
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<tr>
<td>CARAFATE ORAL SUSPENSION</td>
<td>Tier-3</td>
<td>Age Limit (Max 12 Years)</td>
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<tr>
<td>chlordiazepoxide-clidinium oral capsule</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>cimetidine hcl oral solution</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>cimetidine oral tablet</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED</td>
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<tr>
<td>DEXILANT ORAL CAPSULE DELAYED RELEASE</td>
<td>Tier-3</td>
<td>PA; QL (90 EA per 90 days)</td>
</tr>
<tr>
<td>dicyclomine hcl oral capsule</td>
<td>Tier-1</td>
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<tr>
<td>dicyclomine hcl oral solution</td>
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<td>dicyclomine hcl oral tablet</td>
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<tr>
<td>DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE</td>
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<tr>
<td>ed-spaz oral tablet dispersible</td>
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<tr>
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<td>esomeprazole magnesium oral capsule delayed release 20 mg</td>
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<td>¥ (Only OTC esomeprazole products are covered)</td>
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<td>famotidine oral suspension reconstituted</td>
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<td>famotidine oral tablet 20 mg, 40 mg</td>
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<tr>
<td>FIRST-LANSOPRAZOLE ORAL SUSPENSION</td>
<td>Tier-3</td>
<td>QL (300 ML per 30 days)</td>
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<tr>
<td>FIRST-OMEPRAZOLE ORAL SUSPENSION</td>
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<td>QL (300 ML per 30 days)</td>
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<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
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<td>HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL</td>
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<tr>
<td>hyoscyamine sulfate er oral tablet extended release 12 hour</td>
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<tr>
<td>hyoscyamine sulfate oral elixir</td>
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<tr>
<td>hyoscyamine sulfate oral solution</td>
<td>Tier-1</td>
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<tr>
<td>hyoscyamine sulfate oral tablet</td>
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<tr>
<td>hyoscyamine sulfate oral tablet dispersible</td>
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<td>hyoscyamine sulfate sublingual tablet sublingual</td>
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<td>lansoprazole oral capsule delayed release</td>
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<td>PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)</td>
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<tr>
<td>lansoprazole oral tablet dispersible</td>
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<td>methscopolamine bromide oral tablet</td>
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<tr>
<td>misoprostol oral tablet</td>
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<td>NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE</td>
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<td>nizatidine oral solution</td>
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<tr>
<td>omeprazole oral capsule delayed release</td>
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<tr>
<td>omeprazole-sodium bicarbonate oral capsule</td>
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<td>¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days)</td>
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<td>omeprazole-sodium bicarbonate oral packet</td>
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<td>pantoprazole sodium oral tablet delayed release</td>
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<td>PYLERA ORAL CAPSULE</td>
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<tr>
<td>ranitidine hcl oral capsule</td>
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<td>ranitidine hcl oral syrup</td>
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<td>ranitidine hcl oral tablet 150 mg, 300 mg</td>
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<tr>
<td>sucralfate oral suspension</td>
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<td>Age Limit (Max 12 Years)</td>
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<td>sucralfate oral tablet</td>
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<td>MACRODANTIN ORAL CAPSULE 25 MG</td>
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<td>methenamine hippurate oral tablet</td>
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<td>MONUROL ORAL PACKET</td>
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<td>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</td>
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<td>nitrofurantoin monohyd macro oral capsule</td>
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<td>nitrofurantoin oral suspension</td>
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<td>bethanechol chloride oral tablet</td>
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<td>darifenacin hydrobromide er oral tablet extended release 24 hour</td>
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<td>flavoxate hcl oral tablet</td>
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<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>oxybutynin chloride er oral tablet extended release 24 hour</td>
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<td>solifenacin succinate oral tablet</td>
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<td>tolterodine tartrate er oral capsule extended release 24 hour</td>
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<td>CLEOCIN VAGINAL SUPPOSITORY</td>
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<td>clindamycin phosphate vaginal cream</td>
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<td>CLINDESSE VAGINAL CREAM</td>
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<td>CRINONE VAGINAL GEL</td>
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<td>ENDOMETRIN VAGINAL INSERT</td>
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<td>estradiol vaginal cream</td>
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<td>INTRAROSA VAGINAL INSERT</td>
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<td>NUVESSA VAGINAL GEL</td>
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<td>terconazole vaginal suppository</td>
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<td><strong>VASOPRESSORS</strong></td>
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<tr>
<td>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</td>
<td>Tier-1</td>
<td>¥ (Generic Adrenaclick); QL (2 Injectors per 1 Fill)</td>
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<tr>
<td>epinephrine solution auto-injector 0.15 mg/0.15ml injection</td>
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<td>¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)</td>
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<tr>
<td>epinephrine solution auto-injector 0.15 mg/0.3ml injection</td>
<td>Tier-2</td>
<td>¥ (Generic Epipen Jr); QL (2 INJECTORS per 1 Fill)</td>
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<tr>
<th>Drug</th>
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<td>epinephrine solution auto-injector 0.3 mg/0.3ml</td>
<td>Tier-1</td>
<td>¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)</td>
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<tr>
<td>injection</td>
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<tr>
<td>epinephrine solution auto-injector 0.3 mg/0.3ml</td>
<td>Tier-2</td>
<td>¥ (Generic Epipen); QL (2 INJECTORS per 1 Fill)</td>
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<td>injection</td>
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<td>midodrine hcl oral tablet</td>
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**VITAMINS**

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<tr>
<td>ergocalciferol oral solution</td>
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<td>phytonadione oral tablet</td>
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<td>vitamin d (ergocalciferol) oral capsule 50000 unit</td>
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<td>vitamin d3 oral capsule 50000 unit</td>
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</table>

*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***

<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYSVITA SUBCUTANEOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
</tbody>
</table>

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
Index

8-MOP ........................................ 56
abacavir sulfate ............................ 42
abacavir sulfate-lamivudine .......... 42
abacavir-lamivudine-zidovudine ... 42
ABILIFY MYCITE .......................... 40
abiraterone acetate ....................... 35
ABSTRAL ................................... 11
acamprosate calcium ..................... 92
acarbose ..................................... 25
acebutolol hcl ................................ 46
acetaminophen-codeine .................. 11
acetaminophen-codeine #2 ............. 11
acetaminophen-codeine #3 ............. 11
acetaminophen-codeine #4 ............. 11
ACETASOL HC ............................. 89
acetazolamide ............................. 65
acetazolamide er .......................... 65
acetic acid ................................... 89
acetylcysteine .............................. 55
acitretin ..................................... 56
ACTEMRA .................................... 8
ACTEMRA ACTPEN ......................... 8
ACTIMMUNE ................................ 35
ACTOPLUS MET XR ......................... 42
acyclovir .................................... 25
adapalene .................................... 56
adapalene-benzoyl peroxide .......... 56
ADDYI ....................................... 97
adefovir dipivoxil .......................... 42
ADEMPAS .................................. 49
ADVAIR DISKUS ............................. 17
ADVAIR HFA ................................ 17
ADVATE ...................................... 72
ADVIG ........................................ 30
adynovate .................................... 72
AFINITOR .................................... 35
AFINITOR DISPERZ ......................... 35
AFSTYLA .................................... 72
AIMOVIG .................................... 47
AIMOVIG 140 DOSE ......................... 47
AKNE-MYCIN ................................ 56
ak-poly-bac .................................. 85
AKYNZEO ..................................... 28
ala-cort ....................................... 56
albendazole .................................. 16
albuterol sulfate ............................ 18
albuterol sulfate er ....................... 17
albuterol sulfate hfa ...................... 18
alclometasone dipropionate .......... 56
ALDURAZYME ................................ 66
ALECNSA ..................................... 35
alendronate sodium ....................... 66
alfuzosin hcl er ............................. 71
ALINIA ........................................ 33
ALIQOPA ...................................... 91
aliskiren fumarate ......................... 31
allopurinol ................................. 71
almotriptan malate ....................... 81
ALOCRIL ..................................... 85
alogliptin benzoate ....................... 25
alogliptin-metformin hcl .............. 25
alogliptin-pioglitazone .................. 25
ALOMIDE ...................................... 85
ALORA ......................................... 68
alosetron hcl ................................ 70
ALPHAGAN P ................................ 85
ALPHANATE/VWF COMPLEX/HUMAN .. 72
ALPHANINE SD .............................. 72
alprazolam .................................. 16
ALPROLIX .................................... 72
ALREX ........................................... 85
ALSUMA ....................................... 81
ALTABAX ..................................... 56
ALTRENO ..................................... 56
ALUNBRIG ..................................... 35
amantadine hcl ............................. 39
ambrisentan .................................. 49
amcinonide ................................... 56
AMETHIA ...................................... 51
AMETHIA LO .................................. 51
AMETHYST .................................... 51
AMICAR ....................................... 76
aminolide hcl .............................. 65
aminolide-hydrochlorothiazide ....... 65
aminocaproic acid ....................... 76
aminophylline .............................. 18
amiodarone hcl ............................. 17
AMITIZA ...................................... 70
amitriptyline hcl ........................... 23
amlodipine besy-benazepril hcl ....... 31
amlodipine besylate ....................... 47
amlodipine besylate-valsartan ....... 31
amlodipine-atorvastatin ............... 49
amlodipine-olmesartan ................. 31
amlodipine-valsartan-hctz .......... 31
ammonium lactate ....................... 56
amoxyapine .................................. 23
amoxicil-clarithro-lansopraz ................... 99
amoxicillin .................................. 90
amoxicillin er ............................. 90
amoxicillin-pot clavulanate .......... 91
amoxicillin-pot clavulanate er ....... 91
amphetamine-dextroamphetamine .... 5
amphetamine-dextroamphethamine .... 5
ampicillin .................................... 91
ANDADROL-50 ............................. 15
anagrelide hcl ............................... 72
anastrozole .................................. 35
ANDROID ..................................... 15
ANDROXY ..................................... 15
ANGELIQ ..................................... 68
ANORO ELLIPTA ............................. 18
antibiotic ear ............................... 89
ANZEMET .................................... 28
apap-caff-dihydrocodeine ............. 11
APEXCON .................................... 56
APEXICON E ................................. 56
APHTHASOL ................................ 82
APLENZIN ................................... 23
APOKYN ....................................... 39
apraclonidine hcl ........................... 85
aprepitant ................................. 28
APRI ............................................ 51
APRISO ...................................... 70
APTIO .......................................... 20
APTIVUS ...................................... 42
ARANELLE .................................... 51
ARANESP (ALBUMIN FREE) .................. 74, 75
ARCALYST ................................. 8
ARIKAYCE .................................... 8
aripiprazole ............................... 40
armodafinil .................................. 5
ARMOUR THYROID .......................... 98
ARNUNITY ELLIPTA ......................... 18
ARYMO ER .................................... 11
aspirin-dipyridamole er ............... 72
ATABEX EC ................................. 83
atazanavir sulfate ......................... 42
atenolol ....................................... 46

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>atomoxetine hcl</td>
<td>5</td>
</tr>
<tr>
<td>atorvastatin calcium</td>
<td>30</td>
</tr>
<tr>
<td>atovaquone</td>
<td>33</td>
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<tr>
<td>atovaquone-proguanil hcl</td>
<td>34</td>
</tr>
<tr>
<td>ATRILA</td>
<td>42</td>
</tr>
<tr>
<td>atropine sulfate</td>
<td>85</td>
</tr>
<tr>
<td>ATROVENT HFA</td>
<td>18</td>
</tr>
<tr>
<td>AUBAGIO</td>
<td>92</td>
</tr>
<tr>
<td>AUGMENTIN</td>
<td>91</td>
</tr>
<tr>
<td>AUSTEDO</td>
<td>92</td>
</tr>
<tr>
<td>AVIANE</td>
<td>51</td>
</tr>
<tr>
<td>AVITA</td>
<td>57</td>
</tr>
<tr>
<td>AVONEX</td>
<td>92</td>
</tr>
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<td>AVONEX PEN</td>
<td>92</td>
</tr>
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<td>92</td>
</tr>
<tr>
<td>AZASAN</td>
<td>45</td>
</tr>
<tr>
<td>AZASITE</td>
<td>85</td>
</tr>
<tr>
<td>azathioprine</td>
<td>45</td>
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<td>azathioprine sodium</td>
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<td>azelaic acid</td>
<td>57</td>
</tr>
<tr>
<td>azelastine hcl</td>
<td>84, 85</td>
</tr>
<tr>
<td>AZELEX</td>
<td>57</td>
</tr>
<tr>
<td>azithromycin</td>
<td>79</td>
</tr>
<tr>
<td>AZOPT</td>
<td>85</td>
</tr>
<tr>
<td>AZURETTE</td>
<td>51</td>
</tr>
<tr>
<td>bacitracin</td>
<td>57, 85</td>
</tr>
<tr>
<td>bacitracin zinc</td>
<td>57</td>
</tr>
<tr>
<td>bacitracin-polyoxin b</td>
<td>57, 85</td>
</tr>
<tr>
<td>bactria-neomycin-polyoxin-hc</td>
<td>85</td>
</tr>
<tr>
<td>BACTRACYCIN PLUS</td>
<td>57</td>
</tr>
<tr>
<td>baclofen</td>
<td>83</td>
</tr>
<tr>
<td>BACTROBAN NASAL</td>
<td>84</td>
</tr>
<tr>
<td>BALCOLTRA</td>
<td>51</td>
</tr>
<tr>
<td>balsalazine disodium</td>
<td>70</td>
</tr>
<tr>
<td>BALZIVA</td>
<td>51</td>
</tr>
<tr>
<td>BANZEL</td>
<td>20</td>
</tr>
<tr>
<td>BARACLEUO</td>
<td>42</td>
</tr>
<tr>
<td>BAXDELA</td>
<td>69</td>
</tr>
<tr>
<td>BAYCADRON</td>
<td>54</td>
</tr>
<tr>
<td>BD AUTOSHIELD</td>
<td>80</td>
</tr>
<tr>
<td>BD AUTOSHIELD DUO</td>
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</tr>
<tr>
<td>BD INSULIN SYR SYRINGE</td>
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</tr>
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</tr>
<tr>
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<td>57</td>
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<td>BENEFIX</td>
<td>72</td>
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<tr>
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<td>11</td>
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<td>89</td>
</tr>
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</tr>
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<td>benazepril-hydrochlorothiazide</td>
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<td>72</td>
</tr>
<tr>
<td>BENLYSTA</td>
<td>45</td>
</tr>
<tr>
<td>BENZEPRO</td>
<td>57</td>
</tr>
<tr>
<td>BENZEPRO FOAMING</td>
<td>57</td>
</tr>
<tr>
<td>BENZEPRO SHORT</td>
<td>57</td>
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<tr>
<td>CONTACT</td>
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<tr>
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<td>57</td>
</tr>
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<td>benzphetamine hcl</td>
<td>5</td>
</tr>
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<td>benzphetamine mesylate</td>
<td>40</td>
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<td>BERINERT</td>
<td>72</td>
</tr>
<tr>
<td>BESIVANCE</td>
<td>85</td>
</tr>
<tr>
<td>betamethasone dipropionate</td>
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</tr>
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<tr>
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<td>92</td>
</tr>
<tr>
<td>betaxolol hcl</td>
<td>46, 85</td>
</tr>
<tr>
<td>betahexachlor chloride</td>
<td>101</td>
</tr>
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<td>BETKIS</td>
<td>8</td>
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<tr>
<td>BETIMOL</td>
<td>85</td>
</tr>
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<td>51</td>
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<td>35</td>
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<td>49</td>
</tr>
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<td>BIKTARVY</td>
<td>42</td>
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<td>bimatoprost</td>
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<td>57</td>
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<tr>
<td>bisoprolol fumarate</td>
<td>46</td>
</tr>
<tr>
<td>bisoprolol-hydrochlorothiazide</td>
<td>31</td>
</tr>
<tr>
<td>BIVIGAM</td>
<td>89</td>
</tr>
<tr>
<td>BLEPHAMIDE</td>
<td>85</td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P.</td>
<td>85</td>
</tr>
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<td>BOSULIF</td>
<td>35</td>
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<tr>
<td>BOTOX</td>
<td>84</td>
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<tr>
<td>bp wash</td>
<td>57</td>
</tr>
<tr>
<td>BRAFTOVI</td>
<td>36</td>
</tr>
<tr>
<td>BREO ELLIPTA</td>
<td>18</td>
</tr>
<tr>
<td>BREVICON (28)</td>
<td>51</td>
</tr>
<tr>
<td>BRILINTA</td>
<td>65, 72</td>
</tr>
<tr>
<td>bromidone tartrate</td>
<td>85</td>
</tr>
<tr>
<td>BRINEURA</td>
<td>99</td>
</tr>
<tr>
<td>BRIVIAC</td>
<td>20, 21</td>
</tr>
<tr>
<td>BROMDAY</td>
<td>85</td>
</tr>
<tr>
<td>BROMFED DM</td>
<td>55</td>
</tr>
<tr>
<td>bromfenac sodium</td>
<td>86</td>
</tr>
<tr>
<td>bromfenac sodium (once-daily)</td>
<td>86</td>
</tr>
<tr>
<td>bromocriptine mesylate</td>
<td>40</td>
</tr>
<tr>
<td>BROVANA</td>
<td>18</td>
</tr>
<tr>
<td>BUDERONI SR</td>
<td>23</td>
</tr>
<tr>
<td>budesonide</td>
<td>18, 84</td>
</tr>
<tr>
<td>budesonide er</td>
<td>54</td>
</tr>
<tr>
<td>bumetanide</td>
<td>65</td>
</tr>
<tr>
<td>BUNAVAIL</td>
<td>11</td>
</tr>
<tr>
<td>BUPAP</td>
<td>11</td>
</tr>
<tr>
<td>BUPHENYL</td>
<td>66</td>
</tr>
<tr>
<td>buprenorphine</td>
<td>11</td>
</tr>
<tr>
<td>buprenorphine hcl</td>
<td>11</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl</td>
<td>11</td>
</tr>
<tr>
<td>BUPROBAN</td>
<td>92</td>
</tr>
<tr>
<td>bupropion hcl</td>
<td>23</td>
</tr>
<tr>
<td>bupropion hcl er (smoking det)</td>
<td>92</td>
</tr>
<tr>
<td>bupropion hcl er (sr)</td>
<td>23</td>
</tr>
<tr>
<td>bupropion hcl er (xl)</td>
<td>23</td>
</tr>
<tr>
<td>buspiron hcl</td>
<td>16</td>
</tr>
<tr>
<td>butalbital compound/asa</td>
<td>11</td>
</tr>
<tr>
<td>butalbital compound/codeine</td>
<td>11</td>
</tr>
<tr>
<td>butalbital-acetaminophen</td>
<td>11</td>
</tr>
</tbody>
</table>

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>cycloserine</td>
<td>34</td>
</tr>
<tr>
<td>cyclophosphamide</td>
<td>86</td>
</tr>
<tr>
<td>cyclosporine</td>
<td>46</td>
</tr>
<tr>
<td>cyclosporine modified</td>
<td>45, 46</td>
</tr>
<tr>
<td>cyproheptadine hcl</td>
<td>30</td>
</tr>
<tr>
<td>cyramza</td>
<td>36</td>
</tr>
<tr>
<td>cystadane</td>
<td>66</td>
</tr>
<tr>
<td>cystagon</td>
<td>71</td>
</tr>
<tr>
<td>cystaran</td>
<td>86</td>
</tr>
<tr>
<td>cytogam</td>
<td>90</td>
</tr>
<tr>
<td>dalfampridine er</td>
<td>93</td>
</tr>
<tr>
<td>daliresp</td>
<td>18</td>
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<tr>
<td>danazol</td>
<td>15</td>
</tr>
<tr>
<td>dantrolene sodium</td>
<td>84</td>
</tr>
<tr>
<td>dapsone</td>
<td>33, 59</td>
</tr>
<tr>
<td>daraprim</td>
<td>34</td>
</tr>
<tr>
<td>darifenacin hydrobromide er</td>
<td>101</td>
</tr>
<tr>
<td>daurismo</td>
<td>36</td>
</tr>
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<td>daytrana</td>
<td>5</td>
</tr>
<tr>
<td>deferasirox</td>
<td>28</td>
</tr>
<tr>
<td>delestragen</td>
<td>68</td>
</tr>
<tr>
<td>demeclocycline hcl</td>
<td>98</td>
</tr>
<tr>
<td>demser</td>
<td>31</td>
</tr>
<tr>
<td>denavir</td>
<td>59</td>
</tr>
<tr>
<td>depen titratabs</td>
<td>46</td>
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<tr>
<td>deplin</td>
<td>64</td>
</tr>
<tr>
<td>deplin 15</td>
<td>64</td>
</tr>
<tr>
<td>deplin 7.5</td>
<td>64</td>
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<td>99</td>
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<td>42</td>
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<tr>
<td>desipramine hcl</td>
<td>23</td>
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<tr>
<td>desloratadine</td>
<td>30</td>
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<tr>
<td>desmopressin ace spray refrig</td>
<td>66</td>
</tr>
<tr>
<td>desmopressin acetate</td>
<td>66</td>
</tr>
<tr>
<td>desogen</td>
<td>51</td>
</tr>
<tr>
<td>desonide</td>
<td>59</td>
</tr>
<tr>
<td>desoximetasones</td>
<td>59</td>
</tr>
<tr>
<td>desvenlafaxine er</td>
<td>23</td>
</tr>
<tr>
<td>desvenlafaxine fumarate er</td>
<td>23</td>
</tr>
<tr>
<td>desvenlafaxine succinate er</td>
<td>23</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>54</td>
</tr>
<tr>
<td>dexamethasone sodium</td>
<td>54</td>
</tr>
<tr>
<td>phosphate</td>
<td>86</td>
</tr>
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<td>deschlorpheniraminate maleate</td>
<td>30</td>
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<td>99</td>
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<td>dexamethylphenidate hcl</td>
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</tr>
<tr>
<td>dexamethylphenidate hcl er</td>
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<td>6</td>
</tr>
<tr>
<td>dextroamphetamine sulfate er</td>
<td>5, 6</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Page</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>enalapril-hydrochlorothiazide</td>
<td>32</td>
</tr>
<tr>
<td>EMVERM</td>
<td>16</td>
</tr>
<tr>
<td>EMTRIVA</td>
<td>43</td>
</tr>
<tr>
<td>ENBRELL</td>
<td>8, 9</td>
</tr>
<tr>
<td>EMFLAZA</td>
<td>54</td>
</tr>
<tr>
<td>EMLUNA</td>
<td>75</td>
</tr>
<tr>
<td>EMSTRA</td>
<td>43</td>
</tr>
<tr>
<td>EMTRIVA</td>
<td>43</td>
</tr>
<tr>
<td>ENBRELL</td>
<td>8, 9</td>
</tr>
<tr>
<td>ENBRELL MINI</td>
<td>8</td>
</tr>
<tr>
<td>ENBRELL SURECLICK</td>
<td>9</td>
</tr>
<tr>
<td>ENDARI</td>
<td>9</td>
</tr>
<tr>
<td>ENDOCAN</td>
<td>100</td>
</tr>
<tr>
<td>ENJOVIA</td>
<td>67</td>
</tr>
<tr>
<td>ENSATIN</td>
<td>43</td>
</tr>
<tr>
<td>ENTCAPONE</td>
<td>40</td>
</tr>
<tr>
<td>ENTREX</td>
<td>33</td>
</tr>
<tr>
<td>ENTYVIO</td>
<td>77</td>
</tr>
<tr>
<td>enulose</td>
<td>70</td>
</tr>
<tr>
<td>EPANED</td>
<td>32</td>
</tr>
<tr>
<td>EPCLUSA</td>
<td>76</td>
</tr>
<tr>
<td>EPIDIOLEX</td>
<td>21</td>
</tr>
<tr>
<td>epinastine hcl</td>
<td>86</td>
</tr>
<tr>
<td>epinephrine</td>
<td>32</td>
</tr>
<tr>
<td>EPSIL</td>
<td>82</td>
</tr>
<tr>
<td>EPITOL</td>
<td>21</td>
</tr>
<tr>
<td>EPIVIR HBV</td>
<td>43</td>
</tr>
<tr>
<td>epilene</td>
<td>32</td>
</tr>
<tr>
<td>EPOGEN</td>
<td>75</td>
</tr>
<tr>
<td>epoprostenol sodium</td>
<td>49</td>
</tr>
<tr>
<td>eprosartan mesylate</td>
<td>32</td>
</tr>
<tr>
<td>eq nicotine</td>
<td>93</td>
</tr>
<tr>
<td>eq nicotine polacrilex</td>
<td>93</td>
</tr>
<tr>
<td>eq nicotine step 3</td>
<td>93</td>
</tr>
<tr>
<td>eql nicotine</td>
<td>93</td>
</tr>
<tr>
<td>eql nicotine polacrilex</td>
<td>93</td>
</tr>
<tr>
<td>EQUETRO</td>
<td>41</td>
</tr>
<tr>
<td>ERGOMAR</td>
<td>81</td>
</tr>
<tr>
<td>ergotamine-caffeine</td>
<td>81</td>
</tr>
<tr>
<td>ERIVEDGE</td>
<td>36</td>
</tr>
<tr>
<td>erlotinib hcl</td>
<td>36</td>
</tr>
<tr>
<td>ERRIN</td>
<td>51</td>
</tr>
<tr>
<td>ERTACZO</td>
<td>59</td>
</tr>
<tr>
<td>ery</td>
<td>59</td>
</tr>
<tr>
<td>ERYPED 200</td>
<td>79</td>
</tr>
<tr>
<td>ERY-TAB</td>
<td>80</td>
</tr>
<tr>
<td>ERYTHROCYTE SPUARTE</td>
<td>80</td>
</tr>
<tr>
<td>erythromycin</td>
<td>59, 86</td>
</tr>
<tr>
<td>erythromycin base</td>
<td>80</td>
</tr>
<tr>
<td>erythromycin ethylsuccinate</td>
<td>80</td>
</tr>
<tr>
<td>erythromycin stearate</td>
<td>80</td>
</tr>
<tr>
<td>ESBRIET</td>
<td>96</td>
</tr>
<tr>
<td>escitalopram oxalate</td>
<td>24</td>
</tr>
<tr>
<td>ESGIC</td>
<td>11</td>
</tr>
</tbody>
</table>

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
<table>
<thead>
<tr>
<th>Drug</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>methylprednisolone</td>
<td>54</td>
</tr>
<tr>
<td>metoprolol succinate er</td>
<td>47</td>
</tr>
<tr>
<td>metoprolol tartrate</td>
<td>47</td>
</tr>
<tr>
<td>metoprolol-hydrochlorothiazide.</td>
<td>32</td>
</tr>
<tr>
<td>metronidazole</td>
<td>33, 61, 102</td>
</tr>
<tr>
<td>mexiletine hcl</td>
<td>17</td>
</tr>
<tr>
<td>MIAACLIN</td>
<td>67</td>
</tr>
<tr>
<td>MICROGESTIN 1.5/30</td>
<td>52</td>
</tr>
<tr>
<td>MICROGESTIN 1/20</td>
<td>52</td>
</tr>
<tr>
<td>MICROGESTIN FE 1.5/30</td>
<td>52</td>
</tr>
<tr>
<td>midodrine hcl</td>
<td>103</td>
</tr>
<tr>
<td>MIGERGOT</td>
<td>81</td>
</tr>
<tr>
<td>miglitol</td>
<td>27</td>
</tr>
<tr>
<td>miglustrat</td>
<td>75</td>
</tr>
<tr>
<td>MIGRANAL</td>
<td>81</td>
</tr>
<tr>
<td>MILLIPRED</td>
<td>54</td>
</tr>
<tr>
<td>MIMVEY</td>
<td>69</td>
</tr>
<tr>
<td>MIMVEY LO</td>
<td>69</td>
</tr>
<tr>
<td>MINAARIN 24 FE</td>
<td>52</td>
</tr>
<tr>
<td>MINITRAN</td>
<td>16</td>
</tr>
<tr>
<td>minocycline hcl</td>
<td>98</td>
</tr>
<tr>
<td>minocycline hcl er</td>
<td>98</td>
</tr>
<tr>
<td>minoxidil</td>
<td>32</td>
</tr>
<tr>
<td>MIRCERA</td>
<td>75</td>
</tr>
<tr>
<td>MIRCETTE</td>
<td>52</td>
</tr>
<tr>
<td>mirtazapine</td>
<td>24</td>
</tr>
<tr>
<td>misoprostol</td>
<td>100</td>
</tr>
<tr>
<td>modafinil</td>
<td>7</td>
</tr>
<tr>
<td>MODICON (28)</td>
<td>52</td>
</tr>
<tr>
<td>moexipril hcl</td>
<td>32</td>
</tr>
<tr>
<td>moexipril-hydrochlorothiazide</td>
<td>32</td>
</tr>
<tr>
<td>mometasone furoate</td>
<td>61, 84</td>
</tr>
<tr>
<td>MONOCATE-P</td>
<td>73</td>
</tr>
<tr>
<td>MONOENESSA</td>
<td>52</td>
</tr>
<tr>
<td>MONONINE</td>
<td>73</td>
</tr>
<tr>
<td>montelukast sodium</td>
<td>19</td>
</tr>
<tr>
<td>MONUROL</td>
<td>101</td>
</tr>
<tr>
<td>MORPHABOND ER</td>
<td>13</td>
</tr>
<tr>
<td>morphine sulfate</td>
<td>13</td>
</tr>
<tr>
<td>morphine sulfate (concentrate)</td>
<td>13</td>
</tr>
<tr>
<td>morphine sulfate er</td>
<td>13</td>
</tr>
<tr>
<td>morphine sulfate er beads</td>
<td>13</td>
</tr>
<tr>
<td>MOTOFEN</td>
<td>27</td>
</tr>
<tr>
<td>MOVANTIK</td>
<td>71</td>
</tr>
<tr>
<td>MOVIPREP</td>
<td>79</td>
</tr>
<tr>
<td>MOVIPREP</td>
<td>79</td>
</tr>
<tr>
<td>MOXEZA</td>
<td>87</td>
</tr>
<tr>
<td>moxifloxacin hcl</td>
<td>70, 87</td>
</tr>
<tr>
<td>MULTLETA</td>
<td>75</td>
</tr>
<tr>
<td>MULTAQ</td>
<td>17</td>
</tr>
<tr>
<td>mupirocin</td>
<td>62</td>
</tr>
<tr>
<td>mupirocin calcium</td>
<td>62</td>
</tr>
<tr>
<td>MUSE</td>
<td>49</td>
</tr>
<tr>
<td>MYALEPT</td>
<td>79</td>
</tr>
<tr>
<td>mycophenolate mofetil</td>
<td>46</td>
</tr>
<tr>
<td>mycophenolate sodium</td>
<td>46</td>
</tr>
<tr>
<td>mycophenolic acid</td>
<td>46</td>
</tr>
<tr>
<td>MYLERAN</td>
<td>38</td>
</tr>
<tr>
<td>myneprocaps</td>
<td>83</td>
</tr>
<tr>
<td>MYOBLOC</td>
<td>85</td>
</tr>
<tr>
<td>MYRBETRIQ</td>
<td>101</td>
</tr>
<tr>
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<td>34</td>
</tr>
<tr>
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<td>27</td>
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<tr>
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<td>55</td>
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<td>10</td>
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<td>nadolol</td>
<td>47</td>
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<tr>
<td>naftifine hcl</td>
<td>62</td>
</tr>
<tr>
<td>NAFTIN</td>
<td>62</td>
</tr>
<tr>
<td>NAGLAZYME</td>
<td>67</td>
</tr>
<tr>
<td>NALFON</td>
<td>10</td>
</tr>
<tr>
<td>naloxone hcl</td>
<td>28</td>
</tr>
<tr>
<td>naltrexone hcl</td>
<td>28</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK</td>
<td>94</td>
</tr>
<tr>
<td>naphazoline hcl</td>
<td>87</td>
</tr>
<tr>
<td>naproxen</td>
<td>10</td>
</tr>
<tr>
<td>naproxen dr</td>
<td>10</td>
</tr>
<tr>
<td>naproxen sodium</td>
<td>10</td>
</tr>
<tr>
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<td>10</td>
</tr>
<tr>
<td>naratriptan hcl</td>
<td>81</td>
</tr>
<tr>
<td>NARCAN</td>
<td>28</td>
</tr>
<tr>
<td>NASCOBAL</td>
<td>75</td>
</tr>
<tr>
<td>NATACYN</td>
<td>87</td>
</tr>
<tr>
<td>NATAZIA</td>
<td>52</td>
</tr>
<tr>
<td>nateglinide</td>
<td>27</td>
</tr>
<tr>
<td>NATPARA</td>
<td>67</td>
</tr>
<tr>
<td>NATROBA</td>
<td>62</td>
</tr>
<tr>
<td>NATURE-THROID</td>
<td>98</td>
</tr>
<tr>
<td>NEBUPENT</td>
<td>33</td>
</tr>
<tr>
<td>NEBUSAL</td>
<td>55</td>
</tr>
<tr>
<td>NECON 0.5/35 (28)</td>
<td>52</td>
</tr>
<tr>
<td>NECON 1/35 (28)</td>
<td>52</td>
</tr>
<tr>
<td>NECON 1/50 (28)</td>
<td>53</td>
</tr>
<tr>
<td>NECON 10/11 (28)</td>
<td>53</td>
</tr>
<tr>
<td>NECON 7/7/7</td>
<td>53</td>
</tr>
</tbody>
</table>

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info
NEEVO DHA ........................ 83
nefazodone hcl ...................... 24, 97
neofradin ............................ 8
neomycin sulfate .................... 8
neomycin-bacitracin zn-polymyx 87
neomycin-polyoxin-dexameth 87
neomycin-polyoxin-gramicidin 87
neomycin-polyoxin-hc .... 87, 89
NEO-POLycin ........................ 87
NEO-POLycin HC .................... 87
NERLYNX ................................ 38
NEULASTA ................................ 76
NEUPogen .............................. 76
NEUPogen .............................. 76
NEUPRO .................................. 40
NEVANAC .............................. 87
nevirapine ............................ 43
nevirapine er ......................... 43
NEXavar .............................. 38
NEXIUM ................................. 100
NEXIUM 24HR ......................... 100
NEXIUM 24HR CLEAR ............... 100
NEXT Choice .......................... 53
NEXT Choice One Dose .............. 53
niacin er (antihyperlipidemic) ...... 31
NIACOR ................................. 31
nicardipine hcl ....................... 48
nicotine ................................ 94
nicotine mini .......................... 94
nicotine polacrilex ................... 94
nicotine step 1 ......................... 94
nicotine step 2 ......................... 94
nicotine step 3 ......................... 94
NICOTROL ............................. 94
NICTROL NS .......................... 94
NIFEDIAC CC .......................... 48
NIFEDICAL XL ........................ 48
nifedipine ............................. 48
nifedipine er .......................... 48
nifedipine er osmotic release ..... 48
nilutamide ............................ 38
nimodipine ............................ 48
NINLARO ................................ 38
nisoldipine er ......................... 48
NITRO-BID ............................. 16
NITRO-DUR ............................ 16
nitrofurantoin ........................ 101

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info

nitrofurantoin macrocrystal ....... 101
nitrofurantoin monohyd macro ..... 101
nitroglycerin ........................ 16
nitroglycerin er ...................... 16
NITYR .................................. 67
NIVESTYM .............................. 76
nizatidine ................................ 100
NORA-BE ................................ 53
NORDette (28) ......................... 53
NORDITRIN FLEXPRO ............ 67
NORDITRIN ............................ 67
NORDIFIN PEN ........................ 67
norethindrone acetate .......... 92
norethindrone-estadiol ............ 69
norethin-eth estradiol-fe ....... 53
NORINYL 1+35 (28) ................. 53
NORITATE .............................. 62
NOROXIN .............................. 70
NORPACE CR ........................... 17
NOR-QD ................................. 53
NORTHERA ............................ 84
NORTREL 1/35 (21) ................. 53
NORTREL 1/35 (28) ................. 53
NORTREL 7/7/7 ....................... 53
nortriptyline hcl ................. 24
NORVIR .................................. 43, 44
NOVAFERRUM ........................ 76
NOVAREL ................................ 67
NOVOEIGHT ............................ 73
NOVOSEVEN RT ...................... 73
NPLATE .................................. 76
NUCALA .................................. 78
NUCORT .................................. 62
NUCYNTA ER ........................... 13
NUEDEXTA .............................. 94
NUMOISYN .............................. 83
NUPLAZID ............................... 41
NUTRESTORE .......................... 85
NUVARING .............................. 53
NUVESSA .............................. 102
NUWIQ .................................. 73
NUZYRA ................................. 8
nystatin .............................. 29, 62, 83
nystatin-triamcinolone .......... 62
NYSSTOP ............................... 62
obizur ................................. 74
OCALIVA .................................. 69
OCella .................................... 53

OCREVUS .............................. 94
OCTAGAM .............................. 90
ODACTRA ............................. 82
ODEFSEY ............................... 44
ODOMZO ............................... 38
OFEV ...................................... 96
ofloxacin ................................ 70, 87, 89
OGESTREL .............................. 53
olanzapine ......................... 41
olanzapine-fluoxetine hcl ....... 94
olmesartan medoxomil ........... 32
olmesartan medoxomil-hctz ....... 32
olmesartan-amlodipine-hctz ....... 32
olopatadine hcl ................. 84, 87
OLUMIANT .............................. 10
omega-3-acid ethyl esters ....... 31
omeprazole ............................ 100
omeprazole-sodium bicarbonate 100
ondansetron ......................... 29
ondansetron hcl ..................... 28, 29
ONETOuch TEST ...................... 64
ONETOuch ULTRA BLUE ........ 64
ONETOuch VERIO ................. 64
ONMEL .................................... 29
ONPATtro ............................... 97
ONZETRA XsAIL ...................... 81
OPSUMIT ............................... 49
OPTASE .................................. 62
ORALAIR ............................... 82
ORALONE .............................. 83, 98
ORENCIA ................................ 10
ORENCIA CLICKJect .............. 10
ORENITRAM ............................ 49
ORFADIN ............................... 67
ORLISSA ................................ 67
ORKAMI .................................. 56
orphenadrine citrate er .......... 84
orphenadrine compound-ds ...... 84
orphenadrine-aspirin-caffeine ... 84
ORSYTHIA ............................... 53
ORTHO EVRA .......................... 53
ORTHO MICRONOR ................. 53
ORTHO TRI-CYCLEN (28) ....... 53
ORTHO TRI-CYCLEN LO ...... 53
ORTHO-CePT (28) .................. 53
ORTHO-CYCLEN (28) .......... 53
ORTHO-NOVUM 1/35 (28) ..... 53
ORTHO-NOVUM 7/7/7 (28) .... 53
oseltamivir phosphate ............................ 44
OSMOPREP .................................. 79
OSPHENA .................................. 67
OTEZLA ...................................... 91
OTOZIN ...................................... 89
OVIDRELS .................................. 67
oxandrolone ....................................... 15
oxaprozin ........................................... 10
OXAYDO ......................................... 13
oxazepam ........................................... 17
oxcarbazepine ....................................... 22
OXERT ............................................. 89
oxiconazole nitrate ............................... 62
OXISTAT .......................................... 62
OXSORALEN ..................................... 62
OXTELLAR XR .................................. 22
oxybutynin chloride ............................. 101
oxybutynin chloride er ......................... 101
oxycodeone hcl ................................. 13, 14
oxycodeone hcl er ............................. 13
oxycodeone-acetaminophen .................... 14
oxycodeone-aspirin ............................. 14
oxycodeone-ibuprofen .......................... 14
OXCONTIN ....................................... 14
oxymophane hcl ................................. 14
oxymophane hcl er ........................... 14
OZEMPIC ......................................... 27
PACERONE ......................................... 17
PACERONE ......................................... 17
paliperidone er ................................... 41
PALYNZIQ ......................................... 67
PANCREASE ....................................... 64
pancrelipase (lip-prot-amyl) ................. 64
PANDEL ........................................... 62
PANRETIN .......................................... 62
pantoprazole sodium ........................... 100
PANZYGA .......................................... 90
paracrine ............................................ 87
paricalcitol ......................................... 67
paromomycin sulfate ............................ 8
paroxetine hcl ..................................... 24
paroxetine hcl er ................................. 24
paroxetine mesylate ............................. 94
PASER ............................................. 34
PCE ............................................... 80
peg 3350/electrolytes .......................... 79
PEGANONE ......................................... 22
PEGASYS ............................................ 44

PEGASYS PROCLICK ......................... 44
PEGINTRON ........................................ 44
PEG-INTRON .................................... 44
PEG-INTRON REDIPEN ........................ 44
PEG-INTRON REDIPEN PAK 4 .................. 44
penicillamine ...................................... 46
penicillin v potassium ......................... 91
PENTASA .......................................... 71
pentazocine-acetaminophen ................. 14
pentazocine-naloxone hcl .................. 14
pentoxifylline er ............................... 74
PERFOROMIST .................................. 19
perindopril erbumine ......................... 32
PERIOGARD ....................................... 83
PERJETA ............................................. 38
permethrin ......................................... 62
perphenazine ..................................... 41
perphenazine-amlitriptyline .............. 94
PERTZYE ........................................... 64
PEXVA .............................................. 24
phendimetrazine tartrate .................... 7
phenelzine sulfate ............................... 24
phenobarbital ..................................... 77
phenoxybenzamine hcl ...................... 32
phentermine hcl ................................. 7
phenytoin ......................................... 22
phenytoin sodium extended ................. 22
PHISOHEX ........................................ 42
PHOSPHOLINE IODIDE ......................... 87
phytadione ....................................... 103
PICATO ............................................. 62
PIFELTRO .......................................... 44
pilocarpine hcl ................................. 83, 87
PILOSEN ........................................... 87
pimecrolimus ................................. 62
pimozone ......................................... 94
pioglitazone hcl ................................. 47
pioglitazone hcl-glimepiride .......... 27
pioglitazone hcl-metformin hcl .... 27
piroxicam ......................................... 10
PLAN B ONE-STEP .................................. 53
PLEGIRDY ......................................... 95
PLEGIRDY STARTER PACK ................ 95
PLENUV ........................................... 79
pmv-dha+docusate ............................. 83
pmv-ob/dha .................................... 83
podofilox ......................................... 62
POLYCLIN ........................................... 87
polycin b ......................................... 87
poly-dex .......................................... 88
POMALYST .......................................... 38
PORTIA-28 ....................................... 53
potassium chloride ............................. 82
potassium chloride crys er .................. 82
potassium chloride er ......................... 82
potassium citrate er ........................... 71
POTELIGEO ......................................... 38
POTIGA ............................................. 22
PR BENZOYL PEROXIDE ........................ 62
PRIMGO ............................................. 38
PRED MILD ......................................... 88
PRED-G ............................................. 88
PRED-G S.O.P..................................... 88
prednicarbate .................................... 62
prednisolone ....................................... 54
prednisolone acetate ......................... 88
prednisolone sodium phosphate ...... 55, 88
prednisone ....................................... 55
prednisone (pak) ................................. 55
PREDNISONE INTENSOL .................. 55
PREFEST ............................................. 69
PREGNYL ........................................... 68
PREMARIN ........................................... 69
PREM-PHASE ..................................... 69
PREMPRO ........................................... 69
prenatal plus iron ................................ 83
PREPOPIK ........................................... 79
PREQUE 10 ......................................... 83
PREVATILE ......................................... 31
PREVIFEM .......................................... 53
PREVYMIS .......................................... 44
PREZCOBIX ......................................... 44
PREZISTA .......................................... 44
PRIFTIN ............................................. 35
PRILOSEC ........................................... 101
primaquine phosphate ......................... 34
primidone ......................................... 22
PRIMLEV ............................................ 14
PRIMSOL ............................................ 33

^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info

115
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUILLIVANT XR</td>
<td>7</td>
</tr>
<tr>
<td>quetiapine fumarate</td>
<td>41</td>
</tr>
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<td>76</td>
</tr>
<tr>
<td>PROCTOCREAM HC</td>
<td>15</td>
</tr>
<tr>
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^ = Mandates May Apply
¥ = Additional Limits May Apply
# = Drug specific info