What is the CommunityCare Formulary Reference Guide?
A Formulary Reference Guide is a list of covered drugs. CommunityCare works with a team of health care providers to choose drugs that provide quality treatment. CommunityCare covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a CommunityCare network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?
The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by CommunityCare as of January 2020. To get updated information about the drugs covered by CommunityCare, please visit www.ccok.com or call CommunityCare’s Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211 (local), Monday through Friday, 8 a.m. to 6 p.m. TTY/TDD users call 1-800-722-0353.

How do I use the Formulary Reference Guide?
There are two ways to find your drug on the drug list:

1. **Medical Condition**
   The drug list starts on page 5. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “Cardiovascular”.

- If you know what your drug is used for, look for the category name in the list that starts on page 5
- Then look under the category name for your drug

2. **Alphabetical Listing**
   If you are not sure what category to look under, look for your drug in the Index that starts on page 234. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.
   - Look in the Index and find your drug
   - Next to your drug, see the page number where you can find coverage information
   - Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your CommunityCare prescription drug coverage, please look at your plan document and other plan materials. If you have questions about CommunityCare, or this drug list please call CommunityCare’s Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211 (local), Monday through Friday, 8 a.m. to 6 p.m., or visit www.ccok.com. TTY/TDD users call 1-800-722-0353.

CommunityCare’s Drug List
The drug list that starts on page 5 gives information about the drugs covered by CommunityCare. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will generally be added to the formulary and the associated brand drug will be removed.
However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., atorvastatin).

The information in the Requirements/Limits column tells you if CommunityCare has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization**: CommunityCare needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from CommunityCare before you fill your prescriptions. If you don’t get approval, CommunityCare may not cover the drug

- **Quantity Limits**: For certain drugs, CommunityCare limits the amount of the drug that it will cover. For example, CommunityCare provides 30 tablets per prescription for Singulair.

- **Step Therapy**: CommunityCare needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CommunityCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CommunityCare will then cover Drug B.

- **Specialty Pharmacy**: CommunityCare Members may fill their first prescription for specialty medications at any participating retail pharmacy when necessary. Prescription refills can then be obtained through one of CommunityCare’s Specialty Pharmacies. Specialty drugs in this program are limited to a 30-day supply per prescription. Prior authorization is required for most drugs in this program. Your physician will need to obtain authorization in order for the drug to be covered. Some drugs in this program are part of a limited distribution pharmacy. Please contact CommunityCare Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211(local) for additional information. TTY/TDD users call 1-800-722-0353. This list is not all inclusive and is subject to change without notification.

**How are Copayments Determined?**

Your benefit has a tiered copayment plan which ensures that you receive greater value for your prescription dollar.

**Tier I: Lowest Copayment** - Preferred generic medications will be offered at the lowest copayment level

**Tier II: Middle Copayment** - Preferred brand name medications will be offered at the middle copayment level

**Tier III: Highest Copayment** - Non-Preferred brand and Non-Preferred generic medications will be offered at the highest copayment level

**Tier IV: Specialty Copayment** - Medications listed as specialty (see “Specialty Pharmacy Program”) have a specialty copayment. See your pharmacy benefit information for specifics.

This system will maintain an element of choice for you and your physician to decide which medication is most appropriate.
Please refer to your Schedule of Benefits for an outline of your exact copayment amounts and for a list of excluded drugs and devices.

What to do if you have questions about your pharmacy benefits or have trouble filling a prescription at your pharmacy.

Many pharmacy benefit questions can easily be answered by simply calling CommunityCare’s Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211 (local). TTY/TDD users call 1-800-722-0353. Representatives are available Monday through Friday, 8 a.m. to 6 p.m. Trained staff are available to assist you, your doctor, or your pharmacy with questions on copayment tiers, drug prior authorizations, quantity limits, exclusions, and network pharmacy access.

It may also be helpful to keep a copy of this book with you when you visit your doctor or your pharmacy. We publish this book in January and July of each year. Updated copies of this book can be obtained by calling CommunityCare’s

Customer Service department at 1-800-777-4890. We also have a searchable formulary on CommunityCare’s web site at www.ccok.com.

Please note that we make every effort to publish the most current information available. However, this list is representative only and is subject to change without prior notification.

For questions about changes to this list, please contact the Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211 (local). TTY/TDD users call 1-800-722-0353. For questions regarding a medication on this list, please consult with your doctor or pharmacist.

This list is representative only and is subject to change without prior notification. For questions about changes to this list, please contact the Pharmacy Help Desk at 1-877-293-8628 / 918-594-5211 (local). TTY/TDD users call 1-800-722-0353. Representatives are available Monday through Friday, 8 a.m. to 6 p.m.
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<th>Requirements/Limits</th>
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**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>VENOMIL KIT YEL JACK</td>
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<td>VENOMIL MIX INJ VESPID</td>
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<td>VIRGINIA INJ LIVE OAK</td>
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<tr>
<td>WASP VENOM INJ 120MCG</td>
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<td>WASP VENOM KIT 100MCG</td>
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<tr>
<td>WESTERN JUNI SOL 1:20</td>
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<td>WHITE ASH INJ EXTRACT</td>
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<td>WHITE BIRCH INJ 1:20</td>
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<tr>
<td>WHITE FACED INJ HORNET</td>
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<td>WHITE MULBER SOL 1:20</td>
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<td>YELLOW DOCK INJ 1:20</td>
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<td><strong>AMINOGLYCOSIDES</strong></td>
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<tr>
<td>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</td>
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<tr>
<td>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</td>
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<td>BETHKIS NEB 300/4ML</td>
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<td>gentamicin in saline inj 0.8 mg/ml</td>
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<tr>
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<tr>
<td>gentamicin in saline inj 1.2 mg/ml</td>
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<td>gentamicin in saline inj 1.6 mg/ml</td>
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<td>gentamicin in saline inj 2 mg/ml</td>
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<td>gentamicin sulfate inj 10 mg/ml</td>
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<td>gentamicin sulfate inj 40 mg/ml</td>
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<td>KITABIS PAK NEB 300/5ML</td>
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<td>neomycin sulfate tab 500 mg</td>
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<tr>
<td>streptomycin sulfate for inj 1 gm</td>
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<td>TOBI NEB 300/5ML</td>
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<td>TOBI PODHALR CAP 28MG</td>
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<td>tobramycin nebu soln 300 mg/5ml</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td>tobramycin sulfate for inj 1.2 gm</td>
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<td>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</td>
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<td>tobramycin sulfate inj 10 mg/ml (base equivalent)</td>
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<tr>
<td>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</td>
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<td>ZEMDRI INJ 500MG/10</td>
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**ANALGESICS - ANTI-INFLAMMATORY**

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>HUMIRA INJ 10/0.1ML</td>
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<td>SP, PA</td>
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<tr>
<td>HUMIRA INJ 10MG/0.2</td>
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<tr>
<td>HUMIRA INJ 20/0.2ML</td>
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<tr>
<td>HUMIRA INJ 40/0.4ML</td>
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<tr>
<td>HUMIRA KIT 20MG/0.4</td>
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<td>SP, PA</td>
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<tr>
<td>HUMIRA KIT 40MG/0.8</td>
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<td>HUMIRA PEDIA INJ CROHNS</td>
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<tr>
<td>HUMIRA PEN INJ 40/0.4ML</td>
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<td>HUMIRA PEN INJ 40MG/0.8</td>
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<td>HUMIRA PEN INJ CD/UC/HS</td>
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<tr>
<td>HUMIRA PEN INJ PS/UV</td>
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<td>SP, PA</td>
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<tr>
<td>HUMIRA PEN KIT CD/UC/HS</td>
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<td>HUMIRA PEN KIT PS/UV</td>
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**ANTIRHEUMATIC - ENZYME INHIBITORS**

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<tbody>
<tr>
<td>RINVOQ TAB 15MG ER</td>
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<tr>
<td>XELJANZ TAB 5MG</td>
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<td>XELJANZ TAB 10MG</td>
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<td>XELJANZ XR TAB 11MG</td>
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**ANTIRHEUMATIC ANTIMETABOLITES**

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<th>Drug Name</th>
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<tbody>
<tr>
<td>OTREXUP INJ 10MG</td>
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<td>SP, PA</td>
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<tr>
<td>OTREXUP INJ 12.5/0.4</td>
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<td>SP, PA</td>
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<tr>
<td>OTREXUP INJ 15MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>OTREXUP INJ 17.5/0.4</td>
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<td>SP, PA</td>
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<tr>
<td>OTREXUP INJ 20MG</td>
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<tr>
<td>OTREXUP INJ 22.5/0.4</td>
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<td>SP, PA</td>
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<tr>
<td>OTREXUP INJ 25MG</td>
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<tr>
<td>RASUVO INJ 7.5MG</td>
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<td>SP, PA</td>
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<tr>
<td>RASUVO INJ 10MG</td>
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<td>SP, PA</td>
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<td>RASUVO INJ 12.5MG</td>
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<tr>
<td>RASUVO INJ 15MG</td>
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<td>SP, PA</td>
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<td>RASUVO INJ 17.5MG</td>
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<td>RASUVO INJ 22.5MG</td>
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<td>Drug Name</td>
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<td>RASUVO INJ 30MG</td>
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<td><strong>INTERLEUKIN-1 BLOCKERS</strong></td>
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<td>ARCALYST INJ 220MG</td>
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<td>ILARIS INJ 150MG</td>
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<td>ILARIS INJ 150MG/ML</td>
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<td>KEVZARA INJ 150/1.14</td>
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<td>KEVZARA INJ 200/1.14</td>
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<td>ARTHROTEC 75 TAB</td>
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<td>CELEBREX CAP 400MG</td>
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<td>QL (30 capsules/30 days)</td>
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<td>MOBIC TAB 7.5MG</td>
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<td>MOBIC TAB 15MG</td>
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<td>READY KETORO KIT 15MG/ML</td>
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<tr>
<td>sulindac tab 150 mg</td>
<td>1</td>
<td>$0 copay may apply</td>
</tr>
<tr>
<td>sulindac tab 200 mg</td>
<td>1</td>
<td>$0 copay may apply</td>
</tr>
<tr>
<td>TIVORBEX CAP 20MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIVORBEX CAP 40MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tolmetin sodium cap 400 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tolmetin sodium tab 200 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tolmetin sodium tab 600 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIVLODEX CAP 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIVLODEX CAP 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>ZORVOLEX CAP 18MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZORVOLEX CAP 35MG</td>
<td>3</td>
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</tr>
</tbody>
</table>

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>OTEZLA TAB 10/20/30</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OTEZLA TAB 30MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
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</table>

**PYRIMIDINE SYNTHESIS INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARAVA TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARAVA TAB 20MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>leflunomide tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>leflunomide tab 20 mg</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENBREL INJ 25/0.5ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL INJ 25MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL MINI INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ENBREL SRCLK INJ 50MG/ML</td>
<td>4</td>
<td>SP, PA</td>
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</table>

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupap tab 50-300mg</td>
<td>3</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>BUT/ASA/CAF TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen tab 50-300 mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen tab 50-325 mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine cap 50-300-40 mg</td>
<td>1</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine cap 50-325-40 mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine cap 50-325-40 mg</td>
<td>1</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine cap 50-325-40 mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>capacet cap</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>duraxin cap</td>
<td>3</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>esgic cap</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>ESGIC TAB</td>
<td>3</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>FIORICET CAP</td>
<td>3</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>FIORINAL CAP</td>
<td>3</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>marten-tab tab 50-325mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>phrenilin cap forte</td>
<td>1</td>
<td>QL (13 capsules/day)</td>
</tr>
<tr>
<td>tencon tab 50-325mg</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
<tr>
<td>VANATOL LQ SOL</td>
<td>3</td>
<td>QL (180 mL/day)</td>
</tr>
<tr>
<td>VANATOL S SOL</td>
<td>3</td>
<td>QL (180 mL/day)</td>
</tr>
<tr>
<td>zebutal cap</td>
<td>1</td>
<td>QL (12 capsules/day)</td>
</tr>
</tbody>
</table>

**ANALGESICS OTHER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clonidine hcl inj (for epidural infusion) 100 mcg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>clonidine hcl inj (for epidural infusion) 500 mcg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DURACLON INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>OFIRMEV INJ 10MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANALGESICS-PEPTIDE CHANNEL BLOCKERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIALT INJ 25MCG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIALT INJ 100MCG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRIALT INJ 500MCG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>SALICYLATES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>choline &amp; magnesium salicylates liq 500 mg/5ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diflunisal tab 500 mg</td>
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<td></td>
</tr>
<tr>
<td>salsalate tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salsalate tab 750 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>ANALGESICS - OPIOID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OPIOID AGONISTS</strong></td>
<td></td>
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</tr>
<tr>
<td>ABSTRAL SUB 100MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 200MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 300MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 400MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 600MCG</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ABSTRAL SUB 800MCG</td>
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<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 200MCG</td>
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<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 400MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 600MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 800MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 1200MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>ACTIQ LOZ 1600MCG</td>
<td>3</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>alfentanil hcl iv soln 1000 mcg/2ml (500 mcg/ml)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>(base eq)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alfentanil hcl iv soln 2500 mcg/5ml (500 mcg/ml)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>(base eq)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALFENTANIL INJ 1000/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ALFENTANIL INJ 2500/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CODEINE SULF TAB 15MG</td>
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<tr>
<td>codeine sulfate tab 30 mg</td>
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<td></td>
</tr>
<tr>
<td>codeine sulfate tab 60 mg</td>
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<td></td>
</tr>
<tr>
<td>CONZIP CAP 100MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>CONZIP CAP 200MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>CONZIP CAP 300MG</td>
<td>3</td>
<td>QL (30 capsules/30 days)</td>
</tr>
<tr>
<td>DEMEROL INJ 25MG/0.5</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 25MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 50MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 75MG/1.5</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 75MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 100/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL INJ 100MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DEMEROL TAB 100MG</td>
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</tr>
<tr>
<td>DILAUDID INJ 1MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DILAUDID INJ 2MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DILAUDID INJ 4MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>DILAUDID LIQ 1MG/ML</td>
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</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>DILAUDID TAB 2MG</td>
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<tr>
<td>DILAUDID TAB 4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DILAUDID TAB 8MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOLOPHINE TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOLOPHINE TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DURAGESIC DIS 12MCG/HR</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>DURAGESIC DIS 25MCG/HR</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>DURAGESIC DIS 50MCG/HR</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>DURAGESIC DIS 75MCG/HR</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>DURAGESIC DIS 100MCG/H</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>duramorph inj 0.5mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>duramorph inj 1mg/ml</td>
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<tr>
<td>EMBEDA CAP 20-0.8MG</td>
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<tr>
<td>EMBEDA CAP 30-1.2MG</td>
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<td>EMBEDA CAP 50-2MG</td>
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<tr>
<td>EMBEDA CAP 60-2.4MG</td>
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<td>EMBEDA CAP 100-4MG</td>
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<tr>
<td>EXALGO TAB 8MG</td>
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</tr>
<tr>
<td>EXALGO TAB 12MG</td>
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<tr>
<td>EXALGO TAB 16MG</td>
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<tr>
<td>EXALGO TAB 32MG</td>
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</tr>
<tr>
<td>FENTANYL CIT INJ 5MCG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 50/5ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 50MCG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 100/2ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 100MCG</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 250/5ML</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 250MCG</td>
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</tr>
<tr>
<td>FENTANYL CIT INJ 550/55ML</td>
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<td>PA</td>
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<td>FENTANYL CIT INJ 1500MCG</td>
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</tr>
<tr>
<td>FENTANYL CIT INJ 2500MCG</td>
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<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT INJ 2750MCG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FENTANYL CIT SOL 10MCG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 200 mcg (base equiv)</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 400 mcg (base equiv)</td>
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<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 600 mcg (base equiv)</td>
<td>3</td>
<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate buccal tab 800 mcg (base equiv)</td>
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<td>QL (120 tablets/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 200 mcg</td>
<td>1</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 400 mcg</td>
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</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 600 mcg</td>
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</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 800 mcg</td>
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<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 1200 mcg</td>
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<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 1600 mcg</td>
<td>1</td>
<td>QL (120 lozenges/30 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate pf soln cartridge 100 mcg/2ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 12 mcg/hr</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 25 mcg/hr</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 37.5 mcg/hr</td>
<td>3</td>
<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 50 mcg/hr</td>
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</tr>
<tr>
<td>fentanyl td patch 72hr 62.5 mcg/hr</td>
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<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 75 mcg/hr</td>
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<td>QL (15 patches/30 days)</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 87.5 mcg/hr</td>
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<tr>
<td>fentanyl td patch 72hr 100 mcg/hr</td>
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<td>QL (15 patches/30 days)</td>
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<tr>
<td>FENTNYL/NACL INJ 1.25/250</td>
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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**OPIOID COMBINATIONS**

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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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<td>3</td>
<td>QL (12 tablets/day)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen soln 5-325 mg/5ml</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 5-325 mg</td>
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</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
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</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
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<td>QL (12 tablets/day)</td>
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<tr>
<td>oxycodone-aspirin tab 4.8355-325 mg</td>
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<tr>
<td>oxycodone-ibuprofen tab 5-400 mg</td>
<td>3</td>
<td>QL (28 tablets/fill)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
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<td>---------------------------------------------------</td>
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<td><strong>SYNALGOS-DC CAP</strong></td>
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<td><strong>trezix cap</strong></td>
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<td><strong>TYLENOL/COD TAB #4</strong></td>
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<td><strong>ULTRACET TAB 37.5-325</strong></td>
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<td><strong>vicodin tab 5-300mg</strong></td>
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<td><strong>XODOL TAB 5-300MG</strong></td>
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<td><strong>XODOL TAB 10-300MG</strong></td>
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<td><strong>xylon tab 10-200mg</strong></td>
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<tr>
<td><strong>zamicet sol 10-325mg</strong></td>
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<td>QL (180 mL/day)</td>
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**OPIOID PARTIAL AGONISTS**

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<th>Drug Tier</th>
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<td><strong>BELBUCA MIS 75MCG</strong></td>
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<td><strong>BELBUCA MIS 150MCG</strong></td>
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<td><strong>BELBUCA MIS 300MCG</strong></td>
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<td><strong>BELBUCA MIS 450MCG</strong></td>
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<td><strong>BELBUCA MIS 600MCG</strong></td>
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<tr>
<td><strong>BELBUCA MIS 750MCG</strong></td>
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<td><strong>BELBUCA MIS 900MCG</strong></td>
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<td><strong>BUNAVAIL MIS 2.1-0.3</strong></td>
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<td>QL (6 strips/day)</td>
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<td><strong>BUNAVAIL MIS 4.2-0.7</strong></td>
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<td>QL (3 strips/day)</td>
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<tr>
<td><strong>BUNAVAIL MIS 6.3-1MG</strong></td>
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<td>QL (2 strips/day)</td>
</tr>
<tr>
<td><strong>BUPRENEX INJ 0.3MG/ML</strong></td>
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<td>PA</td>
</tr>
<tr>
<td><strong>buprenorphine hcl inj 0.3 mg/ml (base equiv)</strong></td>
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<td>PA</td>
</tr>
<tr>
<td><strong>buprenorphine hcl sl tab 2 mg (base equiv)</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>buprenorphine hcl sl tab 8 mg (base equiv)</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</strong></td>
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<td>QL (3 strips/day)</td>
</tr>
<tr>
<td><strong>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</strong></td>
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<td>QL (3 tablets/day)</td>
</tr>
<tr>
<td><strong>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</strong></td>
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<td>QL (3 tablets/day)</td>
</tr>
<tr>
<td><strong>buprenorphine td patch weekly 5 mcg/hr</strong></td>
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<td>QL (4 patches/30 days)</td>
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<tr>
<td><strong>buprenorphine td patch weekly 7.5 mcg/hr</strong></td>
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<td>QL (4 patches/28 days)</td>
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<tr>
<td><strong>buprenorphine td patch weekly 10 mcg/hr</strong></td>
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<td>QL (4 patches/30 days)</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
<td>buprenorphine td patch weekly 15 mcg/hr</td>
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<td>QL (4 patches/30 days)</td>
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<tr>
<td>buprenorphine td patch weekly 20 mcg/hr</td>
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<td>butorphanol tartrate inj 1 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>butorphanol tartrate inj 2 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>butorphanol tartrate nasal soln 10 mg/ml</td>
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<td>QL (2 bottles/30 days)</td>
</tr>
<tr>
<td>BUTRANS DIS 5MCG/HR</td>
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<td>QL (4 patches/30 days)</td>
</tr>
<tr>
<td>BUTRANS DIS 7.5/HR</td>
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<td>QL (4 patches/28 days)</td>
</tr>
<tr>
<td>BUTRANS DIS 10MCG/HR</td>
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<td>QL (4 patches/30 days)</td>
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<tr>
<td>BUTRANS DIS 15MCG/HR</td>
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</tr>
<tr>
<td>BUTRANS DIS 20MCG/HR</td>
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<td>QL (4 patches/30 days)</td>
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<tr>
<td>nalbuphine hcl inj 10 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>nalbuphine hcl inj 20 mg/ml</td>
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<td>pentazocine w/ naloxone tab 50-0.5 mg</td>
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<td>PROBUPHINE IMP KIT 74.2</td>
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<tr>
<td>SUBOXONE MIS 2-0.5MG</td>
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<td>SUBOXONE MIS 4-1MG</td>
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<td>SUBOXONE MIS 8-2MG</td>
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<td>QL (3 strips/day)</td>
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<tr>
<td>SUBOXONE MIS 12-3MG</td>
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<td>QL (2 strips/day)</td>
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<tr>
<td>ZUBSOLV SUB 0.7-0.18</td>
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<tr>
<td>ZUBSOLV SUB 1.4-0.36</td>
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<tr>
<td>ZUBSOLV SUB 2.9-0.71</td>
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<td>ZUBSOLV SUB 5.7-1.4</td>
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<td>ZUBSOLV SUB 8.6-2.1</td>
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<tr>
<td>ZUBSOLV SUB 11.4-2.9</td>
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**ANDROGENS-ANABOLIC**

**ANDROGENS**

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<tr>
<td>ANDRODERM DIS 2MG/24HR</td>
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<td>ANDRODERM DIS 4MG/24HR</td>
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</tr>
<tr>
<td>ANDROGEL GEL 1%(25MG)</td>
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<tr>
<td>ANDROGEL GEL 1%(50MG)</td>
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<tr>
<td>ANDROGEL GEL 1.62%</td>
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<tr>
<td>ANDROID CAP 10MG</td>
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<tr>
<td>danazol cap 50 mg</td>
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<td>danazol cap 200 mg</td>
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<td>DEPO-TESTOST INJ 200MG/ML</td>
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<td>FORTESTA GEL 10MG/ACT</td>
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<td>METHITEST TAB 10MG</td>
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<td>methyltestosterone cap 10 mg</td>
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<tr>
<td>NATESTO GEL 5.5MG</td>
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<tr>
<td>STRIANT MIS 30MG</td>
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<tr>
<td>TESTIM GEL 1%(50MG)</td>
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<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
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<td>PA</td>
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<tr>
<td>testosterone cypionate im inj in oil 200 mg/ml</td>
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<tr>
<td>Drug Name</td>
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<tr>
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<td>testosterone td gel 10mg/act (2%)</td>
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<tr>
<td>testosterone td gel 20.25 mg/act (1.62%)</td>
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<td>TESTRED CAP 10MG</td>
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<td>VOGELXO GEL 1%(50MG)</td>
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<td>XYOSTED INJ 75/0.5</td>
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<tr>
<td>XYOSTED INJ 100/0.5</td>
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**ANORECTAL AGENTS**

**INTRARECTAL STEROIDS**

- colocort ene 100mg
- CORTENEMA ENE 100MG
- CORTIFOAM AER 90MG
- hydrocort ene 100mg
- hydrocortisone enema 100 mg/60ml
- UCERIS AER 2MG/ACT

**RECTAL COMBINATIONS**

- ANALPRAM HC CRE 2.5-1%
- ANALPRAM-HC CRE 1-1%
- ANALPRAM-HC LOT 2.5%
- ANALPRM SNGL CRE HC 2.5-1
- hydrocortisone acetate w/ pramoxine rectal cream 1-1%
- hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%
- PROCORT CRE
- PROCTOFOAM AER HC 1%

**RECTAL STEROIDS**

- anucort-hc sup 25mg
- ANUSOL-HC CRE 2.5%
- anusol-hc sup 25mg
- hemmorex-hc sup 25mg
- hemmorex-hc sup 30mg
- hydrocortisone acetate suppos 25 mg
- hydrocortisone acetate suppos 30 mg
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<th>Drug Tier</th>
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<td>FLAGYL TAB 250MG</td>
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<tr>
<td>minitrans dis 0.2mg/hr</td>
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<tr>
<td>minitrans dis 0.4mg/hr</td>
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<tr>
<td>minitrans dis 0.6mg/hr</td>
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<tr>
<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>NITRO-BID OIN 2%</td>
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<td>NITRO-DUR DIS 0.2MG/HR</td>
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<tr>
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<td>NITRO-DUR DIS 0.4MG/HR</td>
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<td>NITRO-DUR DIS 0.6MG/HR</td>
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<td>NITRO-DUR DIS 0.7MG/HR</td>
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<td>nitroglycerin lingual aerosol 400 mcg/spray</td>
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<td>nitroglycerin sl tab 0.4 mg</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.2 mg/hr</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.4 mg/hr</td>
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<td>nitroglycerin td patch 24hr 0.6 mg/hr</td>
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<td>NITROLINGUAL SPR PUMPSPRA</td>
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<tr>
<td>NITROMIST AER 400MCG</td>
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<tr>
<td>NITROSTAT SUB 0.3MG</td>
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<tr>
<td>NITROSTAT SUB 0.4MG</td>
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<tr>
<td>NITROSTAT SUB 0.6MG</td>
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**ANTIANXIETY AGENTS**

**ANTIANXIETY AGENTS - MISC.**

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>buspirone hcl tab 5 mg</td>
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<tr>
<td>buspirone hcl tab 7.5 mg</td>
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<tr>
<td>buspirone hcl tab 10 mg</td>
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<tr>
<td>buspirone hcl tab 15 mg</td>
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<td>buspirone hcl tab 30 mg</td>
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<tr>
<td>droperidol inj 2.5 mg/ml</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>hydroxyzine hcl im soln 25 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>hydroxyzine hcl im soln 50 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>hydroxyzine hcl syrup 10 mg/5ml</td>
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</tr>
<tr>
<td>hydroxyzine hcl tab 10 mg</td>
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<td></td>
</tr>
<tr>
<td>hydroxyzine hcl tab 25 mg</td>
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<td>hydroxyzine hcl tab 50 mg</td>
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<td>hydroxyzine pamoate cap 25 mg</td>
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<td>hydroxyzine pamoate cap 50 mg</td>
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<tr>
<td>meprobamate tab 200 mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>meprobamate tab 400 mg</td>
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<tr>
<td>VISTARIL CAP 25MG</td>
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<tr>
<td>VISTARIL CAP 50MG</td>
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### BENZODIAZEPINES

- **ALPRAZOLAM CON 1 MG/ML** 3
- alprazolam orally disintegrating tab 0.5 mg 1
- alprazolam orally disintegrating tab 0.25 mg 1
- alprazolam orally disintegrating tab 1 mg 1
- alprazolam orally disintegrating tab 2 mg 1
- alprazolam tab 0.5 mg 1
- alprazolam tab 0.5 mg xr 1
- alprazolam tab 0.25 mg 1
- alprazolam tab 1 mg 1
- alprazolam tab 1 mg xr 1
- alprazolam tab 2 mg 1
- alprazolam tab 2 mg xr 1
- alprazolam tab 3 mg xr 1
- alprazolam tab er 24hr 0.5 mg 1
- alprazolam tab er 24hr 1 mg 1
- alprazolam tab er 24hr 2 mg 1
- alprazolam tab er 24hr 3 mg 1
- ATIVAN INJ 2MG/ML 3 PA
- ATIVAN INJ 4MG/ML 3 PA
- ATIVAN TAB 0.5MG 3
- ATIVAN TAB 1MG 3
- ATIVAN TAB 2MG 3
- chlordiazepoxide hcl cap 5 mg 1
- chlordiazepoxide hcl cap 10 mg 1
- chlordiazepoxide hcl cap 25 mg 1
- clorazepate dipotassium tab 3.75 mg 1
- clorazepate dipotassium tab 7.5 mg 1
- clorazepate dipotassium tab 15 mg 1
- diazepam con 5mg/ml 1
- diazepam conc 5 mg/ml 1
- diazepam inj 5 mg/ml 3 PA
- DIAZEPAM INJ 10MG/2ML 3 PA
- diazepam oral soln 1 mg/ml 1
- diazepam tab 2 mg 1
- diazepam tab 5 mg 1
- diazepam tab 10 mg 1
- LORAZEP/D5W SOL 100/100 3 PA
- LORAZEP/NACL SOL 100/100 3 PA
- lorazepam con 2mg/ml 1
- lorazepam conc 2 mg/ml 1
- lorazepam inj 2 mg/ml 3 PA
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<thead>
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<tr>
<td>lorazepam inj 4 mg/ml</td>
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<tr>
<td>lorazepam tab 1 mg</td>
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</tr>
<tr>
<td>lorazepam tab 2 mg</td>
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<tr>
<td>oxazepam cap 10 mg</td>
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<td>oxazepam cap 15 mg</td>
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<td>oxazepam cap 30 mg</td>
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<tr>
<td>TRANXENE T TAB 7.5MG</td>
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<td>VALIUM TAB 2MG</td>
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<tr>
<td>VALIUM TAB 5MG</td>
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<td>VALIUM TAB 10MG</td>
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<tr>
<td>XANAX TAB 0.5MG</td>
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<tr>
<td>XANAX TAB 0.25MG</td>
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<td>XANAX TAB 1MG</td>
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<tr>
<td>XANAX TAB 2MG</td>
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<tr>
<td>XANAX XR TAB 0.5MG</td>
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<td>XANAX XR TAB 1MG</td>
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<td>XANAX XR TAB 2MG</td>
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**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS - MISC.**

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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ADENOCARD INJ 6MG/2ML</td>
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<td>PA</td>
</tr>
<tr>
<td>ADENOCARD INJ 12MG/4ML</td>
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<td>PA</td>
</tr>
<tr>
<td>ADENOSINE INJ 3MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>adenosine iv soln 6 mg/2ml</td>
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<td>PA</td>
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<tr>
<td>adenosine iv soln 12 mg/4ml</td>
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**ANTIARRHYTHMICS TYPE I-A**

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<td>disopyramide phosphate cap 100 mg</td>
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<tr>
<td>disopyramide phosphate cap 150 mg</td>
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<tr>
<td>NORPACE CAP 100MG</td>
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<td>NORPACE CAP 100MG CR</td>
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<td>NORPACE CAP 150MG</td>
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<td>NORPACE CAP 150MG CR</td>
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<td>procainamide hcl inj 100 mg/ml</td>
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<td>procainamide hcl inj 500 mg/ml</td>
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<td>QUINIDINE GL INJ 80MG/ML</td>
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<tr>
<td>quinidine gluconate tab er 324 mg</td>
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<td>quinidine sulfate tab 200 mg</td>
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<td>quinidine sulfate tab 300 mg</td>
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**ANTIARRHYTHMICS TYPE I-B**

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<tr>
<td>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</td>
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<td>PA</td>
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<td>lidocaine inj 20mg/ml</td>
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<td>lidocaine iv infusion in d5w inj 4 mg/ml</td>
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<td>mexiletine hcl cap 250 mg</td>
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<td>XYLOCAINE INJ 2%</td>
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<td>propafenone hcl cap 300 mg</td>
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<td>RYTHMOL SR CAP 225MG</td>
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<td>RYTHMOL SR CAP 325MG</td>
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<td>RYTHMOL SR CAP 425MG</td>
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<tr>
<td>AMIODARO/D5W INJ 150/100</td>
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<td>AMIODARO/D5W INJ 450/250</td>
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<td>AMIODARO/D5W INJ 750/500</td>
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<td>AMIODARO/D5W INJ 900/500</td>
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<td>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</td>
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<tr>
<td>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</td>
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<td>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</td>
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<td>amiodarone hcl tab 100 mg</td>
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<td>amiodarone hcl tab 400 mg</td>
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<td>AMIODARONE INJ DEXTROSE</td>
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<td>CORVERT INJ 1MG/10ML</td>
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<td>dofetilide cap 125 mcg (0.125 mg)</td>
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<td>dofetilide cap 250 mcg (0.25 mg)</td>
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<tr>
<td>dofetilide cap 500 mcg (0.5 mg)</td>
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<td>ibutilide fumarate inj 1 mg/10ml</td>
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<td>MULTAQ TAB 400MG</td>
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<td>Drug Name</td>
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<tr>
<td>TIKOSYN CAP 125MCG</td>
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<td>TIKOSYN CAP 250MCG</td>
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<td>SP, PA</td>
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<tr>
<td>TIKOSYN CAP 500MCG</td>
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**ANTIACETYLCHOLINESTERASE INHIBITORS**

**PRINCIPAL ANTAGONISTS**

<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<td>Neurontin cap 200mg</td>
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<td>SP, PA</td>
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<td>Neurontin cap 300mg</td>
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**SIDE EFFECTS**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>Neurontin cap 200mg</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>Neurontin cap 300mg</td>
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<td>SP, PA</td>
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**ADVERSE EFFECTS**

<table>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>Neurontin cap 200mg</td>
<td>5</td>
<td>SP, PA</td>
</tr>
<tr>
<td>Neurontin cap 300mg</td>
<td>5</td>
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**MEDICATION**

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<th>Drug Name</th>
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<tbody>
<tr>
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**INTERACTIONS**

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**CONTRAINDICATIONS**

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**PHARMACOLOGY**

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<td>ALVESCO AER 80MCG</td>
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<tr>
<td><strong>budesonide inhalation susp 0.25 mg/2ml</strong></td>
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<tr>
<td><strong>budesonide inhalation susp 1 mg/2ml</strong></td>
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<tr>
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<td>ADVAIR HFA AER 115/21</td>
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<td>ADVAIR HFA AER 230/21</td>
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<td><strong>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</strong></td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
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<tr>
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<tr>
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<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
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<td>albuterol sulfate tab 2 mg</td>
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<tr>
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<tr>
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<td>albuterol sulfate tab er 12hr 8 mg</td>
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<td>ISUPREL INJ 0.2MG/ML</td>
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<td>Drug Name</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**GABA MODULATORS**

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**HYDANTOINS**

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**SUCCINIMIDES**

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**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

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<td>metformin hcl tab er 24hr osmotic 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab er 24hr osmotic 1000 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RIOMET SOL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>RIOMET SOL 500/5ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>DIABETIC OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN INJ HYPOKIT</td>
<td>2</td>
<td>QL (2 kits/90 days)</td>
</tr>
<tr>
<td>GLUCAGON KIT 1MG</td>
<td>2</td>
<td>QL (2 kits/90 days)</td>
</tr>
<tr>
<td>KORLYM TAB 300MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>PROGLYCEM SUS 50MG/ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 25MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 50MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 100MG</td>
<td>2</td>
<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td>TRADJENTA TAB 5MG</td>
<td>2</td>
<td>QL (30 tablets/30 days)</td>
</tr>
<tr>
<td><strong>Dopamine Receptor Agonists - Antidiabetic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOSET TAB 0.8MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Incretin Mimetic Agents (GLP-1 Receptor agonists)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BYDUREON BC INJ 2/0.85ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BYDUREON INJ 2MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BYDUREON PEN INJ 2MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BYETTA INJ 5MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BYETTA INJ 10MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRULICITY INJ 0.75/0.5</td>
<td>2</td>
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</tr>
<tr>
<td>TRULICITY INJ 1.5/0.5</td>
<td>2</td>
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</tr>
<tr>
<td>VICTOZA INJ 18MG/3ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Insulin</strong></td>
<td>3</td>
<td>QL (180 units/30 days)</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFREZZA POW 4-8-12</td>
<td>3</td>
<td>QL (180 units/30 days)</td>
</tr>
<tr>
<td>AFREZZA POW 4UNIT</td>
<td>3</td>
<td>QL (180 units/30 days)</td>
</tr>
<tr>
<td>AFREZZA POW 8 UNIT</td>
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<td>QL (180 units/30 days)</td>
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<tr>
<td>AFREZZA POW 8-12UNIT</td>
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<td>QL (180 units/30 days)</td>
</tr>
<tr>
<td>AFREZZA POW 12 UNIT</td>
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<td>QL (180 units/30 days)</td>
</tr>
<tr>
<td>HUMALOG INJ 100/ML</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMALOG KWIK INJ 100/ML</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMALOG KWIK INJ 200/ML</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX INJ 50/50</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX INJ 50/50KWP</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMALOG MIX INJ 75/25KWP</td>
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<td>QL (50 mL/30 days)</td>
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<tr>
<td>HUMALOG MIX SUS 75/25</td>
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</tr>
<tr>
<td>HUMULIN INJ 70/30</td>
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<td>QL (50 mL/30 days)</td>
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<tr>
<td>HUMULIN INJ 70/30KWP</td>
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<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMULIN N INJ U-100</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMULIN N INJ U-100KWP</td>
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<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMULIN R INJ U-100</td>
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<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>HUMULIN R INJ U-500</td>
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<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>LANTUS INJ 100/ML</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>LANTUS SOLOS INJ 100/ML</td>
<td>2</td>
<td>QL (50 mL/30 days)</td>
</tr>
<tr>
<td>TOUJEEO MAX INJ 300IU/ML</td>
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<td>QL (50 mL/30 days)</td>
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<tr>
<td>TOUJEEO SOLO INJ 300IU/ML</td>
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<td>QL (50 mL/30 days)</td>
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</table>

**INSULIN SENSITIZING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTOS TAB 15MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACTOS TAB 30MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACTOS TAB 45MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AVANDIA TAB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AVANDIA TAB 4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl tab 15 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl tab 30 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl tab 45 mg (base equiv)</td>
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</tbody>
</table>

**MEGLITINIDE ANALOGUES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>nateglinide tab 60 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nateglinide tab 120 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRANDIN TAB 1MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRANDIN TAB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>repaglinide tab 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>repaglinide tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>repaglinide tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>STARLIX TAB 60MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STARLIX TAB 120MG</td>
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<td></td>
</tr>
</tbody>
</table>

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>FARXIGA TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FARXIGA TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INVOKANA TAB 100MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>INVOKANA TAB 300MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JARDIANCE TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JARDIANCE TAB 25MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>SULFONYLUREAS</strong></td>
<td></td>
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<tr>
<td>AMARYL TAB 1MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMARYL TAB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMARYL TAB 4MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>chlorpropamide tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>chlorpropamide tab 250 mg</td>
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<td></td>
</tr>
<tr>
<td>glimepiride tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glimepiride tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glimepiride tab 4 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glipizide tab 5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glipizide tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glipizide tab er 24hr 2.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glipizide tab er 24hr 5 mg</td>
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<td></td>
</tr>
<tr>
<td>glipizide tab er 24hr 10 mg</td>
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<td></td>
</tr>
<tr>
<td>glipizide xl tab 2.5mg</td>
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<td></td>
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<tr>
<td>glipizide xl tab 5mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glipizide xl tab 10mg</td>
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</tr>
<tr>
<td>GLUCOTROL TAB 5MG</td>
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<td></td>
</tr>
<tr>
<td>GLUCOTROL TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUCOTROL XL TAB 2.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUCOTROL XL TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUCOTROL XL TAB 10MG</td>
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<td></td>
</tr>
<tr>
<td>glyburide micronized tab 1.5 mg</td>
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<td></td>
</tr>
<tr>
<td>glyburide micronized tab 3 mg</td>
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<td></td>
</tr>
<tr>
<td>glyburide micronized tab 6 mg</td>
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</tr>
<tr>
<td>glyburide tab 1.25 mg</td>
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<td></td>
</tr>
<tr>
<td>glyburide tab 2.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glyburide tab 5 mg</td>
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<td></td>
</tr>
<tr>
<td>GLYNASE TAB 1.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYNASE TAB 3MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYNASE TAB 6MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tolazamide tab 250 mg</td>
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<td></td>
</tr>
<tr>
<td>tolazamide tab 500 mg</td>
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<td></td>
</tr>
<tr>
<td>tolbutamide tab 500 mg</td>
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</tr>
<tr>
<td><strong>ANTIDIARRHEAL/PROBIOTIC AGENTS</strong></td>
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</tr>
<tr>
<td><strong>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</strong></td>
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<tr>
<td>MYTESI TAB 125MG</td>
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<tr>
<td><strong>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</strong></td>
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<tr>
<td>RESTORA RX CAP 60-1.25</td>
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<tr>
<td><strong>ANTIPERISTALTIC AGENTS</strong></td>
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</tr>
<tr>
<td>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</td>
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<td></td>
</tr>
<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>LOMOTIL TAB 2.5MG</td>
<td>3</td>
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</tr>
<tr>
<td>MOTOFEN TAB 1-0.025</td>
<td>3</td>
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<tr>
<td>opium tincture 1% (10 mg/ml) (morphine equiv)</td>
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</tr>
</tbody>
</table>

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

**ANTIDOTE COMBINATIONS AND KITS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUODOTE INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NITHIODOTE KIT</td>
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<td>PA</td>
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**ANTIDOTES - CHELATING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMET CAP 100MG</td>
<td>3</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>deferasirox tab for oral susp 125 mg</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>deferasirox tab for oral susp 250 mg</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>deferasirox tab for oral susp 500 mg</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>EXJADE TAB 125MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>EXJADE TAB 250MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>EXJADE TAB 500MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>FERRIPROX SOL 100MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>FERRIPROX TAB 500MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>JADENU SPRKL GRA 90MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>JADENU SPRKL GRA 180MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>JADENU SPRKL GRA 360MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>JADENU TAB 90MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>JADENU TAB 180MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>JADENU TAB 360MG</td>
<td>4</td>
<td>SP; MNPA</td>
</tr>
<tr>
<td>PENTETATE CA SOL 200MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>PENTETATE ZI SOL 200MG/ML</td>
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**ANTIDOTES AND SPECIFIC ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ACETADOTE INJ 200MG/ML</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>acetylcysteine inj 200 mg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANDEXXA SOL 100MG</td>
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<td>PA</td>
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<tr>
<td>ANDEXXA SOL 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIZOL INJ 1GM/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BAL IN OIL INJ 100MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BRIDION SOL 200/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BRIDION SOL 500/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CETYLEV TAB 2.5GM</td>
<td>3</td>
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</tr>
<tr>
<td>CETYLEV TAB 500MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>deferoxamine mesylate for inj 2 gm</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>deferoxamine mesylate for inj 500 mg</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>DESFERAL INJ 500MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>DIGIFAB INJ 40MG</td>
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<td>PA</td>
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<td>fomepizole inj 1 gm/ml (for iv infusion)</td>
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<td>PA</td>
</tr>
<tr>
<td>methylene blue inj 1%</td>
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</tr>
<tr>
<td>PHYSOS SALIC INJ 1MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRALIDOXIME INJ 600/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRAXBIND INJ 2.5/50</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PROTOPAM CHL INJ 1GM</td>
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<td>PA</td>
</tr>
<tr>
<td>PROVAYBLUE INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>RADIOGARDASE CAP 0.5GM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SOD NITRITE INJ 30MG/ML</td>
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<td></td>
</tr>
<tr>
<td>sodium thiosulfate inj 25%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VISTOGARD PAK 10GM</td>
<td>4</td>
<td>SP, PA</td>
</tr>
</tbody>
</table>

**BENZODIAZEPINE ANTAGONISTS**

- flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml) 3 PA
- flumazenil iv soln 1 mg/10ml (0.1 mg/ml) 3 PA

**OPIOID ANTAGONISTS**

- EVZIO INJ 3 PA
- EVZIO INJ 2/0.4ML 3 PA
- naloxone hcl inj 0.4 mg/ml 1 PA
- naloxone hcl inj 4 mg/10ml 1 PA
- naloxone hcl soln cartridge 0.4 mg/ml 1 PA
- naloxone hcl soln prefilled syringe 2 mg/2ml 1 PA
- naltrexone hcl tab 50 mg 1
- NARCAN SPR 2
- VIVITROL INJ 380MG 3

**ANTIEMETICS**

**5-HT3 RECEPTOR ANTAGONISTS**

- ALOXI INJ 0.25MG/5 3 PA
- ANZEMET TAB 50MG 3 QL (12 tablets/30 days)
- ANZEMET TAB 100MG 3 QL (12 tablets/30 days)
- granisetron hcl inj 0.1 mg/ml 3 PA
- granisetron hcl inj 1 mg/ml 3 PA
- granisetron hcl inj 4 mg/4ml (1 mg/ml) 3 PA
- granisetron hcl tab 1 mg 1 QL (12 tablets/30 days)
- ONDANSE/NAACL INJ 8MG/50ML 3 PA
- ONDANSE/NAACL INJ 12/50ML 3 PA
- ONDANSE/NAACL INJ 16/50ML 3 PA
- ondansetron hcl inj 4 mg/2ml (2 mg/ml) 3 PA
- ondansetron hcl inj 40 mg/20ml (2 mg/ml) 3 PA
- ondansetron hcl oral soln 4 mg/5ml 1 QL (100 mL/30 days)
- ondansetron hcl tab 4 mg 1 QL (12 tablets/23 days)
- ondansetron hcl tab 8 mg 1 QL (12 tablets/5 days)
- ondansetron hcl tab 24 mg 1 QL (12 tablets/30 days)
- ONDANSETRON INJ DEXTROSE 3 PA
- ONDANSETRON INJ NAACL 3 PA
- ondansetron orally disintegrating tab 4 mg 1 QL (12 tablets/30 days)
- ondansetron orally disintegrating tab 8 mg 1 QL (12 tablets/30 days)
- palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) 3 PA

**PALONOSETRON HCL IV SOLN PREF SYR 0.25 MG/5ML (BASE EQUIV)** 3 PA
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALONOSETRON INJ 0.25/2ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PALONOSETRON INJ 0.25/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SANCUSO DIS 3.1MG</td>
<td>3</td>
<td>QL (2 patches/30 days)</td>
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<tr>
<td>SUSTOL INJ 10/0.4ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZOFRAN SOL 4MG/5ML</td>
<td>3</td>
<td>QL (100 mL/30 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 4MG</td>
<td>3</td>
<td>QL (12 tablets/23 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 4MG ODT</td>
<td>3</td>
<td>QL (12 tablets/30 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 8MG</td>
<td>3</td>
<td>QL (12 tablets/5 days)</td>
</tr>
<tr>
<td>ZOFRAN TAB 8MG ODT</td>
<td>3</td>
<td>QL (12 tablets/30 days)</td>
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<td><strong>ANTIEMETICS - ANTICHOLINERGIC</strong></td>
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<tr>
<td>DIMENHYDRIN INJ 50MG/ML</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>scopolamine td patch 72hr 1 mg/3days</td>
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<tr>
<td>TIGAN CAP 300MG</td>
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<tr>
<td>TIGAN INJ 100MG/ML</td>
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<td>PA</td>
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<tr>
<td>TRANSDERM-SC DIS 1.5MG</td>
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<tr>
<td>trimethobenzamide hcl cap 300 mg</td>
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<td><strong>ANTIEMETICS - MISCELLANEOUS</strong></td>
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<tr>
<td>AKYNZEO CAP 300-0.5</td>
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<tr>
<td>AKYNZEO INJ 235-0.25</td>
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<tr>
<td>CESAMET CAP 1MG</td>
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<td>QL (40 capsules/fill)</td>
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<tr>
<td>dronabinol cap 2.5 mg</td>
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<td>QL (60 capsules/30 days)</td>
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<tr>
<td>dronabinol cap 5 mg</td>
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<td>QL (50 capsules/30 days)</td>
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<tr>
<td>dronabinol cap 10 mg</td>
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<td>QL (60 capsules/30 days)</td>
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<tr>
<td>MARINOL CAP 2.5MG</td>
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<td>QL (60 capsules/30 days)</td>
</tr>
<tr>
<td>MARINOL CAP 5MG</td>
<td>3</td>
<td>QL (50 capsules/30 days)</td>
</tr>
<tr>
<td>MARINOL CAP 10MG</td>
<td>3</td>
<td>QL (60 capsules/30 days)</td>
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<tr>
<td><strong>SUBSTANCE P/NEOUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>aprepetitant capsule 40 mg</td>
<td>3</td>
<td>QL (1 capsule/fill)</td>
</tr>
<tr>
<td>aprepetitant capsule 80 mg</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>aprepetitant capsule 125 mg</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
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<tr>
<td>aprepetitant capsule therapy pack 80 &amp; 125 mg</td>
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<td>QL (3 capsules/fill)</td>
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<tr>
<td>CINVANTI INJ 130/18ML</td>
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</tr>
<tr>
<td>EMEND CAP 40MG</td>
<td>3</td>
<td>QL (1 capsule/fill)</td>
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<tr>
<td>EMEND CAP 80MG</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
</tr>
<tr>
<td>EMEND CAP 125MG</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
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<tr>
<td>EMEND SOL 150MG</td>
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<td>PA</td>
</tr>
<tr>
<td>EMEND TRIPAC PAK 80 &amp; 125</td>
<td>3</td>
<td>QL (3 capsules/fill)</td>
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<tr>
<td>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</td>
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<td>PA</td>
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<tr>
<td><strong>ANTIFUNGALS</strong></td>
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<tr>
<td><strong>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</strong></td>
<td></td>
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</tr>
<tr>
<td>CANCIDAS INJ 50MG</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>CANCIDAS INJ 70MG</td>
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<td>PA</td>
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<tr>
<td>caspofungin acetate for iv soln 50 mg</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>caspofungin acetate for iv soln 70 mg</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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</tr>
<tr>
<td>CASPOFUNGIN INJ 50MG</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>CASPOFUNGIN INJ 70MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ERAXIS INJ 50MG</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>ERAXIS INJ 100MG</td>
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<td>PA</td>
</tr>
<tr>
<td>MYCAMINE INJ 50MG</td>
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<td>PA</td>
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<tr>
<td>MYCAMINE INJ 100MG</td>
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<td>PA</td>
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**ANTIFUNGALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ABELCET INJ 5MG/ML</td>
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<td>AMBISOME INJ 50MG</td>
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<tr>
<td>amphotericin b for iv soln 50 mg</td>
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<tr>
<td>ANCOBON CAP 250MG</td>
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<tr>
<td>ANCOBON CAP 500MG</td>
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<td>BIO-STATIN CAP 500000</td>
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<td>BIO-STATIN CAP 1000000</td>
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<td>bio-statin pow</td>
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<td>flucytosine cap 250 mg</td>
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<tr>
<td>flucytosine cap 500 mg</td>
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<tr>
<td>GRIS-PEG TAB 125MG</td>
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<td>GRIS-PEG TAB 250MG</td>
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<tr>
<td>griseofulvin microsize susp 125 mg/5ml</td>
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<tr>
<td>griseofulvin microsize tab 500 mg</td>
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<tr>
<td>griseofulvin ultramicrosize tab 125 mg</td>
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<tr>
<td>griseofulvin ultramicrosize tab 250 mg</td>
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<tr>
<td>LAMISIL TAB 250MG</td>
<td>3</td>
<td>QL (30 tablets/30 days), PA</td>
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<tr>
<td>nystatin tab 500000 unit</td>
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<tr>
<td>terbinafine hcl tab 250 mg</td>
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<td>QL (30 tablets/30 days), PA</td>
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</table>

**IMIDAZOLE-RELATED ANTIFUNGALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CRESEMBA CAP 186 MG</td>
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<tr>
<td>CRESEMBA INJ 372MG</td>
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<td>PA</td>
</tr>
<tr>
<td>DIFLUCAN SUS 10MG/ML</td>
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<tr>
<td>DIFLUCAN SUS 40MG/ML</td>
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<tr>
<td>DIFLUCAN TAB 50MG</td>
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<tr>
<td>DIFLUCAN TAB 100MG</td>
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</tr>
<tr>
<td>DIFLUCAN TAB 150MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN TAB 200MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluconazole for susp 10 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole for susp 40 mg/ml</td>
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</tr>
<tr>
<td>fluconazole in dextrose inj 200 mg/100ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in dextrose inj 400 mg/200ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl 0.9% inj 200 mg/100ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl 0.9% inj 400 mg/200ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole tab 50 mg</td>
<td>1</td>
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</tr>
<tr>
<td>fluconazole tab 100 mg</td>
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<td></td>
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<tr>
<td>fluconazole tab 150 mg</td>
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<tr>
<td>fluconazole tab 200 mg</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>FLUCONAZOLE/ INJ NACL 100</td>
<td>3</td>
<td>QL (30 capsules/30 days), PA</td>
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<tr>
<td>itraconazole cap 100 mg</td>
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<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>ketoconazole tab 200 mg</td>
<td>1</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>NOXAFIL INJ 300/16.7</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NOXAFIL SUS 40MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NOXAFIL TAB 100MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ONMEL TAB 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SPORANOX CAP 100MG</td>
<td>3</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>SPORANOX CAP PULSEPAK</td>
<td>3</td>
<td>QL (30 capsules/30 days), PA</td>
</tr>
<tr>
<td>SPORANOX SOL 10MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VFEND IV INJ 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VFEND SUS 40MG/ML</td>
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<td>PA</td>
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<tr>
<td>VFEND TAB 50MG</td>
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<td>PA</td>
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<td>VFEND TAB 200MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole for inj 200 mg</td>
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<td>PA</td>
</tr>
<tr>
<td>voriconazole for susp 40 mg/ml</td>
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<tr>
<td>voriconazole tab 50 mg</td>
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<td>voriconazole tab 200 mg</td>
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ANTIHISTAMINES

**ANTIHISTAMINES - PHENOTHIAZINES**

<table>
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<th>Requirements/Limits</th>
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<tr>
<td>phenadoz sup 12.5mg</td>
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<tr>
<td>phenadoz sup 25mg</td>
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<tr>
<td>PHENERGAN INJ 25MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PHENERGAN INJ 50MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>phenergan sup 12.5mg</td>
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<td></td>
</tr>
<tr>
<td>phenergan sup 25mg</td>
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<tr>
<td>promethazine hcl inj 25 mg/ml</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>promethazine hcl inj 50 mg/ml</td>
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<tr>
<td>promethazine hcl suppos 12.5 mg</td>
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<tr>
<td>promethazine hcl suppos 25 mg</td>
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<tr>
<td>promethazine hcl suppos 50 mg</td>
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<td>promethazine hcl syrup 6.25 mg/5ml</td>
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<tr>
<td>promethazine hcl tab 12.5 mg</td>
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<td>promethazine hcl tab 25 mg</td>
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<td>promethazine hcl tab 50 mg</td>
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<tr>
<td>promethegan sup 12.5mg</td>
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<tr>
<td>promethegan sup 25mg</td>
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ANTIHYPERTENSION

**ANTIHYPERTENSION - COMBINATIONS**

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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ezetimibe-simvastatin tab 10-10 mg</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-20 mg</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-40 mg</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-80 mg</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>VYTORIN TAB 10-10MG</td>
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<td>VYTORIN TAB 10-20MG</td>
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<td>VYTORIN TAB 10-40MG</td>
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<td>VYTORIN TAB 10-80MG</td>
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**ANTIHYPERLIPIDEMICS - MISC.**

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<td>KYNAMRO INJ 200MG/ML</td>
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<td>SP, PA</td>
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<td>LOVAZA CAP 1GM</td>
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</tr>
<tr>
<td>omega-3-acid ethyl esters cap 1 gm</td>
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<tr>
<td>triklo cap 1gm</td>
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<tr>
<td>VASCEPA CAP 0.5GM</td>
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**BILE ACID SEQUESTRANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>cholestyramine light powder 4 gm/dose</td>
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</tr>
<tr>
<td>cholestyramine light powder packets 4 gm</td>
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<tr>
<td>cholestyramine powder 4 gm/dose</td>
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<tr>
<td>cholestyramine powder packets 4 gm</td>
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<tr>
<td>colesvelam hcl tab 625 mg</td>
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<tr>
<td>COLESTID FLA GRA 5/7.5GM</td>
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**FIBRIC ACID DERIVATIVES**

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**AGENTS FOR PHEOCHROMOCYTOMA**

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**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

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**ANTIADRENERGIC ANTIHYPERTENSIVES**

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<td>Irbesartan-hydrochlorothiazide tab 300-12.5 mg</td>
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<td>nadolol &amp; bendroflumethiazide tab 40-5 mg</td>
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<td>trandolapril-verapamil hcl tab er 4-240 mg</td>
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<td>ZIAC TAB 2.5/6.25</td>
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<td>ZIAC TAB 5-6.25</td>
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<td>ZIAC TAB 10/6.25</td>
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<td>DIRECT RENIN INHIBITORS</td>
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<td>TEKTURNA TAB 150MG</td>
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<td>TEKTURNA TAB 300MG</td>
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<td>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</td>
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<td>INSpra TAB 25MG</td>
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<td>INSpra TAB 50MG</td>
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<td>VASODILATORS</td>
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<td>CORLOPAM INJ 10MG/ML</td>
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<tr>
<td>hydralazine hcl inj 20 mg/ml</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>hydralazine hcl tab 10 mg</td>
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<td>hydralazine hcl tab 25 mg</td>
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<td>hydralazine hcl tab 50 mg</td>
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<td>minoxidil tab 10 mg</td>
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<td>NIPRIDE RTU INJ 10/50ML</td>
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<td>NIPRIDE RTU INJ 20/100ML</td>
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<td>NIPRIDE RTU INJ 50/100ML</td>
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<td>NITROPRESS INJ 25MG/ML</td>
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<td>nitroprusside sodium iv soln 25 mg/ml</td>
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**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

- atovaquone-proguanil hcl tab 62.5-25 mg
- atovaquone-proguanil hcl tab 250-100 mg
- COARTEM TAB 20-120MG
- MALARONE TAB 62.5-25
- MALARONE TAB 250-100

**ANTIMALARIALS**

- chloroquine phosphate tab 250 mg
- chloroquine phosphate tab 500 mg
- DARAPRIM TAB 25MG
- hydroxychloroquine sulfate tab 200 mg
- mefloquine hcl tab 250 mg
- PLAQUENIL TAB 200MG
- PRIMAQUINE TAB 26.3MG
- QUALAQUIN CAP 324MG
- quinine sulfate cap 324 mg

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

- BLOXIVERZ INJ 5MG/10ML
- BLOXIVERZ INJ 10/10ML
- ENLON INJ 150/15ML
- GUANIDINE TAB 125MG
- MESTINON SOL 60MG/5ML
- MESTINON TAB 60MG
- MESTINON TAB TIMESPAN
- NEOSTIG METH INJ 3MG/3ML
- NEOSTIG METH INJ 4MG/4ML
- NEOSTIG METH INJ 5MG/5ML
- NEOSTIG METH INJ 10/10ML
- NEOSTIGMINE INJ 4MG/4ML
- NEOSTIGMINE INJ 5MG/5ML
- NEOSTIGMINE INJ 5MG/10ML
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
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<tr>
<td>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</td>
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<tr>
<td>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</td>
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<td>pyridostigmine bromide tab 60 mg</td>
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<td>pyridostigmine bromide tab er 180 mg</td>
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<td>REGONOL INJ 5MG/ML</td>
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**ANTIMYCOBACTERIAL AGENTS**

**ANTI TB COMBINATIONS**

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**ANTIMYCOBACTERIAL AGENTS**

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<td>isoniazid inj 100 mg/ml</td>
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<td>isoniazid syrup 50 mg/5ml</td>
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**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ALKYLATING AGENTS**

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<td>ALKERAN TAB 2MG</td>
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<td>BENDEKA INJ 100/4ML</td>
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<td>BICNU INJ 100MG</td>
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<td>busulfan inj 6 mg/ml</td>
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<td>BUSULFEX INJ 6MG/ML</td>
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<td>carboplatin iv soln 150 mg/15ml</td>
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<tr>
<td>Drug Name</td>
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<td>cisplatin inj 100 mg/100ml (1 mg/ml)</td>
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<td>cisplatin inj 200 mg/200ml (1 mg/ml)</td>
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<td>CYCLOPHOSPH CAP 25MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**ANTIMETABOLITES**

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**ANTINEOPLASTIC - BCL-2 INHIBITORS**

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**ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY**

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**ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

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<td>ARIMIDEX TAB 1MG</td>
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<td>CASODEX TAB 50MG</td>
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<td>DEPO-PROVERA INJ 400/ML</td>
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<td>SOLTAMOX SOL 10MG/5ML</td>
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<td>VANTAS KIT 50MG</td>
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<td>XTANDI CAP 40MG</td>
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<td>YONSA TAB 125MG</td>
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**ANTINEOPLASTIC - IMMUNOMODULATORS**

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**ANTINEOPLASTIC - XPO1 INHIBITORS**

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<td>XPOVIO PAK 60MG</td>
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<td>XPOVIO PAK 80MG</td>
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**ANTINEOPLASTIC ANTIBIOTICS**

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<th>Drug Name</th>
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<td>adriamycin inj 10mg</td>
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<td>adriamycin inj 20mg</td>
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<td>adriamycin inj 50mg</td>
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<tr>
<td>adriamycin inj 200mg</td>
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<td>BLEO 15K INJ</td>
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<td>bleomycin sulfate for inj 15 unit</td>
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<td>PA</td>
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<tr>
<td>bleomycin sulfate for inj 30 unit</td>
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<tr>
<td>COSMEGEN INJ 0.5MG</td>
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<td>dactinomycin for inj 0.5 mg</td>
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<tr>
<td>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</td>
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<tr>
<td>DAUNORUBICIN INJ 20MG/4ML</td>
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<td>DAUNORUBICIN INJ 50MG</td>
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<tr>
<td>DOXIL INJ 2MG/ML</td>
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<td>doxorubicin hcl for inj 10 mg</td>
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<td>doxorubicin hcl inj 2 mg/ml</td>
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<td>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</td>
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<td>ELLENCE INJ 2MG/ML</td>
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<td>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</td>
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<td>IDAMYCIN PFS INJ 5MG/5ML</td>
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<td>IDAMYCIN PFS INJ 10/10ML</td>
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<tr>
<td>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</td>
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<tr>
<td>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</td>
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<td>mitomycin for iv soln 5 mg</td>
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<td>Drug Name</td>
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<td>mitomycin for iv soln 40 mg</td>
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<td>MITOMYCIN SOL 20MG</td>
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<td>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</td>
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<td>mutamycin inj 20mg</td>
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<td>VALSTAR SOL 40MG/ML</td>
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**ANTINEOPLASTIC COMBINATIONS**

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<td>HERCEP HYLEC SOL 60-10000</td>
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<td>KISQALI 200 PAK FEMARA</td>
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<td>KISQALI 400 PAK FEMARA</td>
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<td>KISQALI 600 PAK FEMARA</td>
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<td>LONSURF TAB 15-6.14</td>
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<td>LONSURF TAB 20-8.19</td>
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<tr>
<td>RITUXAN INJ HYCELA</td>
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<td>MNPA</td>
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<td>VYXEOS INJ 44-100MG</td>
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**ANTINEOPLASTIC ENZYME INHIBITORS**

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</tr>
<tr>
<td>AFINITOR TAB 2.5MG</td>
<td>4</td>
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</tr>
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<td>AFINITOR TAB 5MG</td>
<td>4</td>
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<tr>
<td>AFINITOR TAB 7.5MG</td>
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<td>ALIQOPA INJ 60MG</td>
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<td>ALUNBRIG TAB 180MG</td>
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<td>BALVERSA TAB 3MG</td>
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**Key Abbreviations:**
- PA - Prior Authorization
- QL - Quantity Limits
- ST - Step Therapy
- SP - Specialty
- MNPA - Medical Necessity Prior Authorization

PA - Prior Authorization     QL - Quantity Limits     ST - Step Therapy     SP - Specialty     MNPA - Medical Necessity Prior Authorization
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<td>COTELLLIC TAB 20MG</td>
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<td>FARYDAK CAP 10MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**Notes:**
- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **SP** - Specialty
- **MNPA** - Medical Necessity Prior Authorization
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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<th>Requirements/Limits</th>
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<td>ARISTADA INJ 882MG/3</td>
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<td>THIOXANTHENES</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<td>thiothixene cap 2 mg</td>
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<td>thiothixene cap 5 mg</td>
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**ANTISEPTICS & DISINFECTANTS**

**ANTISEPTIC COMBINATIONS**

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<td>BUCALSEP SOL</td>
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**ANTISEPTICS & DISINFECTANTS**

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<thead>
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<tr>
<td>formadon sol</td>
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<tr>
<td>formaldehyde solution 10%</td>
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<td>hydrogen peroxide soln 30%</td>
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**CHLORINE ANTISEPTICS**

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<tr>
<td>BENZALKONIUM SOL 50%</td>
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<td>CHLORHEX GLU SOL 20%</td>
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**IODINE ANTISEPTICS**

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<thead>
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<td>IODOFLEX PAD PAD</td>
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<tr>
<td>IODOSORB GEL</td>
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<td>IODOSORB GEL 0.9%</td>
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**ANTIVIRALS**

**ANTIRETROVIRALS**

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<tr>
<td>abacavir sulfate soln 20 mg/ml (base equiv)</td>
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<td>abacavir sulfate tab 300 mg (base equiv)</td>
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<tr>
<td>abacavir sulfate-lamivudine tab 600-300 mg</td>
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<tr>
<td>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</td>
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<tr>
<td>APTIVUS CAP 250MG</td>
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<tr>
<td>APTIVUS SOL</td>
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<tr>
<td>atazanavir sulfate cap 150 mg (base equiv)</td>
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<tr>
<td>atazanavir sulfate cap 300 mg (base equiv)</td>
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<td>ATRIPLA TAB</td>
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<td>BIKTARVY TAB</td>
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<td>CIMDUO TAB 300-300</td>
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<tr>
<td>COMBIVIR TAB 150-300</td>
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<td>Drug Name</td>
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<td>EPZICOM TAB 600-300</td>
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<td><em>fosamprenavir calcium tab 700 mg (base equiv)</em></td>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **SP** - Specialty  **MNPA** - Medical Necessity Prior Authorization
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**CMV AGENTS**

cidofovir iv inj 75 mg/ml     3   PA
CYTOVENE INJ 500MG            4   SP, PA
FOSCAVIR INJ 24MG/ML          3   PA
GANCICLOVIR INJ 500/25        3   PA
GANCICLOVIR INJ 500MG         4   SP, PA
ganciclovir sodium for inj 500 mg  4   SP, PA
VALCYTE SOL 50MG/ML           3         
VALCYTE TAB 450MG             3         
valganciclovir hcl for soln 50 mg/ml (base equiv) 1
valganciclovir hcl tab 450 mg (base equivalent) 1

**HEPATITIS AGENTS**

adefovir dipivoxil tab 10 mg 4 SP, PA
BARACLUE SOL                  4 SP, PA
BARACLUE TAB 0.5MG            4 SP, PA
BARACLUE TAB 1MG              4 SP, PA
COPEGUS TAB 200MG             4 SP, PA
entecavir tab 0.5 mg          4 SP, PA
entecavir tab 1 mg            4 SP, PA
EPICLUSA TAB 400-100          4 SP, PA
EPIVIR HBV SOL 5MG/ML         2
EPIVIR HBV TAB 100MG          3
HARVONI TAB 45-200MG          4 SP, PA
HARVONI TAB 90-400MG          4 SP, PA
HEPSERA TAB 10MG              4 SP, PA

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>VOSEVI TAB</td>
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**Requirements/Limits**

- **PA**: Prior Authorization
- **QL**: Quantity Limits
- **ST**: Step Therapy
- **SP**: Specialty
- **MNPA**: Medical Necessity Prior Authorization
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<thead>
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**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

digitek tab 0.25mg

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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</table>

PA - Prior Authorization       QL - Quantity Limits       ST - Step Therapy       SP - Specialty       MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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**SINUS NODE INHIBITORS**

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<td>CORLANOR TAB 7.5MG</td>
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**TRANSTHYRETIN STABILIZERS**

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<td>VYNDAMAX CAP 61MG</td>
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<td>VYNDALQUEL CAP 20MG</td>
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**VASOACTIVE NATRIURETIC PEPTIDES**

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**CEPHALOSPORINS**

**CEPHALOSPORIN COMBINATIONS**

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**CEPHALOSPORINS - 1ST GENERATION**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<tr>
<td>nebusal neb 3%</td>
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<tr>
<td>NEBUSAL NEB 6%</td>
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<tr>
<td>pulmosal neb 7%</td>
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<tr>
<td>sodium chloride soln nebu 0.9%</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>ACANYA GEL 1.2-2.5%</td>
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<td>ACZONE GEL 5%</td>
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<tr>
<td>adapalene gel 0.1%</td>
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<tr>
<td>adapalene lotion 0.1%</td>
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<tr>
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<tr>
<td>avar cleanse emu 10-5%</td>
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<tr>
<td>AVAR LS AER 10-2%</td>
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<tr>
<td>AVAR LS LIQ 10-2%</td>
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<tr>
<td>AVAR LS PAD 10-2%</td>
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<tr>
<td>AVAR PAD 9.5-5%</td>
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<tr>
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<td>avar-e green cre 10-5%</td>
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<tr>
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<td>avita gel 0.025%</td>
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<td>benzepro mis 6%</td>
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<td>benzoyl peroxide-erythromycin gel 5-3%</td>
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<td>BPO GEL 8%</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>CLECIN-T GEL 1%</td>
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<td>CLECIN-T SOL 1%</td>
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<tr>
<td>CLINDACIN KIT ETZ 1%</td>
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<td>CLINDACIN KIT PAC 1%</td>
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<td>clindamycin phosphate foam 1%</td>
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<td>clindamycin phosphate-tretinoin gel 1.2-0.025%</td>
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<tr>
<td>ery pad 2%</td>
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<td>ERYGEL GEL 2%</td>
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<td>erythromycin pads 2%</td>
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<td>isotretinoin cap 20 mg</td>
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<td>isotretinoin cap 30 mg</td>
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<td>KLARON LOT 10%</td>
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<td>myorisan cap 20mg</td>
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<td>myorisan cap 30mg</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>myorisan cap 40mg</td>
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<td>neuac gel 1.2-5%</td>
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<td>NEUAC KIT 1.2-5%</td>
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<td>ONEXTON GEL 1.2-3.75</td>
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<td>PLEXION CLTH PAD 9.8-4.8%</td>
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<td>PLEXION CRE 9.8-4.8%</td>
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<tr>
<td>PLEXION LIQ 9.8-4.8%</td>
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<td>PLEXION LOT 9.8-4.8%</td>
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<tr>
<td>PLIXDA PAD 0.1%SWAB</td>
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<tr>
<td>RETIN-A CRE 0.05%</td>
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<tr>
<td>RETIN-A CRE 0.025%</td>
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<tr>
<td>RETIN-A GEL 0.01%</td>
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<td>RETIN-A GEL 0.025%</td>
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<td>RETIN-A MICR GEL 0.1%</td>
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<td>RETIN-A MICR GEL 0.1%PUMP</td>
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<td>RETIN-A MICR GEL 0.04%</td>
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<tr>
<td>RETIN-A MICR GEL 0.04%PMP</td>
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<td>SOD SUL/SULF EMU 10-5%</td>
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<td>SOD SUL/SULF SUS 10-5%</td>
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<tr>
<td>sss 10-5 aer 10-5%</td>
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<td>sss cre 10%-5%</td>
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<td>sulfacetamide sod-sulfur wash 9-4.5% &amp; skin cleanser kit</td>
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<td>sulfacetamide sodium lotion 10% (acne)</td>
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<td>sulfacetamide sodium w/ sulfur cleanser 10-2%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-2%</td>
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<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
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<td>sulfacetamide sodium w/ sulfur emulsion 10-5%</td>
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<td>sulfacetamide sodium w/ sulfur lotion 10-5%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur susp 8-4%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur wash 9-4%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur wash 9-4.5%</td>
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<tr>
<td>sulfacleanse sus 8-4%</td>
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<tr>
<td>sulfamez emu 10-1%</td>
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<tr>
<td>SUMADAN KIT</td>
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<tr>
<td>SUMADAN WASH LIQ 9-4.5%</td>
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<td>SUMADAN XLT KIT 9-4.5%</td>
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<td>PA</td>
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<td>SUMAXIN CP KIT</td>
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<td>SUMAXIN PAD 10-4%</td>
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<tr>
<td>SUMAXIN TS SUS 8-4%</td>
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<td>SUMAXIN WASH LIQ 9-4%</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td>TRETIN-X CRE 0.075%</td>
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<tr>
<td>tretinoin cream 0.1%</td>
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<tr>
<td>tretinoin cream 0.05%</td>
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<tr>
<td>tretinoin cream 0.025%</td>
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<tr>
<td>tretinoin gel 0.01%</td>
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<td></td>
</tr>
<tr>
<td>tretinoin gel 0.05%</td>
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<td></td>
</tr>
<tr>
<td>tretinoin gel 0.025%</td>
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<tr>
<td>tretinoin microsphere gel 0.1%</td>
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<td>tretinoin microsphere gel 0.04%</td>
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<tr>
<td>VELTIN GEL</td>
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<tr>
<td>ZACLIR LOT 8%</td>
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<tr>
<td>zencia liq 9-4%</td>
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<tr>
<td>ZIANA GEL</td>
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</tbody>
</table>

**AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**

- VEREGEN OIN 15%

**AGENTS FOR WRINKLES/LIPOTRATPHY/OTHER AESTHETIC USES**

- SCULPTRA INJ 367.5MG

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

- diclofenac sodium gel 1%
- diclofenac sodium soln 1.5%
- FLECTOR DIS 1.3%
- klofensaid sol ii
- VOLTAREN GEL 1%

**ANTIBIOTICS - TOPICAL**

- ALTABAX OIN 1%
- BACTROBAN CRE 2%
- CENTANY AT KIT 2%
- CENTANY OIN 2%
- CORTISPORIN CRE 0.5%
- CORTISPORIN OIN 1%
- gentamicin sulfate cream 0.1%
- gentamicin sulfate oint 0.1%
- mupirocin calcium cream 2%
- mupirocin oint 2%
- NEO-SYNALAR KIT

**ANTIFUNGALS - TOPICAL**

- ALA-QUIN CRE 3-0.5%
- ALCORTIN A GEL 1-2-1%
- ALOQUIN GEL 1.25-1%
- ciclodan cre 0.77%
- CICLODAN CRE KIT 0.77%
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>CICLODAN SOL KIT 8%</td>
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</tr>
<tr>
<td>ciclopirox gel 0.77%</td>
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</tr>
<tr>
<td>ciclopirox kit 8%</td>
<td>3</td>
<td></td>
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<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
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</tr>
<tr>
<td>ciclopirox olamine susp 0.77% (base equiv)</td>
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<tr>
<td>ciclopirox shampoo 1%</td>
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<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
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<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
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<tr>
<td>DERMASORB AF KIT 3-0.5%</td>
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<tr>
<td>dermazene cre 1-1%</td>
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</tr>
<tr>
<td>econazole nitrate cream 1%</td>
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<td>ECOZA AER 1%</td>
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<tr>
<td>ERTACZO CRE 2%</td>
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<td>EXELDERM CRE 1%</td>
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<tr>
<td>EXELDERM SOL 1%</td>
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<tr>
<td>EXODERM LOT 25-1%</td>
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<tr>
<td>EXTINA AER 2%</td>
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<tr>
<td>HALOTIN CRE 1%</td>
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</tr>
<tr>
<td>iodoquimez cre 1-1.9%</td>
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<tr>
<td>iodoquinol-hc cream 1%</td>
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<tr>
<td>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</td>
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<td>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</td>
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<tr>
<td>ketoconazole cream 2%</td>
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<tr>
<td>ketoconazole foam 2%</td>
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<tr>
<td>ketoconazole shampoo 2%</td>
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<tr>
<td>ketodan aer 2%</td>
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<tr>
<td>LOPROX KIT 0.77%</td>
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<td>LOPROX SHA 1%</td>
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<tr>
<td>LOTRISONE CRE</td>
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</tr>
<tr>
<td>luliconazole cream 1%</td>
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<td>PA</td>
</tr>
<tr>
<td>LUZU CRE 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</td>
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<tr>
<td>naftifine hcl cream 1%</td>
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<td>naftifine hcl cream 2%</td>
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<td>NAFTIN CRE 2%</td>
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<td>NAFTIN GEL 1%</td>
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<td>NAFTIN GEL 2%</td>
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<tr>
<td>NIZORAL SHA 2%</td>
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<tr>
<td>nyamyc pow 100000</td>
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<tr>
<td>nyata pow 100000</td>
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</tr>
<tr>
<td>nystatin cream 100000 unit/gm</td>
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</tr>
<tr>
<td>nystatin oint 100000 unit/gm</td>
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</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
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<tr>
<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
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<tr>
<td>nystop pow 100000</td>
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<td>oxiconazole nitrate cream 1%</td>
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<td>OXISTAT CRE 1%</td>
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<td>OXISTAT LOT 1%</td>
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<tr>
<td>QUINJA GEL 1.25-1%</td>
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<tr>
<td>VUSION OIN</td>
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<tr>
<td>VYTONE CRE 1-1.9%</td>
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<tr>
<td>XOLEGEL GEL 2%</td>
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**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CARAC CRE 0.5%</td>
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<tr>
<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<tr>
<td>EFUDEX CRE 5%</td>
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<tr>
<td>FLUOROPLEX CRE 1%</td>
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</tr>
<tr>
<td>fluorouracil cream 0.5%</td>
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</tr>
<tr>
<td>fluorouracil cream 5%</td>
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<tr>
<td>fluorouracil soln 2%</td>
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</tr>
<tr>
<td>fluorouracil soln 5%</td>
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<tr>
<td>LEVULAN KERA SOL 20%</td>
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<tr>
<td>PANRETIN GEL 0.1%</td>
<td>3</td>
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<tr>
<td>PICATO GEL 0.05%</td>
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<tr>
<td>PICATO GEL 0.015%</td>
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<tr>
<td>TARGRETIN GEL 1%</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>TOLAK CRE 4%</td>
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<tr>
<td>VALCHLOR GEL 0.016%</td>
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**ANTIPRURITICS - TOPICAL**

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<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>doxepin hcl cream 5%</td>
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<tr>
<td>PRUDOXIN CRE 5%</td>
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<tr>
<td>ZONALON CRE 5%</td>
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**ANTIPSORIATICS**

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<thead>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>acitretin cap 10 mg</td>
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<td></td>
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<tr>
<td>acitretin cap 17.5 mg</td>
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<tr>
<td>acitretin cap 25 mg</td>
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</tr>
<tr>
<td>calcipotriene cream 0.005%</td>
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<td></td>
</tr>
<tr>
<td>calcipotriene oint 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
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</tr>
<tr>
<td>calcitrene oin 0.005%</td>
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<tr>
<td>calcitriol oint 3 mcg/gm</td>
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<tr>
<td>COSENTYX INJ 150MG/ML</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>COSENTYX INJ 300DOSE</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>COSENTYX PEN INJ 150MG/ML</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>COSENTYX PEN INJ 300DOSE</td>
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<tr>
<td>DOVONEX CRE 0.005%</td>
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<tr>
<td>DRITHO-CREME CRE HP 1%</td>
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<tr>
<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>methoxsalen rapid cap 10 mg</td>
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<tr>
<td>OXSORALEN-UL CAP 10MG</td>
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<tr>
<td>SILIQ INJ 210/1.5</td>
<td>4</td>
<td>SP; MNPA</td>
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<tr>
<td>SKYRIZI INJ 150DOSE</td>
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<tr>
<td>SORIATANE CAP 10MG</td>
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<tr>
<td>SORIATANE CAP 17.5MG</td>
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<tr>
<td>SORIATANE CAP 25MG</td>
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<tr>
<td>SORILUX AER 0.005%</td>
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<td>STELARA INJ 45MG/0.5</td>
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<td>STELARA INJ 90MG/ML</td>
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<td>tazarotene cream 0.1%</td>
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<tr>
<td>TAZORAC CRE 0.1%</td>
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<td>TREMFYA INJ 100MG/ML</td>
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<td>VECTICAL OIN 3MCG/GM</td>
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<td>NUTRASEB CRE</td>
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<tr>
<td>OVACE PLUS GEL 10% WASH</td>
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<tr>
<td>OVACE PLUS LIQ 10% WASH</td>
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<tr>
<td>OVACE PLUS LOT 9.8%</td>
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<td>OVACE PLUS SHA 10%</td>
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<td>SODIUM SULFA LIQ 10% WASH</td>
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<td>ANTIVIRALS - TOPICAL</td>
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<td>acyclovir oint 5%</td>
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<td>DENAVIR CRE 1%</td>
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<td>ZOVIRAX CRE 5%</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>silver sulfadiazine cream 1%</td>
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<td>ssd cre 1%</td>
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<td><strong>CAUTERIZING AGENTS</strong></td>
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<td>amcinonide cream 0.1%</td>
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<tr>
<td>amcinonide lotion 0.1%</td>
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<td>AMCINONIDE OIN 0.1%</td>
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<td>APEXICON E CRE 0.05%</td>
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<td>betamethasone dipropionate augmented cream 0.05%</td>
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<tr>
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<tr>
<td>CLOBEX SPR 0.05%</td>
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<tr>
<td>clocortolone pivalate cream 0.1%</td>
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<tr>
<td>CLODAN KIT 0.05%</td>
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<tr>
<td>clocan sha 0.05%</td>
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<tr>
<td>CLODERM CRE 0.1% PMP</td>
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<td>CORDRAN 80X3 TAP 4MCG/CM</td>
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<td>CORDRAN CRE 0.025%</td>
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</tr>
<tr>
<td>CORDRAN LOT 0.05%</td>
<td>3</td>
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<tr>
<td>CORDRAN OIN 0.05%</td>
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</tr>
<tr>
<td>cormax scalp sol 0.05%</td>
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<td></td>
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<tr>
<td>CORTANE-B LOT</td>
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<tr>
<td>CUTIVATE LOT 0.05%</td>
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</tr>
<tr>
<td>DERMA-SMOOTH OIL /FS BODY</td>
<td>3</td>
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<tr>
<td>DERMA-SMOOTH OIL /FS SCLP</td>
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<tr>
<td>DERMASORB HC KIT 2%</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<td>desoximetasone cream 0.05%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
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<tr>
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<td>fluocinolone acetonide oil 0.01% (scalp oil)</td>
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<td>fluocinonide emulsified base cream 0.05%</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>LOCOID LIPO CRE 0.1%</td>
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<tr>
<td>LOCOID LOT 0.1%</td>
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</tr>
<tr>
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</tr>
<tr>
<td>LOCOID SOL 0.1%</td>
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<tr>
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</tr>
<tr>
<td>mometasone furoate solution 0.1% (lotion)</td>
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</tr>
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<td>nolix cre 0.05%</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<tr>
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<tr>
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<tr>
<td>PANDEL CRE 0.1%</td>
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</tr>
<tr>
<td>PRAMOSONE CRE 1-1%</td>
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<tr>
<td>PRAMOSONE CRE 1-2.5%</td>
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<tr>
<td>PRAMOSONE E CRE 1-2.5%</td>
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</tr>
<tr>
<td>PRAMOSONE LOT 1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE LOT 2.5%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE OIN 1%</td>
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<tr>
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<tr>
<td>pramoxine-hc cream 1-2.5%</td>
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</tr>
<tr>
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<tr>
<td>prednicarbate oint 0.1%</td>
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<tr>
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<tr>
<td>SERNIVO SPR</td>
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</tr>
<tr>
<td>SYNALAR OIN 0.025%</td>
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</tr>
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</tr>
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</tr>
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<tr>
<td>TEMOVATE OIN 0.05%</td>
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</tr>
<tr>
<td>TEXACORT SOL 2.5%</td>
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</tr>
<tr>
<td>TOPICORT CRE 0.05%</td>
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<td></td>
</tr>
<tr>
<td>TOPICORT CRE 0.25%</td>
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</tr>
<tr>
<td>TOPICORT GEL 0.05%</td>
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</tr>
<tr>
<td>TOPICORT OIN 0.05%</td>
<td>3</td>
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<td>TOPICORT SPR 0.25%</td>
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</tr>
<tr>
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<td>triamcinolone acetonide lotion 0.1%</td>
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<tr>
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</tr>
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<tr>
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<td>ULTRAVATE CRE 0.05%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>WESTCORT OIN 0.2%</td>
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<tr>
<td><strong>EMOLLIENT/KERATOLYTIC AGENTS</strong></td>
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<tr>
<td>CEM-UREA SOL 45%</td>
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<tr>
<td>DERMASORB XM KIT 39%</td>
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<td>GORDONS UREA OIN 40%</td>
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<tr>
<td>KERALAC CRE 47%</td>
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</tr>
<tr>
<td>metopic cre 41%</td>
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</tr>
<tr>
<td>rea lo 39 cre 39%</td>
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</tr>
<tr>
<td>remeven cre 50%</td>
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<td>URAMAXIN AER 20%</td>
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<td>URE-K CRE 50%</td>
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<td>urea cream 39%</td>
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<td>urea cream 41%</td>
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<tr>
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<tr>
<td>urea lotion 45%</td>
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<tr>
<td>UREA NAIL MIS 50%</td>
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<tr>
<td>uredeb cre 39%</td>
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<tr>
<td>UREVAZ CRE 44%</td>
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<td><strong>IMMUNOMODULATING AGENTS - TOPICAL</strong></td>
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<td>ALDARA CRE 5%</td>
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<td>imiquimod cream 5%</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<tr>
<td>ELIDEL CRE 1%</td>
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<td>tacrolimus oint 0.03%</td>
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<td><strong>KERATOLYTIC/ANTIMITOTIC AGENTS</strong></td>
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<td>KERALYT KIT SCALP 6%</td>
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<td>SP; MNPA</td>
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<td>CERACADE EMU</td>
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<td>PHLAG SPR</td>
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<tr>
<td>DRYCUPOL SOL 20%</td>
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<tr>
<td>EUCRISA OIN 2%</td>
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<td>azelaic acid gel 15%</td>
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<tr>
<td>doxycycline (rosacea) cap delayed release 40 mg</td>
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<td>FINACEA AER 15%</td>
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<tr>
<td>FINACEA GEL 15%</td>
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<tr>
<td>METROCREAM CRE 0.75%</td>
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<td>METROGEL 1%</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td><strong>Metroloption Lot 0.75%</strong></td>
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<tr>
<td><strong>metronidazole gel 0.75%</strong></td>
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<tr>
<td><strong>metronidazole gel 1%</strong></td>
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<tr>
<td><strong>metronidazole lotion 0.75%</strong></td>
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<tr>
<td><strong>Mirvaso Gel 0.33%</strong></td>
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<tr>
<td><strong>Nortitate CRE 1%</strong></td>
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<td><strong>Oracea Cap 40mg</strong></td>
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<tr>
<td><strong>rosadan gel 0.75%</strong></td>
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<tr>
<td><strong>Rosadan Kit 0.75%</strong></td>
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<tr>
<td><strong>Scabicides &amp; Pediculicides</strong></td>
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<td><strong>Eurax CRE 10%</strong></td>
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<tr>
<td><strong>Lindane Shampoo 1%</strong></td>
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<td><strong>Malathion lotion 0.5%</strong></td>
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<td><strong>Natroba Sus 0.9%</strong></td>
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<td><strong>Ovide LOT 0.5%</strong></td>
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<td><strong>Permethrin cream 5%</strong></td>
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<td><strong>Sklice LOT 0.5%</strong></td>
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<tr>
<td><strong>Spinosad susp 0.9%</strong></td>
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<td><strong>Sulf Lime Sol</strong></td>
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<td><strong>Aminofix Inj 40mg</strong></td>
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<td><strong>Biafine Emu</strong></td>
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<td><strong>Bionect CRE 0.2%</strong></td>
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<td><strong>Bionect Gel 0.2%</strong></td>
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<td>EPIFIX MICRO INJ 100MG</td>
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<td>PALINGEN FLO INJ 0.25ML</td>
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<td>REGRANEX GEL 0.01%</td>
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**DIAGNOSTIC PRODUCTS**

**DIAGNOSTIC DRUGS**

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<tr>
<td>GLUCAGON INJ 1MG</td>
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<td>QL (2 injections/90 days)</td>
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**DIAGNOSTIC RADIOPHARMACEUTICALS**

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<td>AXUMIN INJ</td>
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**DIAGNOSTIC TESTS**

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<tr>
<td>ACCU-CHEK TES AVIVA PL</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<tr>
<td>ACCU-CHEK TES COMPACT</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<td>ACCU-CHEK TES GUIDE</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<td>ACCUTREND TES GLUCOSE</td>
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<tr>
<td>BAYER BREEZE MIS 2 TEST</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization  
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<th>Drug Name</th>
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<td>CONTOUR TES BLD GLUC</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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<td>CONTOUR TES NEXT</td>
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<td>QL (Non-insulin users: 100 strips/90 days; Insulin users: 300 strips/90 days)</td>
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**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

**DIETARY MANAGEMENT PRODUCTS**

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<td>av-vite fb tab 2.5-25-2</td>
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<td>AVAILNEX CHW 750MG</td>
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<td>CARDIOTEK-RX TAB</td>
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<td>CEREFOLIN TAB</td>
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<td>CEREFOLIN TAB NAC</td>
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<td>DEPLIN 7.5 CAP</td>
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<td>DEPLIN 15 CAP</td>
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<td>ELFOLATE PLU TAB 3-35-2MG</td>
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<td>ELFOLATE TAB 7.5MG</td>
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<td>ELFOLATE TAB 15MG</td>
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<td>ENTERAGAM POW 5GM</td>
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<td>FOLBIC RF TAB</td>
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<td>VAYARIN CAP</td>
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**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

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**DIURETICS**

**CARBONIC ANHYDRASE INHIBITORS**

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<tbody>
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<td>acetazolamide cap er 12hr 500 mg</td>
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<td>acetazolamide sodium for inj 500 mg</td>
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<td>acetazolamide tab 250 mg</td>
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<tr>
<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>DIAMOX SEQUE CAP 500MG CR</td>
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<td>KEVEYIS TAB 50MG</td>
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<td>methazolamide tab 25 mg</td>
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<td>methazolamide tab 50 mg</td>
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**DIURETIC COMBINATIONS**

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<td>ALDACTAZIDE TAB 25/25</td>
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<td>ALDACTAZIDE TAB 50/50</td>
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<td>amiloride &amp; hydrochlorothiazide tab 5-50 mg</td>
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<td>DYAZIDE CAP 37.5-25</td>
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<td>MAXZIDE TAB 75-50</td>
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<td>MAXZIDE-25 TAB</td>
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<tr>
<td>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</td>
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<tr>
<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</td>
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<tr>
<td>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</td>
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<td>triamterene &amp; hydrochlorothiazide tab 75-50 mg</td>
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**LOOP DIURETICS**

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<td>PA</td>
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<tr>
<td>bumetanide tab 2 mg</td>
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<tr>
<td>DEMADEX TAB 10MG</td>
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<tr>
<td>DEMADEX TAB 20MG</td>
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<td>EDECIN TAB 25MG</td>
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<td>ethacrynic acid tab 25 mg</td>
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**OSMOTIC DIURETICS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>osmitrol inj 10%</td>
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<td>PA</td>
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<td>osmitrol inj 15%</td>
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<td>osmitrol vfx inj 20%</td>
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<td>ALDACTONE TAB 50MG</td>
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</tr>
<tr>
<td>pamidronate disodium for inj 90 mg</td>
<td>4</td>
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</tr>
<tr>
<td>pamidronate disodium iv soln 3 mg/ml</td>
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<tr>
<td>pamidronate disodium iv soln 9 mg/ml</td>
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<tr>
<td>PAMIDRONATE INJ 6MG/ML</td>
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<tr>
<td>PROLIA SOL 60MG/ML</td>
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<td>SP, PA</td>
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<tr>
<td>RECLAST INJ 5/100ML</td>
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<td>SP, PA</td>
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<tr>
<td>risedronate sodium tab 5 mg</td>
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</tr>
<tr>
<td>risedronate sodium tab 30 mg</td>
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<tr>
<td>risedronate sodium tab 35 mg</td>
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</tr>
<tr>
<td>risedronate sodium tab 150 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>risedronate sodium tab delayed release 35 mg</td>
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<td></td>
</tr>
<tr>
<td>TYMLOS INJ</td>
<td>4</td>
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</tr>
<tr>
<td>XGEVA INJ</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>zoledronic acid inj conc for iv infusion 4 mg/5ml</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>zoledronic acid iv soln 5 mg/100ml</td>
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<td>SP, PA</td>
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<tr>
<td>ZOLEDRONIC INJ 4MG/100</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>ZOMETA INJ 4MG/5ML</td>
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</tr>
<tr>
<td>ZOMETA INJ 4MG/100</td>
<td>4</td>
<td>SP, PA</td>
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</table>

**CORTICOTROPIN**

| ACTHAR INJ 80UNIT                                                       | 4         | SP, PA              |

**FERTILITY REGULATORS**

<p>| BRAVELLE INJ 75UNIT                                                    | 3         | PA                  |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clomiphene citrate tab 50 mg</td>
<td>1</td>
<td>PA</td>
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<tr>
<td>FOLLISTIM AQ INJ 300UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FOLLISTIM AQ INJ 600UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FOLLISTIM AQ INJ 900UNIT</td>
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<td>PA</td>
</tr>
<tr>
<td>GONAL-F INJ 450UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F INJ 1050UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 75UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 300/0.5</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 450/0.75</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 900/1.5</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>MENOPUR INJ 75UNIT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>OVIDREL INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PREGNYL INJ 10000UNIT</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td><strong>GNRH/LHRH ANTAGONISTS</strong></td>
<td></td>
<td></td>
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<tr>
<td>CETROTIDE KIT 0.25MG</td>
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<tr>
<td>GANIRELIX AC INJ 250/0.5</td>
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<td><strong>GROWTH HORMONE RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>SOMAVERT INJ 10MG</td>
<td>4</td>
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<tr>
<td>SOMAVERT INJ 15MG</td>
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</tr>
<tr>
<td>SOMAVERT INJ 20MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SOMAVERT INJ 25MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SOMAVERT INJ 30MG</td>
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<tr>
<td><strong>GROWTH HORMONE RELEASING HORMONES (GHRH)</strong></td>
<td></td>
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<tr>
<td>EGRIFTA SOL 1MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td><strong>GROWTH HORMONES</strong></td>
<td></td>
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<tr>
<td>GENOTROPIN INJ 0.2MG</td>
<td>4</td>
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<tr>
<td>GENOTROPIN INJ 0.4MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>GENOTROPIN INJ 0.6MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>GENOTROPIN INJ 0.8MG</td>
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<td>SP, PA</td>
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<tr>
<td>GENOTROPIN INJ 1.2MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>GENOTROPIN INJ 1.4MG</td>
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<td>GENOTROPIN INJ 1.6MG</td>
<td>4</td>
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<tr>
<td>GENOTROPIN INJ 1.8MG</td>
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<td>SP, PA</td>
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<tr>
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<td>SP, PA</td>
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<tr>
<td>GENOTROPIN INJ 2MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>GENOTROPIN INJ 5MG</td>
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<td>SP, PA</td>
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<tr>
<td>GENOTROPIN INJ 12MG</td>
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<td>SP, PA</td>
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<tr>
<td>HUMATROPE INJ 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>HUMATROPE INJ 6MG</td>
<td>4</td>
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<tr>
<td>HUMATROPE INJ 12MG</td>
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<tr>
<td>HUMATROPE INJ 24MG</td>
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<td>SP, PA</td>
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<tr>
<td>NORDITROPIN INJ 5/1.5ML</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>NORDITROPIN INJ 10/1.5ML</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>NORDITROPIN INJ 15/1.5ML</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>NORDITROPIN INJ 30/3ML</td>
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<td>SP, PA</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-------------------</td>
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<tr>
<td>NUTROPIN AQ INJ 10MG/2ML</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>NUTROPIN AQ INJ 20MG/2ML</td>
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<td>SP, PA</td>
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<tr>
<td>NUTROPIN AQ INJ NUSPIN 5</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>OMNITROPE INJ 5.8MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>OMNITROPE INJ 5/1.5ML</td>
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<td>SP, PA</td>
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<tr>
<td>OMNITROPE INJ 10/1.5ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SAIZEN INJ 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SAIZEN INJ 8.8MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SAIZENPREP INJ 8.8MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SEROSTIM INJ 4MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>SEROSTIM INJ 5MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>SEROSTIM INJ 6MG</td>
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<tr>
<td>ZOMACTON INJ 5MG</td>
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<td>SP, PA</td>
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<tr>
<td>ZOMACTON INJ 10MG</td>
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<tr>
<td>ZORBTIVE INJ 8.8MG</td>
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<td>SP, PA</td>
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</table>

**HORMONE RECEPTOR MODULATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>EVISTA TAB 60MG</td>
<td>3</td>
<td></td>
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<tr>
<td>OSPHEMA TAB 60MG</td>
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**INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCRELEX INJ 40MG/4ML</td>
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<td>SP, PA</td>
</tr>
</tbody>
</table>

**LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUPANETA KIT 3.75-5</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LUPANETA KIT 11.25-5</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 3M 30MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 7.5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 11.25MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 15MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>SUPPRELIN LA KIT 50MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SYNAREL SOL 2MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>TRIPTODUR SUS 22.5MG</td>
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<td>SP, PA</td>
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**METABOLIC MODIFIERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>ALDURAZYME INJ 2.9MG/5M</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>AMMONUL INJ 10%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BUPHENYL POW</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>BUPHENYL TAB 500MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>calcitriol cap 0.5 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol cap 0.25 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitriol inj 1 mcg/ml</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
<td>1</td>
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<tr>
<td>CARBAGLU TAB 200MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>CARNITOR INJ 1GM/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CARNITOR SF SOL 1GM/10ML</td>
<td>3</td>
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<tr>
<td>CARNITOR SOL 1GM/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARNITOR TAB 330MG</td>
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<tr>
<td>CYSTADANE POW</td>
<td>3</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>doxercalciferol cap 0.5 mcg</td>
<td>1</td>
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<tr>
<td>doxercalciferol cap 1 mcg</td>
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</tr>
<tr>
<td>doxercalciferol cap 2.5 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</td>
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<td></td>
</tr>
<tr>
<td>ELAPRASE INJ 6MG/3ML</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>FABRAZYME INJ 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>FABRAZYME INJ 35MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>HECTOROL CAP 0.5MCG</td>
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<td></td>
</tr>
<tr>
<td>HECTOROL CAP 1MCG</td>
<td>3</td>
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</tr>
<tr>
<td>HECTOROL CAP 2.5MCG</td>
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<tr>
<td>HECTOROL INJ 2MCG/ML</td>
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<td>PA</td>
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<tr>
<td>HECTOROL INJ 4MCG/2ML</td>
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<td>PA</td>
</tr>
<tr>
<td>KANUMA INJ 20/10ML</td>
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</tr>
<tr>
<td>KUVAN POW 100MG</td>
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<td>SP, PA</td>
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<tr>
<td>KUVAN POW 500MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>KUVAN TAB 100MG</td>
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<td>SP, PA</td>
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<tr>
<td>L-CARNITINE INJ 500MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
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</tr>
<tr>
<td>levocarnitine tab 330 mg</td>
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<tr>
<td>LUMIZYME INJ 50MG</td>
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<tr>
<td>mccarnitine tab 330mg</td>
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<tr>
<td>MYALEPT INJ 11.3MG</td>
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</tr>
<tr>
<td>NAGLZYME INJ 1MG/ML</td>
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<tr>
<td>PALYNZIQ INJ 2.5/0.5</td>
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<tr>
<td>PALYNZIQ INJ 10/0.5M</td>
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<tr>
<td>PALYNZIQ INJ 20MG/ML</td>
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<td>paricalcitol cap 1 mcg</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>paricalcitol cap 2 mcg</td>
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<tr>
<td>paricalcitol cap 4 mcg</td>
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</tr>
<tr>
<td>paricalcitol iv soln 2 mcg/ml</td>
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<td>SP, PA</td>
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<tr>
<td>paricalcitol iv soln 5 mcg/ml</td>
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<td>PARSABIV INJ 2.5-0.5</td>
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<tr>
<td>PARSABIV INJ 10MG/2ML</td>
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<td>RAVICTI LIQ 1.1GM/ML</td>
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<tr>
<td>REVCLOV INJ 1.6GM/ML</td>
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<td>ROCALTROL CAP 0.5MCG</td>
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<td>ROCALTROL CAP 0.25MCG</td>
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<tr>
<td>ROCALTROL SOL 1MCG/ML</td>
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<td>SENSIPAR TAB 30MG</td>
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<tr>
<td>SENSIPAR TAB 60MG</td>
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<tr>
<td>SENSIPAR TAB 90MG</td>
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<td>SP, PA</td>
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<tr>
<td>sodium benzoate &amp; sodium phenylacetate iv soln 10-10%</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>sodium phenylbutyrate oral powder 3 gm/teaspoonful</td>
<td>4</td>
<td>SP, PA</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>sodium phenylbutyrate tab 500 mg</td>
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<td>STRENSIQ INJ 18/0.45</td>
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<td>STRENSIQ INJ 28/0.7ML</td>
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<td>STRENSIQ INJ 40MG/ML</td>
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<td>STRENSIQ INJ 80/0.8ML</td>
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<tr>
<td>VIMIZIM INJ 5MG/5ML</td>
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<tr>
<td>ZEMPLAR CAP 1MCG</td>
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<tr>
<td>ZEMPLAR CAP 2MCG</td>
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<td>Requirements/Limits</td>
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PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ciprofloxacin for oral susp 500 mg/5ml (10%) (10gm/100ml)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tab 100 mg (base equiv)</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>ciprofloxacin hcl tab 250 mg (base equiv)</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
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<tr>
<td>ciprofloxacin hcl tab 500 mg (base equiv)</td>
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</tr>
<tr>
<td>ciprofloxacin hcl tab 750 mg (base equiv)</td>
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</tr>
<tr>
<td>ciprofloxacin iv soln 200 mg/20ml (1%)</td>
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<tr>
<td>ciprofloxacin iv soln 400 mg/40ml (1%)</td>
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</tr>
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<td>1</td>
<td>QL (14 tablets/fill)</td>
</tr>
<tr>
<td>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000mg(base eq)</td>
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<td>QL (14 tablets/fill)</td>
</tr>
<tr>
<td>LEVAQUIN TAB 250MG</td>
<td>3</td>
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</tr>
<tr>
<td>LEVAQUIN TAB 500MG</td>
<td>3</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>LEVAQUIN TAB 750MG</td>
<td>3</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>levofloxacin in d5w iv soln 250 mg/50ml</td>
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<td>PA</td>
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<tr>
<td>levofloxacin in d5w iv soln 500 mg/100ml</td>
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<td>PA</td>
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<tr>
<td>levofloxacin in d5w iv soln 750 mg/150ml</td>
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</tr>
<tr>
<td>levofloxacin iv soln 25 mg/ml</td>
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<tr>
<td>levofloxacin oral soln 25 mg/ml</td>
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<tr>
<td>levofloxacin tab 250 mg</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>levofloxacin tab 500 mg</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>levofloxacin tab 750 mg</td>
<td>1</td>
<td>QL (28 tablets/fill)</td>
</tr>
<tr>
<td>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</td>
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<td>moxifloxacin hcl tab 400 mg (base equiv)</td>
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<td>QL (21 tablets/dispensing)</td>
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<tr>
<td>ofloxacin tab 300 mg</td>
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<td>ofloxacin tab 400 mg</td>
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**GASTROINTESTINAL AGENTS - MISC.**

**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>TRULANCE TAB 3MG</td>
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**BILE ACID SYNTHESIS DISORDER AGENTS**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>CHOLBAM CAP 50MG</td>
<td>4</td>
<td>SP, PA</td>
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<tr>
<td>CHOLBAM CAP 250MG</td>
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<td>SP, PA</td>
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**FARNESOID X RECEPTOR (FXR) AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>OCALIVA TAB 5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OCALIVA TAB 10MG</td>
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**GALLSTONE SOLUBILIZING AGENTS**

<table>
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<th>Drug Name</th>
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<td>ACTIGALL CAP 300MG</td>
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<tr>
<td>CHENODAL TAB 250MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>URSO 250 TAB 250MG</td>
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<tr>
<td>URSO FORTE TAB 500MG</td>
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<tr>
<td>ursodiol cap 300 mg</td>
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<tr>
<td>ursodiol tab 250 mg</td>
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<tr>
<td>ursodiol tab 500 mg</td>
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<td>GASTROINTESTINAL ANTIALLERGY AGENTS</td>
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<tr>
<td>cromolyn sodium oral conc 100 mg/5ml</td>
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<td>GASTROCROM CON 100/5ML</td>
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<td>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</td>
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<td>AMITIZA CAP 8MCG</td>
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<td>AMITIZA CAP 24MCG</td>
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<td>GASTROINTESTINAL STIMULANTS</td>
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<td>METOCLOPRAMI TAB 10MG ODT</td>
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<tr>
<td>metoclopramide hcl inj 5 mg/ml (base equivalent)</td>
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<td>PA</td>
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<tr>
<td>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</td>
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<tr>
<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</td>
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<tr>
<td>metoclopramide hcl tab 5 mg (base equivalent)</td>
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</tr>
<tr>
<td>metoclopramide hcl tab 10 mg (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>REGLAN TAB 5MG</td>
<td>3</td>
<td></td>
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<tr>
<td>REGLAN TAB 10MG</td>
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<tr>
<td>INFLAMMATORY BOWEL AGENTS</td>
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<tr>
<td>APRISO CAP 0.375GM</td>
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<tr>
<td>ASACOL HD TAB 800MG</td>
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<tr>
<td>AZULFIDINE TAB 500MG</td>
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<tr>
<td>AZULFIDINE TAB 500MG EN</td>
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<tr>
<td>balsalazide disodium cap 750 mg</td>
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<td>$0 copay may apply</td>
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<td>CANASA SUP 1000MG</td>
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<tr>
<td>COLAZAL CAP 750MG</td>
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<tr>
<td>DELZICOL CAP 400MG</td>
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<tr>
<td>DIPENTUM CAP 250MG</td>
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<tr>
<td>ENTYVIO INJ 300MG</td>
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<td>SP; MNPA</td>
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<td>LIALDA TAB 1.2GM</td>
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<td>mesalazine cap dr 400 mg</td>
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<td>mesalazine enema 4 gm</td>
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<tr>
<td>mesalazine rectal enema 4 gm &amp; cleanser wipe kit</td>
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<td>mesalazine suppos 1000 mg</td>
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<tr>
<td>mesalazine tab delayed release 1.2 gm</td>
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<tr>
<td>mesalazine tab delayed release 800 mg</td>
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<tr>
<td>PENTASA CAP 250MG CR</td>
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<tr>
<td>PENTASA CAP 500MG CR</td>
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<tr>
<td>ROWASA KIT 4GM</td>
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<tr>
<td>SFROWASA ENE 4GM</td>
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<tr>
<td>STELARA INJ 5MG/ML</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>-----------</td>
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<tr>
<td>sulfasalazine tab 500 mg</td>
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<tr>
<td>sulfasalazine tab delayed release 500 mg</td>
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</tbody>
</table>

**INTESTINAL ACIDIFIERS**
- enulose sol 10gm/15 1
- generlac sol 10gm/15 1
- lactulose (encephalopathy) solution 10 gm/15ml 1

**IRRITABLE BOWEL SYNDROME (IBS) AGENTS**
- alosetron hcl tab 0.5 mg (base equiv) 1
- alosetron hcl tab 1 mg (base equiv) 1
- LINZESS CAP 72MCG 2
- LINZESS CAP 145MCG 2
- LINZESS CAP 290MCG 2
- LOTRONEX TAB 0.5MG 3
- LOTRONEX TAB 1MG 3

**PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**
- ENTEREG CAP 12MG 3
- MOVANTIK TAB 12.5MG 3
- MOVANTIK TAB 25MG 3
- RELISTOR INJ 8/0.4ML 4 SP, PA
- RELISTOR INJ 12/0.6ML 4 SP, PA
- RELISTOR TAB 150MG 4 SP, PA
- SYMPROIC TAB 0.2MG 3 QL (1 tablet/day)

**PHOSPHATE BINDER AGENTS**
- AURYXIA TAB 210MG 3
- calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 1
- calcium acetate (phosphate binder) tab 667 mg 1
- calphron tab 667mg 1
- ELIPHOS TAB 667MG 3
- FOSRENOL CHW 500MG 3
- FOSRENOL CHW 750MG 3
- FOSRENOL CHW 1000MG 3
- FOSRENOL POW 750MG 3
- FOSRENOL POW 1000MG 3
- lanthanum carbonate chew tab 500 mg (elemental) 3
- lanthanum carbonate chew tab 750 mg (elemental) 3
- lanthanum carbonate chew tab 1000 mg (elemental) 3
- PHOSLYRA SOL 3
- RENAGEL TAB 400MG 3
- RENAGEL TAB 800MG 3
- RENVELA POW 0.8GM 3
- RENVELA POW 2.4GM 3
- RENVELA TAB 800MG 3
- sevelamer carbonate packet 0.8 gm 1
- sevelamer carbonate packet 2.4 gm 1

*PA* - Prior Authorization  *QL* - Quantity Limits  *ST* - Step Therapy  *SP* - Specialty  *MNPA* - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>sevelamer carbonate tab 800 mg</td>
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<td>VELPHORO CHW 500MG</td>
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<td><strong>SHORT BOWEL SYNDROME (SBS) AGENTS</strong></td>
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<td>GATTEX KIT 5MG</td>
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<td><strong>TRYPTOPHAN HYDROXYLASE INHIBITORS</strong></td>
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<td>XERMELO TAB 250MG</td>
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<td>SP, PA</td>
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<td><strong>GENERAL ANESTHETICS</strong></td>
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<tr>
<td>KETAMINE HCL INJ 60/20ML</td>
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<td>KETAMINE HCL SOL 50MG/ML</td>
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<td>PROPOFOL INJ 50MG/5ML</td>
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<td>PA</td>
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<tr>
<td>PROPOFOL INJ 150/15</td>
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<td>cytra-k sol</td>
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<td>ORACIT SOL</td>
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<td>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</td>
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<td>potassium citrate &amp; citric acid powder pack 3300-1002 mg</td>
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<td>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</td>
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<tr>
<td>potassium citrate tab er 5 meq (540 mg)</td>
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<td>potassium citrate tab er 10 meq (1080 mg)</td>
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<td>sodium citrate &amp; citric acid soln 500-334 mg/5ml</td>
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<tr>
<td>taron gra crystals</td>
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<td>UROCIT-K 5 TAB</td>
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<td>PROCYSBI CAP 75MG</td>
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<td>ELMIRON CAP 100MG</td>
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<tr>
<td>RIMSO-50 SOL 50%</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty    MNPA - Medical Necessity Prior Authorization
<table>
<thead>
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<th>Drug Name</th>
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<tr>
<td><strong>PROSTATIC HYPERPLASIA AGENTS</strong></td>
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<td>AVODART CAP 0.5MG</td>
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<td>CARDURA XL TAB 4MG</td>
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<td>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</td>
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<td>finasteride tab 5 mg</td>
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<td>FLOMAX CAP 0.4MG</td>
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<td>JALYN CAP</td>
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<td>silodosin cap 4 mg</td>
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<td><strong>URINARY STONE AGENTS</strong></td>
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<tr>
<td>LITHOSTAT TAB 250MG</td>
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<tr>
<td>THIOLA TAB 100MG</td>
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<tr>
<td><strong>VESICOURETERAL REFLUX (VUR) AGENTS</strong></td>
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<tr>
<td>DEFLUX INJ 50-15/ML</td>
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<td>PA</td>
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<td><strong>GOUT AGENTS</strong></td>
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<td><strong>GOUT AGENT COMBINATIONS</strong></td>
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<tr>
<td>colchicine w/ probenecid tab 0.5-500 mg</td>
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<td>DUZALLO TAB 200-200</td>
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**PLATELET AGGREGATION INHIBITORS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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HEMATOPOIETIC MIXTURES

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**IRON**

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
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<td>ZOLPIST SPR 5MG</td>
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<td>OREXIN RECEPTOR ANTAGONISTS</td>
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<tr>
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<td>ramelteon tab 8 mg</td>
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<tr>
<td>ROZEREM TAB 8MG</td>
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<tr>
<td>COLYTE/FLAVR SOL PACKS</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<td>LIDOC/BICARB INJ 1.8-8.4%</td>
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<td>MARCAINE/EPI INJ 0.5%</td>
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<td>ORABLOC INJ</td>
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<td>RECK INJ</td>
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<td>XYLO/EPI 1%- INJ 1:100000</td>
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<td><strong>LOCAL ANESTHETICS - AMIDES</strong></td>
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<td>BUPIVAC HCL INJ 0.5%</td>
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<td>BUPIVAC/NAACL INJ</td>
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<td>BUPIVAC/NAACL INJ 0.1-0.9%</td>
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<td>BUPIVAC/NAACL INJ 0.2-0.9%</td>
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<td>BUPIVAC/NAACL INJ 0.9-0.15</td>
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<tr>
<td>BUPIVAC/NAACL INJ 0.9/0.2%</td>
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<td>bupivacaine hcl inj 0.25%</td>
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<tr>
<td>bupivacaine hcl preservative free (pf) inj 0.5%</td>
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<td>LIDOCAINE HC INJ 200/10ML</td>
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<td>lidocaine hcl local inj 0.5%</td>
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<td>lidocaine hcl local inj 1%</td>
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<td>lidocaine hcl local inj 2%</td>
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<td>Requirements/Limits</td>
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<td>sensorcaine inj mpf 0.75%</td>
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<td>sensorcaine inj mpf spin</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ 0.5%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ 2%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ -MPF 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ -MPF 2%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ MPF 0.5%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XYLOCAINE INJ MPF 1.5%</td>
<td>3</td>
<td>PA</td>
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**LOCAL ANESTHETICS - ESTERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chloroprocaine hcl preservative free (pf) inj 2%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>chloroprocaine hcl preservative free (pf) inj 3%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CLOROTEKAL INJ 50MG/5ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NESACAINE INJ 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NESACAINE INJ 2%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NESACAINE INJ -MPF 2%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>NESACAINE INJ -MPF 3%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>tetracaine hcl inj 1%</td>
<td>3</td>
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</table>

**MACROLIDES**

**AZITHROMYCIN**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>azithromycin for susp 100 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>azithromycin for susp 200 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>azithromycin iv for soln 500 mg</td>
<td>3</td>
<td></td>
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<tr>
<td>azithromycin powd pack for susp 1 gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>azithromycin tab 250 mg</td>
<td>1</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>azithromycin tab 500 mg</td>
<td>1</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>azithromycin tab 600 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX INJ 500MG</td>
<td>3</td>
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</tr>
<tr>
<td>ZITHROMAX POW 1GM PAK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX SUS 100/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX SUS 200/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX TAB 250MG</td>
<td>3</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>ZITHROMAX TAB 500MG</td>
<td>3</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>ZITHROMAX TAB 600MG</td>
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<tr>
<td>ZITHROMAX TAB TRI-PAK</td>
<td>3</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>ZITHROMAX TAB Z-PAK</td>
<td>3</td>
<td>QL (6 tablets/fill)</td>
</tr>
<tr>
<td>ZMAX SUS 2GM</td>
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**CLARITHROMYCIN**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>clarithromycin for susp 125 mg/5ml</td>
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<tr>
<td>clarithromycin for susp 250 mg/5ml</td>
<td>1</td>
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</tr>
<tr>
<td>clarithromycin tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------</td>
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<tr>
<td>clarithromycin tab er 24hr 500 mg</td>
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<tr>
<td><strong>ERYTHROMYCINS</strong></td>
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<tr>
<td><em>e.e.s.</em> 400 tab 400mg</td>
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</tr>
<tr>
<td>E.E.S. GRAN SUS 200/5ML</td>
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<td></td>
</tr>
<tr>
<td>ery-tab tab 250mg ec</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ery-tab tab 333mg ec</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ery-tab tab 500mg ec</td>
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</tr>
<tr>
<td>ERYPED SUS 200/5ML</td>
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<td></td>
</tr>
<tr>
<td>ERYPED SUS 400/5ML</td>
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<td></td>
</tr>
<tr>
<td>ERYTHROGIN INJ 500MG</td>
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<tr>
<td>erythrocin tab 250mg</td>
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<tr>
<td>erythromycin ethylsuccinate for susp 200 mg/5ml</td>
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<tr>
<td>erythromycin ethylsuccinate for susp 400 mg/5ml</td>
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<tr>
<td>erythromycin ethylsuccinate tab 400 mg</td>
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</tr>
<tr>
<td>erythromycin tab 250 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>erythromycin tab 500 mg</td>
<td>1</td>
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</tr>
<tr>
<td>erythromycin w/ delayed release particles cap 250 mg</td>
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<td></td>
</tr>
<tr>
<td>PCE TAB 333MG EC</td>
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<td>PCE TAB 500MG EC</td>
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<tr>
<td><strong>FIDAXOMICIN</strong></td>
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<tr>
<td>DIFICID TAB 200MG</td>
<td>3</td>
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<tr>
<td><strong>MEDICAL DEVICES AND SUPPLIES</strong></td>
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<tr>
<td><strong>CONTRACEPTIVES</strong></td>
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<tr>
<td>CAYA DPR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FEMCAP MIS 22MM</td>
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<tr>
<td>FEMCAP MIS 26MM</td>
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<tr>
<td>FEMCAP MIS 30MM</td>
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<tr>
<td>WIDE-SEAL DPR KIT 60</td>
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<tr>
<td>WIDE-SEAL DPR KIT 65</td>
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<td>WIDE-SEAL DPR KIT 70</td>
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<td>WIDE-SEAL DPR KIT 75</td>
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<td>WIDE-SEAL DPR KIT 80</td>
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<tr>
<td>WIDE-SEAL DPR KIT 85</td>
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<td>WIDE-SEAL DPR KIT 90</td>
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<td>WIDE-SEAL DPR KIT 95</td>
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<tr>
<td><strong>DIABETIC SUPPLIES</strong></td>
<td></td>
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<tr>
<td>ACCU-CHEK KIT AVA CONN</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>ACCU-CHEK KIT AVIVA PL</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>ACCU-CHEK KIT COMPACT</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>ACCU-CHEK KIT GUIDE</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>ACCU-CHEK KIT NANO</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>ACCU-CHEK MIS AVIVA</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>BAYER BREEZE KIT 2 SYSTEM</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT LINK</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>CONTOUR KIT LINK 2.4</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT MONITOR</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT NEXT</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT NEXT EZ</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT NEXT LNK</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR KIT NEXT USB</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR MIS MONITOR</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
</tr>
<tr>
<td>CONTOUR NEXT KIT ONE</td>
<td>2</td>
<td>QL (1 monitor/365 days)</td>
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</table>

**MIGRAINE PRODUCTS**

**MIGRAINE COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFERGOT TAB 1-100MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ergotamine w/ caffeine tab 1-100 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isometheptene-caffeine-acetaminophen tab 65-20-325 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>isometheptene-dichloral-acetaminophen cap 65-100-325 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nodolor cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODRIN TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sumatriptan-naproxen sodium tab 85-500 mg</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>TREXIMET TAB 10-60MG</td>
<td>3</td>
<td>QL (18 tablets/30 days)</td>
</tr>
<tr>
<td>TREXIMET TAB 85-500MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
</tbody>
</table>

**MIGRAINE PRODUCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.H.E. 45 INJ 1MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate inj 1 mg/ml</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal spray 4 mg/ml</td>
<td>3</td>
<td>QL (8 vials/30 days)</td>
</tr>
<tr>
<td>ERGOMAR SUB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIGRANAL SPR 4MG/ML</td>
<td>3</td>
<td>QL (8 vials/30 days)</td>
</tr>
</tbody>
</table>

**MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIMOVIG INJ 70MG/ML</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>AIMOVIG INJ 140DOSE</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>AIMOVIG INJ 140MG/ML</td>
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<td>PA</td>
</tr>
<tr>
<td>AJOVY INJ 225/1.5</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>EMGALITY INJ 100MG/ML</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>EMGALITY INJ 120MG/ML</td>
<td>2</td>
<td>PA</td>
</tr>
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**MIGRAINE PRODUCTS - NSAIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBIA POW 50MG</td>
<td>3</td>
<td>QL (9 packets/30 days)</td>
</tr>
</tbody>
</table>

**SEROTONIN AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>almotriptan malate tab 6.25 mg</td>
<td>1</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>almotriptan malate tab 12.5 mg</td>
<td>1</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>AMERGE TAB 1MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>AMERGE TAB 2.5MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>AXERT TAB 6.25MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>AXERT TAB 12.5MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>eletriptan hydrobromide tab 20 mg (base equivalent)</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>eletriptan hydrobromide tab 40 mg (base equivalent)</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>FROVA TAB 2.5MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>frovatriptan succinate tab 2.5 mg (base equiv)</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>IMITREX INJ 4MG/0.5</td>
<td>3</td>
<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>IMITREX INJ 6MG/0.5</td>
<td>3</td>
<td>QL (6 units/30 days)</td>
</tr>
<tr>
<td>IMITREX SPR 5MG/A CT</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>IMITREX SPR 20MG/A CT</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>IMITREX TAB 25MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>IMITREX TAB 50MG</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>IMITREX TAB 100MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>MAXALT TAB 5MG</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>MAXALT TAB 10MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>MAXALT-MLT TAB 5MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>naratriptan hcl tab 1 mg (base equiv)</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>naratriptan hcl tab 2.5 mg (base equiv)</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>RELPAX TAB 20MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>RELPAX TAB 40MG</td>
<td>3</td>
<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</td>
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</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</td>
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<td>QL (9 tablets/30 days)</td>
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<tr>
<td>rizatriptan benzoate tab 5 mg (base equivalent)</td>
<td>1</td>
<td>QL (9 tablets/30 days)</td>
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<tr>
<td>rizatriptan benzoate tab 10 mg (base equivalent)</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray 5 mg/act</td>
<td>1</td>
<td>QL (6 units/30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray 20 mg/act</td>
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<td>QL (6 units/30 days)</td>
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<tr>
<td>sumatriptan succinate inj 6 mg/0.5ml</td>
<td>1</td>
<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml</td>
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<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml</td>
<td>1</td>
<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution cartridge 4 mg/0.5ml</td>
<td>1</td>
<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution cartridge 6 mg/0.5ml</td>
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<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</td>
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<td>QL (8 injections/30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate tab 25 mg</td>
<td>1</td>
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</tr>
<tr>
<td>sumatriptan succinate tab 50 mg</td>
<td>1</td>
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</tr>
<tr>
<td>sumatriptan succinate tab 100 mg</td>
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<td>QL (9 tablets/30 days)</td>
</tr>
<tr>
<td>SUMAVEL DOSE INJ 6MG/0.5</td>
<td>3</td>
<td>QL (6 injections/30 days)</td>
</tr>
<tr>
<td>TOSYMRA SOL 10MG</td>
<td>3</td>
<td>QL (6 inhalers/30 days)</td>
</tr>
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**MINERALS & ELECTROLYTES**

**BICARBONATES**

SODIUM BICAR SOL 8.4% 3 PA

**CALCIUM**

CAL GLU/NACL INJ 1/100ML 3 PA
CAL GLU/NACL INJ 1G/100ML 3 PA
CAL GLU/NACL INJ 1GM/50ML 3 PA
CAL GLU/NACL INJ 2/100ML 3 PA
CAL GLU/NACL INJ 2G/100ML 3 PA
CAL GLU/NACL INJ 2GM/50ML 3 PA
CAL GLU/NACL INJ 3/100ML 3 PA
CAL GLUC/D5W INJ 1/100ML 3 PA
CAL GLUC/D5W INJ 1GM/50ML 3 PA
CAL GLUC/D5W INJ 2/100ML 3 PA
CAL GLUC/D5W INJ 4/250ML 3 PA
CAL GLUC/NAC INJ 1GM/50ML 3 PA
CALCIFOL WAF 3 PA
calcium chloride inj 10% 3 PA
CALCIUM GLUC INJ DEXTROSE 3 PA
CALCIUM GLUC INJ NACL 3 PA
calcium gluconate inj 10% 3 PA
CALCIUM-FA WAF PLUS D 3 PA

**ELECTROLYTE MIXTURES**

KCL/LIDOCAIN INJ NACL 3 PA
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 3 PA
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 3 PA
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 3 PA
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj 3 PA
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 3 PA
kcl 20 meq/l (0.15%) in nacl 0.9% inj 3 PA
kcl 20 meq/l (0.15%) in nacl 0.45% inj 3 PA
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 3 PA
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 3 PA
kcl 40 meq/l (0.3%) in nacl 0.9% inj 3 PA
KCL/D5W INJ 20/250ML 3 PA
KCL/D5W/LACT INJ 20MEQ/L 3 PA
KCL/D5W/LACT INJ 40MEQ/L 3 PA
KCL/D5W/NACL INJ 0.3/0.9% 3 PA
KCL/LIDO/NACL INJ 10/100 3 PA
KCL/LIDO/NACL SOL 20/100ML 3 PA
KCL/LIDO/D5W INJ 20/100ML 3 PA
KCL/NACL INJ 10/100ML 3 PA

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<th>Requirements/Limits</th>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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**LYMPHATIC AGENTS**

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<td>SYLVANT SOL 100MG</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
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<td>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</td>
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<td>riluzole tab 50 mg</td>
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<td>TIGLUTIK SUS 50/10ML</td>
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<td>SUCCINYL CHO INJ 100/5ML</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>BETADINE SOL 5% OP</td>
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<td>BLEPH-10 SOL 10% OP</td>
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<td>MOXIFLOXACIN SOL 1MG/ML</td>
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<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN SOL 5MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NATACYN SUS 5% OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>neo-polycin oin op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unit-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polym-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEOSPORIN SOL OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OCUFLOX DRO 0.3% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polycin oin op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprime ophth soln 10000 unit/ml-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>POLYTRIM SOL OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tobramycin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBREX OIN 0.3% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBREX SOL 0.3% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>trifluridine ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>VIGAMOX DRO 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIROPTIC SOL 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN GEL 0.15%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZYMAXID SOL 0.5%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC DECONGESTANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>altafrin sol 2.5% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>altafrin sol 10% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 2.5%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>phenylephrine hcl ophth soln 10%</em></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC IMMUNOMODULATORS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CEQUA SOL 0.09%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RESTASIS EMU 0.05%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>RESTASIS MUL EMU 0.05%</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC INTEGRIN ANTAGONISTS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>XIIDRA DRO 5%</td>
<td>2</td>
<td></td>
</tr>
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</table>

**OPHTHALMIC LOCAL ANESTHETICS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AKTEN GEL 3.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALCaine SOL 0.5% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>altacaine sol 0.5% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LIDO-PHENYL INJ 1-1.5%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LIDOCAINE/PH SOL 1-1.5%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>proparacaine hcl ophth soln 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tetracaine sol 0.5% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetravisc sol 0.5% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetravisc sol forte</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC NERVE GROWTH FACTORS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OXERVATE SOL 20MCG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VISUDYNE INJ 15MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
</tbody>
</table>

**OPHTHALMIC STEROIDS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ALREX SUS 0.2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE OIN S.O.P.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE SUS OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DEXyCU SUS 9%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DUREZOL EMU 0.05%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FLAREX SUS 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FML FORTE SUS 0.25% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML LIQUIFLM SUS 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML OIN 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GATIFL-DEXAM SOL 0.5-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ILUVIEN IMP 0.19MG</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>LOTEMAX GEL 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OIN 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX SM GEL 0.38%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX SUS 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophth susp 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX SUS 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXITROL OIN 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXITROL SUS 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

PA = Prior Authorization   QL = Quantity Limits   ST = Step Therapy   SP = Specialty   MNPA = Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>neo-polycin oin hc 1%op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophth susp</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OMNIPRED SUS 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OZURDEX IMP 0.7MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED FORTE SUS 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED MILD SUS 0.12% OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRED SOD PHO SOL 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-G S.O.P OIN OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-G SUS OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-GATI SUS 1-0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate ophth susp 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SOL MOXIFLOX</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SUS 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RETISERT IMP 0.59MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX OIN 0.3-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST SUS 0.3-0.05</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX SUS 0.3-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRIENCE INJ 40MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZYLET SUS 0.5-0.3%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC SURGICAL AIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMVISC INJ 12MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>AMVISC PLUS INJ 16MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>DISCOVISC SOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFILM MIS OP</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>HEALON5 INJ 23MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEALON GV INJ 14MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEALON INJ 10MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>MEMBRANE BLUE SOL 0.15%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>OMDRINA INJ 1-0.3%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PROVISC INJ 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SHELLGEL SOL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VISCOAT SOL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VISION BLUE SOL 0.06%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMICS - MISC.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACULAR LS SOL 0.4%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACULAR SOL 0.5% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACUVAIL SOL 0.45%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALOCRL SOL 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALOMIDE SOL 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>azelastine hcl ophth soln 0.05%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZOPT SUS 1% OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>bal salt sol op</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>balanced sal sol op</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BEPREVE DRO 1.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(once-daily)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSS PLUS SOL OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bss sol op</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CHONDROITIN SOL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>cromolyn sodium ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CYSTARAN SOL 0.44%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DORZOLAMIDE SOL 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ELESTAT DRO 0.05%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMADINE SOL 0.05% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen sodium ophth soln 0.03%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ILEVRO DRO 0.3% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JETREA INJ 1.25/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LASTACAFT SOL 0.25%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEVANAC SUS 0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PATADAY SOL 0.2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PATANOL SOL 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PAZE DRO 0.7%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRUSOPT SOL 2% OP</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**PROSTAGLANDINS - OPHTHALMIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bimatoprost ophth soln 0.03%</td>
<td>3</td>
<td>QL (3 mL/30 days)</td>
</tr>
<tr>
<td>latanoprost ophth soln 0.005%</td>
<td>1</td>
<td>QL (2.5 mL/30 days)</td>
</tr>
<tr>
<td>LUMIGAN SOL 0.01%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRAVATAN Z DRO 0.004%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XALATAN SOL 0.005%</td>
<td>3</td>
<td>QL (2.5 mL/30 days)</td>
</tr>
<tr>
<td>ZIOPTAN DRO 0.0015%</td>
<td>3</td>
<td>QL (30 units/30 days)</td>
</tr>
</tbody>
</table>

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetic acid otic soln 2%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OTIC ANTI-INFECTIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETRAXAL SOL 0.2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl otic soln 0.2% (base equivalent)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ofloxacin otic soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OTIPRIO SUS 60MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>OTIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPRO HC SUS OTIC</td>
<td>3</td>
<td></td>
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**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**ANTITOXINS-ANTIVENINS**

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**IMMUNE SERUMS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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<td>XENAZINE TAB 25MG</td>
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<td>AVONEX PREFL KIT 30MCG</td>
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**RESTLESS LEG SYNDROME (RLS) AGENTS**

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**SMOKING DETERRENTS**

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<td>CHANTIX PAK 0.5&amp; 1MG</td>
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<td>CHANTIX TAB 0.5MG</td>
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<tr>
<td>COMMIT LOZ 2MG</td>
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<td>COMMIT LOZ 2MG MINT</td>
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<tr>
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<tr>
<td>cvs nicotine gum 2mg cinn</td>
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</tr>
<tr>
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</tr>
<tr>
<td>cvs nicotine gum 2mg orig</td>
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</tr>
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<tr>
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**TRANSTHYRETIN AMYLOIDOSIS AGENTS**

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**VASOMOTOR SYMPTOM AGENTS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
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**TOXOIDS**

**TOXOID COMBINATIONS**

- ADACEL INJ 3 PA
- BOOSTRIX INJ 3 PA
- DAPTACEL INJ 3 PA
- DIP/TET PED INJ 25-5LFU 3 PA
- INFANRIX INJ 3 PA
- KINRIX INJ 3 PA
- PEDIARIX INJ 0.5ML 3 PA
- PENTACEL INJ 3 PA
- QUADRACEL INJ 3 PA
- TDVAX INJ 2-2 LF 3 PA
- TENIVAC INJ 5-2LF 3 PA

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

**ANTISPASMODICS**

- ANASPAZ TAB 0.125MG 3
- ATROPEN INJ 0.5MG 3 PA
- ATROPEN INJ 0.25MG 3 PA
- ATROPEN INJ 1MG 3 PA
- ATROPEN INJ 2MG 3 PA
- ATROPINE SUL INJ 0.8/2ML 3 PA
- ATROPINE SUL INJ 1/2.5ML 3 PA
- ATROPINE SUL INJ 2MG/5ML 3 PA
- ATROPINE SUL INJ 8MG/20ML 3 PA
- ATROPINE SUL SOL 0.8/2ML 3 PA

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<td>misoprostol tab 200 mcg</td>
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**ULCER THERAPY COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</td>
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<tr>
<td>OMECLAMOX- MIS PAK</td>
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<tr>
<td>PREVPAC MIS</td>
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<tr>
<td>PYLERA CAP</td>
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**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVE COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>azuphen mb cap 120mg</td>
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<tr>
<td>hyolev mb tab 81mg</td>
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<tr>
<td>hyophen tab</td>
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<tr>
<td>indomin mb cap 120mg</td>
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<tr>
<td>me/naphos/mb tab hyo 1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phosphasal tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ur n-c tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>uramit mb cap 118mg</td>
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</tr>
<tr>
<td>urelle tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>uretron d/s tab</td>
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<td></td>
</tr>
<tr>
<td>uribel cap 118mg</td>
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<td></td>
</tr>
<tr>
<td>urimar-t tab</td>
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<tr>
<td>urin d/s tab</td>
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<tr>
<td>uro-458 tab</td>
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<tr>
<td>uro-mp cap 118mg</td>
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<tr>
<td>uroav-81 tab</td>
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<td>uroav-b cap</td>
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<td>urophen mb tab 81.6mg</td>
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<td>uryl tab</td>
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<td>ustell cap</td>
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<tr>
<td>vilevev mb tab 81mg</td>
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**URINARY ANTI-INFECTIVES**

<table>
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<tbody>
<tr>
<td>FURADANTIN SUS 25MG/5ML</td>
<td>3</td>
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<tr>
<td>HIPREX TAB 1GM</td>
<td>3</td>
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</tr>
<tr>
<td>MACROBID CAP 100MG</td>
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<tr>
<td>MACRODANTIN CAP 25MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MACRODANTIN CAP 50MG</td>
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<tr>
<td>MACRODANTIN CAP 100MG</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>methenamine hippurate tab 1 gm</td>
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<td>methenamine mandelate tab 0.5 gm</td>
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<td>methenamine mandelate tab 1 gm</td>
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<td>MONUROL PAK GRANULES</td>
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<tr>
<td>nitrofurantoin macrocrystalline cap 25 mg</td>
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<tr>
<td>nitrofurantoin macrocrystalline cap 50 mg</td>
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<tr>
<td>nitrofurantoin macrocrystalline cap 100 mg</td>
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</tr>
<tr>
<td>nitrofurantoin monohydrate macrocrystalline cap 100 mg</td>
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<tr>
<td>nitrofurantoin susp 25 mg/5ml</td>
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**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</td>
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</tr>
<tr>
<td>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>DETROL TAB 1MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DETROL TAB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DITROPN XL TAB 5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DITROPN XL TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DITROPN XL TAB 15MG</td>
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</tr>
<tr>
<td>GELNIQUE GEL 10%</td>
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<tr>
<td>GELNIQUE GEL 10% PUMP</td>
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<tr>
<td>oxybutynin chloride syrup 5 mg/5ml</td>
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<tr>
<td>oxybutynin chloride tab 5 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 5 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 10 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 15 mg</td>
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<tr>
<td>solifenacin succinate tab 5 mg</td>
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</tr>
<tr>
<td>solifenacin succinate tab 10 mg</td>
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<tr>
<td>tolterodine tartrate cap er 24hr 2 mg</td>
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<tr>
<td>tolterodine tartrate cap er 24hr 4 mg</td>
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<tr>
<td>tolterodine tartrate tab 1 mg</td>
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<td></td>
</tr>
<tr>
<td>tolterodine tartrate tab 2 mg</td>
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<tr>
<td>TOVIAZ TAB 4MG</td>
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<tr>
<td>TOVIAZ TAB 8MG</td>
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<td>trospium chloride cap er 24hr 60 mg</td>
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<td>VESICARE TAB 5MG</td>
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<td>VESICARE TAB 10MG</td>
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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

<table>
<thead>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tr>
<td>MYRBETRIQ TAB 25MG</td>
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<tr>
<td>MYRBETRIQ TAB 50MG</td>
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**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<table>
<thead>
<tr>
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<tbody>
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<td>bethanechol chloride tab 5 mg</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><em>bethanechol chloride tab 10 mg</em></td>
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<td></td>
</tr>
<tr>
<td><em>bethanechol chloride tab 25 mg</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>bethanechol chloride tab 50 mg</em></td>
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<tr>
<td><strong>URECHOLINE TAB 5MG</strong></td>
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<tr>
<td><strong>URECHOLINE TAB 10MG</strong></td>
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<tr>
<td><strong>URECHOLINE TAB 25MG</strong></td>
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<tr>
<td><strong>URECHOLINE TAB 50MG</strong></td>
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<td><strong>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</strong></td>
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<td><em>flavoxate hcl tab 100 mg</em></td>
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<td><strong>VACCINES</strong></td>
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<td><strong>BACTERIAL VACCINES</strong></td>
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<td>ACTHIB INJ</td>
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<td>BCG VACCINE INJ</td>
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<tr>
<td>BEXSERO INJ</td>
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<td>BIOTHRAX INJ</td>
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<td>MENACTRA INJ</td>
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<tr>
<td>MENVEO INJ</td>
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<td>PEDVAX HIB INJ</td>
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<td>PNEUMOVAX 23 INJ 25/0.5</td>
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<td>PREVNAR 13 INJ</td>
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<td>TRUMENBA INJ</td>
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<td>TYPHIM VI INJ</td>
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<td>VAXCHORA SUS</td>
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<td>VIVOTIF CAP EC</td>
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<td><strong>VIRAL VACCINES</strong></td>
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<td>AFLURIA INJ 2017-18</td>
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<tr>
<td>AFLURIA INJ PF 17-18</td>
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<td>AFLURIA QUAD INJ 2017-18</td>
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<tr>
<td>AFLURIA QUAD INJ PF 17-18</td>
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<tr>
<td>ENGERIX-B INJ 10/0.5ML</td>
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<td>ENGERIX-B INJ 20MCG/ML</td>
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<td>EZ FLU SHOT INJ 2018-19</td>
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<td>FLUAD INJ 2017-18</td>
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<td>FLUMIST QUAD SUS 2017-18</td>
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<td>FLUZONE QUAD INJ 2017-18</td>
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<td>GARDASIL 9 INJ</td>
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<tr>
<td>HAVRIX INJ 720UNIT</td>
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</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   SP - Specialty   MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>HAVRIX INJ 1440UNIT</td>
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<td>HEPLISAV-B INJ 20MCG</td>
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<tr>
<td>IMOVAX RABIE INJ 2.5/ML</td>
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<td>PROQUAD INJ</td>
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<td>RABAVERT INJ</td>
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<td>TWINRIX INJ</td>
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<td>VAQTA INJ 50UNT/ML</td>
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<tr>
<td>CLEOCIN CRE 2% VAG</td>
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<td>CLEOCIN SUP 100MG</td>
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<tr>
<td>clindamycin phosphate vaginal cream 2%</td>
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<tr>
<td>CLINDESSE CRE 2%</td>
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<tr>
<td>GYNAZOLE-1 CRE 2%</td>
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<tr>
<td>METROGEL-VAG GEL 0.75%</td>
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<tr>
<td>metronidazole vaginal gel 0.75%</td>
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<tr>
<td>TERAZOL 7 CRE 0.4%</td>
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<td>terconazole vaginal cream 0.4%</td>
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<td>terconazole vaginal cream 0.8%</td>
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<td>terconazole vaginal suppos 80 mg</td>
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<td>vandazole gel 0.75%</td>
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<td>VAGINAL ESTROGENS</td>
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<td>estradiol vaginal cream 0.1 mg/gm</td>
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<td>estradiol vaginal tab 10 mcg</td>
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<tr>
<td>ESTRING MIS 2MG</td>
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</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
SP - Specialty  
MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>FEMRING MIS 0.1MG/24</td>
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<td>QL (1 ring/90 days)</td>
</tr>
<tr>
<td>FEMRING MIS 0.05/24H</td>
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<td>QL (1 ring/90 days)</td>
</tr>
<tr>
<td>PREMARIN VAG CRE 0.625MG</td>
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<tr>
<td>VAGIFEM TAB 10MCG</td>
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<tr>
<td>yuvafem tab 10mcg</td>
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**VAGINAL PROGESTINS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CRINONE GEL 4% VAG</td>
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<td>CRINONE GEL 8% VAG</td>
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<tr>
<td>ENDOMETRIN SUP 100MG</td>
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<td>PA</td>
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**VASOPRESSORS**

**ANAPHYLAXIS THERAPY AGENTS**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ADRENALIN INJ 1MG/ML</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ADRENALIN INJ 30/30ML</td>
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</tr>
<tr>
<td>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</td>
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<td>QL (2 injections/90 days)</td>
</tr>
<tr>
<td>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</td>
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<tr>
<td>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</td>
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<td>QL (2 injections/90 days)</td>
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<tr>
<td>EPIPEN 2-PAK INJ 0.3MG</td>
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<td>QL (2 injections/90 days)</td>
</tr>
<tr>
<td>EPIPEN-JR INJ 0.15MG</td>
<td>3</td>
<td>QL (2 injections/90 days)</td>
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**VASOPRESSORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>dobutamine hcl inj 12.5 mg/ml</td>
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<td>dobutamine inj 1 mg/ml in d5w</td>
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</tr>
<tr>
<td>dobutamine inj 2 mg/ml in d5w</td>
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</tr>
<tr>
<td>dobutamine inj 4 mg/ml in d5w</td>
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</tr>
<tr>
<td>dopamine hcl inj 40 mg/ml</td>
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<tr>
<td>dopamine hcl inj 80 mg/ml</td>
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<td>dopamine hcl inj 160 mg/ml</td>
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<td>dopamine inj 0.8 mg/ml in d5w</td>
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<td>dopamine inj 1.6 mg/ml in d5w</td>
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<td>dopamine inj 3.2 mg/ml in d5w</td>
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<td>EPHEDEI/NAACL SOL 2MG/2ML</td>
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<tr>
<td>EPHEDEI/NAACL SOL 10MG/ML</td>
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</tr>
<tr>
<td>ephedrine sulfate inj 50 mg/ml</td>
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<td>ephedrine sulfate iv soln 50 mg/ml</td>
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<td>EPINEPH/D5W INJ 5MG/50ML</td>
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<td>EPINEPH/D5W INJ 30MCG/ML</td>
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<td>EPINEPH/NAACL INJ 6MG/50ML</td>
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<td>EPINEPH/NAACL INJ 10/250</td>
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<td>EPINEPH/NAACL INJ 10MCG/ML</td>
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<td>Drug Name</td>
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<td>EPINEPH/NACL INJ 500/10ML</td>
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<tr>
<td>EPINEPH/NACL INJ 1000/20</td>
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<tr>
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<td>EPINEPH/NACL SOL 1MG/10ML</td>
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<tr>
<td>EPINEPH/NACL SOL 8/250ML</td>
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<tr>
<td>EPINEPHR/D5W SOL 1/250ML</td>
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<td>EPINEPHR/D5W SOL 2/250ML</td>
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<td>EPINEPHR/D5W SOL 8/250ML</td>
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<tr>
<td>EPINEPHR/D5W SOL 16/250ML</td>
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<tr>
<td>EPINEPHRINE INJ 1MG/ML</td>
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<td>EPINEPHRINE INJ 16/250ML</td>
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<td>epinephrine inj 30 mg/30ml</td>
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<td>EPINEPHRINE INJ D5W</td>
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<td>EPINEPHRINE INJ DEXTROSE</td>
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<td>EPINEPHRINE INJ NACL</td>
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<td>epinephrine pf inj 1 mg/ml</td>
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<td>GIAPREZA INJ 2.5MG</td>
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<td>LEVOPHED INJ 1MG/ML</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>NOREPIN/NACL INJ 16/500ML</td>
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<tr>
<td>NOREPIN/NACL INJ SODIUM C</td>
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<td>NOREPIN/NACL SOL 6MG/50ML</td>
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<tr>
<td>NOREPIN/NACL SOL 16/100ML</td>
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</table>

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    SP - Specialty    MNPA - Medical Necessity Prior Authorization
<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<tr>
<td>NOREPINE/D5W INJ 16/250ML</td>
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<td>NOREPINE/D5W INJ 40/10ML</td>
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<td>NOREPINEPH INJ NAACL</td>
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<td>NOREPINEPHRI INJ DEXTROSE</td>
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<tr>
<td>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</td>
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<td>PHENYL/D5W INJ 8/100ML</td>
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<td>PHENYL/D5W INJ 10/250</td>
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<td>PHENYL/D5W INJ 40/250ML</td>
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<td>PHENYL/D5W INJ 100/250</td>
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<td>PHENYL/D5W INJ 200/250</td>
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<td>PHENYL/NACL INJ 5MG/50ML</td>
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<tr>
<td>PHENYL/NACL INJ 25/250ML</td>
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<td>PHENYL/NACL INJ 200/250</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  SP - Specialty  MNPA - Medical Necessity Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PHENYL/NACL SOL 160/500</td>
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<td>PHENYLEPHRIN INJ NACL</td>
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<td>PHENYLEPHRIN INJ SODIUM C</td>
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<td>phenylephrine hcl iv soln 10 mg/ml</td>
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<td>VAZCULEP INJ 10MG/ML</td>
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VITAMINS

**OIL SOLUBLE VITAMINS**

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<td>AQUASOL A INJ 50000/ML</td>
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<td>cholecalciferol cap 1.25 mg (50000 unit)</td>
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<td>d3-50 cap 50000unt</td>
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<td>DRISDOL CAP 50000UNIT</td>
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<tr>
<td>ERGOCAL CAP 2500UNIT</td>
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<tr>
<td>ergocalciferol cap 1.25 mg (50000 unit)</td>
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<td>MEPHYTON TAB 5MG</td>
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<tr>
<td>phytonadione inj 1 mg/0.5ml (2 mg/ml)</td>
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<td>PA</td>
</tr>
<tr>
<td>phytonadione inj 10 mg/ml</td>
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**WATER SOLUBLE VITAMINS**

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<td>ASCOR SOL 25000MG</td>
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<td>ASCORBIC ACI SOL 500MG/ML</td>
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<td>ascorbic acid inj 500 mg/ml</td>
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<td>POTABA CAP 500MG</td>
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<tr>
<td>potassium aminobenzoate packet 2 gm</td>
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<tr>
<td>pyridoxine hcl inj 100 mg/ml</td>
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<td>amlodipine besylate tab 5 mg (base equivalent)</td>
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JORNAY PM CAP 60MG ER ................. 8
JORNAY PM CAP 80MG ER ................. 8
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prometh vc sol plain

prometh vc / syp codeine

promethazine & phenylephrine syrup 6.25-5 mg/5ml

promethazine hcl inj 25 mg/ml

promethazine hcl inj 50 mg/ml

promethazine hcl inj suppos 12.5 mg

promethazine hcl suppos 25 mg

promethazine hcl suppos 50 mg

promethazine hcl suppos 100 mg

promethazine hcl syrup 6.25 mg/5ml

promethazine hcl tab 12.5 mg

promethazine hcl tab 25 mg

promethazine hcl tab 50 mg

promethazine w/ codeine syrup 6.25-10 mg/5ml

promethazine-dm syrup 6.25-15 mg/5ml

promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml

prometheghan sup 12.5 mg

prometheghan sup 25 mg

prometheghan sup 50 mg

PROMETRIUM CAP 100MG

PROMETRIUM CAP 200MG

propafenone hcl cap er 12hr 225 mg

propafenone hcl cap er 12hr 325 mg

propafenone hcl cap er 12hr 425 mg

propafenone hcl tab 150 mg

propafenone hcl tab 225 mg

propafenone hcl tab 300 mg

propantheline bromide tab 15 mg

proparacaine hcl ophth soln 0.5%

PROPEL IMP 370MCG

PROPEL MINI IMP 370MCG

PROPFOFOL INJ 150/15

PROPFOFOL INJ 50MG/5ML

propranolol & hydrochlorothiazide tab 40-25 mg

propranolol & hydrochlorothiazide tab 80-25 mg

propranolol hcl cap er 24hr 120 mg

propranolol hcl cap er 24hr 160 mg

propranolol hcl cap er 24hr 60 mg

propranolol hcl cap er 24hr 80 mg

propranolol hcl inj 1 mg/ml

propranolol hcl oral soln 20 mg/5ml

propranolol hcl oral soln 40 mg/5ml

propranolol hcl tab 10 mg

propranolol hcl tab 20 mg

propranolol hcl tab 40 mg

propranolol hcl tab 60 mg

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<td>TAMIFLU SUS 6MG/ML</td>
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<td>tamoxifen citrate tab 10 mg (base equivalent)</td>
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<td>tamoxifen citrate tab 20 mg (base equivalent)</td>
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<td>Tazicef Inj 1gm</td>
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<td>Tretinoin gel 0.01%</td>
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<td>TYBOST TAB 150MG</td>
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<td>TYPHIM VI INJ</td>
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<tr>
<td>ULTRAVATE OIN 0.05%</td>
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<td>ULTRAVATE X KIT 0.05-10%</td>
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<tr>
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<td>urea cream 3%</td>
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<tr>
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Multi-Language Interpreter Services - Taglines for Notices
Spanish
Este Aviso contiene información importante. Este aviso contiene información
importante acerca de su solicitud o cobertura a través de CommunityCare. Preste
atención a las fechas clave que contiene este aviso. Es posible que deba tomar
alguna medida antes de determinadas fechas para mantener su cobertura médica
o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en
su idioma sin costo alguno. Llame al 1-800-777-4890.

Vietnamese
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan
trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình
CommunityCare. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải
thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc
được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được
trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-777-4890.

yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov
ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau
1-800-777-4890.

Tagalog
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang
paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong
aplikasyon o pagsakop sa pamamagitan ng CommunityCare. Tingnan ang mga
mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa
ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong
pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na
makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos.
Tumawag sa 1-800-777-4890.

Chinese
本通知有重要的訊息。本通知有關於您透過CommunityCare 提
交的申請或 保險的重要訊息。請留意本通知內的重要日期。您
可能需要在截止日期之前採取行動，以保留您的健康保險 或者
費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥
電話 [在此插入數字1-800-777-4890

French

Korean

້ ມ
້ ມ
ການແຈ
ູ ນສ
ູ ນທ
້ ງການນ ້ ້ມ ໍຂ
ໍ າຄັນ. ການແຈ
້ ງການນ ້ ້ມ ໍຂ
້ໍສາຄັນກຽວກັບຄ
ໍ າຮ
້ ອງສະໝັກຫ ້້ການຄ ້ ້ມຄອງຂອງທານໂດຍຜານ
CommunityCare. ເບງສ
ໍ າລັບກ
ໍ ານ
້ ງການນ ້ ້.
ົ ດວັນທ ້ໍສາຄັນໃນແຈ
ທານອາດຈ
ໍ າເປ
ັ ນຕ
້ ອງໃຊ
້ ເວລາດ
ໍ າເນ ນການໂດຍກ
ໍ ານ
ົ ດເວລາທ ້ແນນອນ
ຈະຮັກສາການຄ ້ ້ມຄອງສ ຂະພາບຂອງທານຫ ້້ການຊວຍເຫ ້້ອທ ້ມ
ຄາໃຊ
ູ ນຂາວສານນ ້ ້ແລະການຊວຍເຫ
້ ຈາຍ. ທານມ ສດທ ້ຈະໄດ
້ ຮັບຂ
ໍ້ ມ
້້ອໃນພາສາຂອງທານທ ້ໍບມ ຄາໃຊ
້ ຈາຍ. ໂທ 1-800-777-4890.

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의
신청에 관하여 그리고 CommunityCare 을 통한 커버리지 에 관한 정보를
포함하고 있습니다.
본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강
커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한
마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한
정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가
있습니다. 1-800-777-4890로 전화하십시오.

German
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung
enthält
wichtige
Informationen
bezüglich
Ihres
Antrags
auf
Krankenversicherungsschutz durch CommunityCare. Suchen Sie nach wichtigen
Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen
handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten
zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer
Sprache zu erhalten. Rufen Sie an unter 1-800-777-4890.

Arabic
‫ يحوي هذا االشعار معلومات مهمة بخصوص طلبك للحصول‬.‫يحوي هذا االشعار معلومات هامة‬
‫ قد تحتاج‬.‫ ابحث عن التواريخ الهامة في هذا االشعار‬.CommunityCare‫على التغطية من خالل‬
‫التخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع‬
‫ اتصل ب‬.‫ لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون أي تكلفة‬.‫التكاليف‬
1-800-777-4890

Burmese

Hmong
Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no
muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj
qhov kev pab cuam los ntawm CommunityCare. Saib cov caij nyoog los yog tej
hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj
yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev
tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob
los

Cet avis a d'importantes informations. Cet avis a d'importantes informations
sur votre demande ou la couverture par l'intermédiaire de CommunityCare.
Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre
des mesures par certains délais pour maintenir votre couverture de santé ou
d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l’aide
dans votre langue à aucun coût. Appelez 1-800-777-4890.

Laotian:

Thai:

ประกาศนี้มีขอ้ มูลสาคัญ
ประกาศนี้มีขอ้ มูลที่สาคัญเกี่ยวกับการการสมัครหรื อขอบเขตประกันสุ ขภาพของคุณผ่าน
CommunityCare ดูกาหนดการในประกาศนี้
คุณอาจจะต้องดาเนินการภายในกาหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุ ขภาพข
องคุณหรื อการช่วยเหลือที่มีค่าใช้จ่าย
คุณมีสิทธิ ที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย
โทร1-800-777-4890.
Urdu
‫ سے اپ کے درخواست‬CommunityCare ‫اس اشتہار ميں اہم معالومات ہے۔ اس اشتہار ميں‬
‫اور خدمات کے بارے ميں اہم معالومات ہے۔ اشتہار ميں اہم تاريخوں کا نظر کريں۔ ہو سکتا‬
‫ہے کی صحت کی خدمات کو برقرار رکهنے اور اخراجات کی ادائگی ميں مالی مدد ملنے‬
‫ اپ کو خاص تاريخ يا ڈيڈ الئن سے پہلے کچه کارروائی کرنی پڑے گی۔ اپ کو‬،‫کے ليے‬
‫اپنی زبان ميں مفت مدد اور معالومات حاصل کرنے کا حق ہے۔‬
‫ فون کريں۔‬1-800-777-4890

Cherokee:
ᎤᎳᏍᎨᏗ ᏕᎦᏃᏣᏢᎢ ᎤᏐᏯᏍᏗ. ᎯᎠ ᎤᎳᏍᎨᏗ ᎡᏣᏃᎯᏎ ᏥᏣᏔᏲᏝᎢ
ᎡᏣᏠᏯᏍᏙᏗ ᎤᏂᏍᎪᎳᏛ ᎯᎴᏂᏙᎭ ᎡᏣᎦᏎᏍᏛᏱ CommunityCare
ᏕᏣᎸᏫᏍᏓᏁᎲᎢ. ᏨᎦᏒᏍᏕᏍᏗ ᏓᏙᏓᏈᏒ ᎯᎠ ᏕᎦᏃᏣᏢᎢ. ᎡᎷᏊ ᎪᎱᏍᏗ
ᏦᏪᎶᏗ ᎠᎴ ᏣᏛᏅᏘ ᏱᏂᎬᎳᏍᏓ ᎤᏍᎩᏴ ᎢᎦ ᏥᏕᎪᏪᎸ. ᏙᎯ ᏣᏕᏘ
ᎠᏂᎠᏈᏱᏍᎦ ᏣᎭ ᎠᎴ ᏧᎬᏩᎳᏛᎢ ᎨᏒ ᎤᏁᏟᏴᏍᏗ ᏂᎨᏒᎾ ᏳᏰᎳᏗ.
ᎠᏓᏍᎪᎳᏛᏅ ᎠᏓᏍᏕᎳᏗ ᎡᏣᏁᏗ ᏃᎴ ᎡᏣᏃᎯᏎᏘ ᏣᏚᎵᏍᎬ ᏣᏕᎳᎰᎯᏍᏗᏱ
ᏣᏤᎵ ᎦᏬᏂᎯᏍᏗ ᎬᏘ ᏃᎴ ᏧᎬᏩᎳᏗ ᏂᎨᏒᎾ ᎨᏒᎢ. ᏗᎳᏃᎮᏗ ᏗᏎᏍᏗ ᎯᎠ
1-800-777-4890.

Persian-Farsi
‫ اين اعالميه حامی اطالعات مهم درباره فرم‬.‫اين اعالميه حامی اطالعات مهم ميباشد‬
‫ به تاريخ های مهم در‬CommunityCare ‫تقاضا و يا پوشش بيمه ای شما مربوط به‬
‫ شما ممکن است تا به تاريخ های مشخصی برای حقظ پوشش‬.‫اين اعالميه توجه نماييد‬
‫ شما حق اين‬.‫مزايای يا برای کمک به مخارج مزايای ملزوم به انجام کارهايی باشيد‬
‫را داريد که اين اطالعات و کمک را به زبان خود به طور رايگان‬
‫دريافت نماييد‬.1-800-777-4890
Updated 03/01/2018


CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - 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 CommunityCare’s Senior Manager of Quality Improvement. If you believe that CommunityCare 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:

CommunityCare  
Attn: Senior Manager Quality Improvement  
P.O. Box 3249 Tulsa, Oklahoma 74101  
(918) 594-5303 (phone)  
(918) 594-5250 (Fax)  
CustomerServiceReview@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare’s Senior Manager of Quality Improvement 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 1-800-368-1019, 800-537-7697 (TDD).


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