Medica
Comprehensive Medica Drug List

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.

PLEASE NOTE: This list is subject to change and is not all-inclusive. Please review this document and contact Medica Customer Service with questions.
The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information.
Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in italicized lower case letters. The coverage level of brand name drugs may change when a generic equivalent becomes available.

If you have questions, please call the Medica Customer Service number listed on the back of your ID card.

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit
PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
What is a Comprehensive Drug List?
The Medica Comprehensive Drug List is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

Are both brand name and generic drugs on the list?
Yes. The Drug List includes brand name and generic drugs from most therapeutic classifications. The terms “generic” and “brand name” are used in the health care industry in different ways. To better understand your coverage, please review the following:

**Generic:** A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that Medica identifies as a preferred generic or generic product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “generic” by the manufacturer, pharmacy or your provider may be classified by Medica as generic.

Medica’s Drug List includes preferred generic drugs and generic drugs. These medications are your lower copayment or coinsurance options. Consider a preferred generic or generic covered drug if you and your provider decide such a drug is appropriate for your treatment.

**Brand:** A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that Medica identifies as a brand name product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “brand name” by the manufacturer, pharmacy or your provider may be classified by Medica as brand name.

Preferred brand drugs on the Drug List have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

Non-preferred brand drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

If you have questions about Medica’s Drug List or whether a specific drug is covered (and/or whether the drug is preferred generic, generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the Medica Drug List at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document. It is also available on www.medica.com/ifbpharmacy.

Does the Drug List ever change?
The Medica Drug List can change during the course of a calendar year. Medica strives to limit these changes. Examples of when changes may occur include when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Certain drugs on the Drug List may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.
How do I use the Drug List?

There are two ways to find your drug within the Drug List:

**Drug Category**

The Drug List begins on Page 1. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered “antifungals” will be listed under the “antifungals” category. If you know how your drug is classified, look for the category name in the list that begins on Page 1. Then look under the category name for your drug.

**Alphabetical Listing**

The Drug List Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

**Preventive Drug and Supply Medications**

Medications noted as “Preventive” in the Drug Tier Display are defined as preventive health services provided without member cost sharing. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

**Please Note:** Your benefit plan defines the level of coverage.

Remember, just because a drug that you take is listed on the Drug List does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Medica Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

**Note:** To Search the Drug List, use ctrl + F on your keyboard and type in the search term.
Are there any restrictions on my coverage?
For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

Prior authorization (PA)
Certain drugs require prior authorization (approval in advance) from Medica in order to be covered. These medications are shown on the Drug List with the abbreviation “PA.” The Drug List is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet Medica’s authorization criteria.

Step therapy (ST)
Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Medica Drug List with the abbreviation “ST.” You must meet applicable step therapy requirements before Medica will cover these preferred brand or non-preferred brand drugs.

Quantity limits (QL)
Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the Medica Drug List with the abbreviation “QL.” Some quantity limits are based on the manufacturer’s packaging, FDA labeling or clinical guidelines.

Medica also limits the amount of drugs you may receive within a class of drugs. These classes have an “$” next to them on the drug list. For example, Medica allows 60 tablets per monthly prescription for Alprazolam 2mg tablets. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.

Medical Benefit (MB)
Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician’s office, outpatient hospital or home infusion setting. The medications subject to medical benefit coverage are shown on the Medica Drug List with the abbreviation “MB”.

Pharmacy requirement
Certain self-administered cancer treatment medications must be obtained from a Medica-designated specialty pharmacy in order to be covered.
Can I request an exception to the coverage restrictions?
Yes. You or your healthcare provider can obtain a Prescription Drug Prior Authorization (PA) Requests and Formulary Exception Form on-line from medica.com under Medication Request Forms or by calling 1-800-364-6331. This form must be returned to CVS/Caremark at the fax number or address listed on the document. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

**Specialty Program (SP)**
Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.
In order to receive a specialty medication, you must utilize Accredo Specialty Pharmacy (Medica’s designated specialty pharmacy).

**Limited Distribution Drugs (LDD)**
In certain circumstances, select medications may only be available on a limited distribution basis. Limited distribution drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LDD are minimized.
Your provider typically knows where to send prescriptions for limited distribution drugs, but if you have any questions, reach out to Accredo Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.
Oral Oncology Medications (OC)

Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document. Certain oral oncology medications may be subject to the Starter Fill Program. If you are started on one of these medications, you will initially be able to receive up to a 15 day supply. The remainder of the prescription will be available after the initial fill. The partial fill of the medication will continue for the first month of treatment. Your copay for the full amount of medication will be divided evenly between the two split fills for the first month of treatment.

PLEASE NOTE: Reference the Specialty Drug List on medica.com for further information.

Coverage Limitations

Proton Pump Inhibitors (PPI): Coverage limitations may apply to these medications. Inclusion in the Medica Drug List does not imply coverage. You should refer to your benefit plan document for further information.

Human Growth Hormones (GH): Coverage limitations may apply to these medications. Inclusion in the Medica Drug List does not imply coverage. You should refer to your benefit plan document for further information.

Non-Sedating Antihistamines (NSA): Coverage limitations may apply to these medications. Inclusion in the Medica Drug List does not imply coverage. You should refer to your benefit plan document for further information.

Erectile Dysfunction Drugs (ED): Coverage limitations may apply to these medications. Inclusion in the Medica Drug List does not imply coverage. You should refer to your benefit plan document for further information.

Infertility Drugs (INF): Coverage limitations may apply to these medications. Inclusion in the Medica Drug List does not imply coverage. You should refer to your benefit plan document for further information.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation/Note</th>
<th>Description</th>
<th>Explanation</th>
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<tbody>
<tr>
<td><strong>PA</strong> - Prior Authorization</td>
<td>Prior Authorization Restriction</td>
<td>Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.</td>
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<tr>
<td><strong>QL</strong> - Quantity Limits</td>
<td>Quantity Limit Restriction</td>
<td>Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.</td>
</tr>
<tr>
<td><strong>ST</strong> - Step Therapy</td>
<td>Step Therapy Restriction</td>
<td>Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.</td>
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<tr>
<td><strong>MB</strong> - Medical Benefit</td>
<td>Medical Benefit</td>
<td>These drugs require administration by healthcare professionals in a physician’s office, outpatient hospital or home infusion setting and will fall under your medical benefit coverage rather than pharmacy benefits.</td>
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### Other Special Requirements for Coverage

<table>
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<td>Generics</td>
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<td>Non-Preferred Brands</td>
<td>This prescription is available at your Non-Preferred Brand benefit.</td>
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<td>Preferred Specialty Prescription Drugs</td>
<td>This prescription is available at your preferred specialty benefit.</td>
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<td>Non-Preferred Specialty Prescription Drugs</td>
<td>This prescription is available at your non-preferred specialty benefit.</td>
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<td>ABBREVIATION</td>
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<td>Capsules</td>
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<td>Chewable Tablet</td>
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<td>Concentrate</td>
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<td>CP24</td>
<td>Capsule Extended Release 24 Hour</td>
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<td>CPDR</td>
<td>Capsule Delayed Release</td>
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<td>CPPK</td>
<td>Capsule-Pack</td>
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<td>Ointment</td>
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<td>Patch Weekly</td>
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<td>Solution</td>
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<td>Solution Reconstituted</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ST; PA**</td>
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<td><strong>NON-OPIOID ANALGESICS§</strong></td>
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<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
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<td></td>
</tr>
<tr>
<td>tolmetin sodium cap 600 mg</td>
<td>Generic</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit
PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPIOID AGONIST/ANTAGONIST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</td>
<td>Preventive</td>
<td>QL (90 tabs / 25 days); $0 copay</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
<td>Preventive</td>
<td>QL (90 tabs / 25 days); $0 copay</td>
</tr>
<tr>
<td>SUBOXONE MIS 2-0.5MG</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>SUBOXONE MIS 4-1MG</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>SUBOXONE MIS 8-2MG</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>SUBOXONE MIS 12-3MG</td>
<td>Preferred Brand</td>
<td>QL (60 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 0.7-0.18</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 1.4-0.36</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 2.9-0.71</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 5.7-1.4</td>
<td>Preferred Brand</td>
<td>QL (90 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 8.6-2.1</td>
<td>Preferred Brand</td>
<td>QL (60 units / 25 days)</td>
</tr>
<tr>
<td>ZUBSOLV SUB 11.4-2.9</td>
<td>Preferred Brand</td>
<td>QL (30 units / 25 days)</td>
</tr>
<tr>
<td><strong>OPIOID ANALGESICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen w/ codeine soln 120-12 mg/5ml</td>
<td>Generic</td>
<td>QL (2700 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-15 mg</td>
<td>Generic</td>
<td>QL (400 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-30 mg</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tab 300-60 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</td>
<td>Generic</td>
<td>QL (48 caps / 25 days)</td>
</tr>
<tr>
<td>butorphanol tartrate inj 1 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>butorphanol tartrate inj 2 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>butorphanol tartrate nasal soln 10 mg/ml</td>
<td>Generic</td>
<td>QL (2 bottles / 25 days)</td>
</tr>
<tr>
<td>CAPITAL/COD SUS 120-12/5</td>
<td>Non-Preferred Brand</td>
<td>QL (2700 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine sulfate tab 15 mg</td>
<td>Generic</td>
<td>QL (42 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>codeine sulfate tab 30 mg</td>
<td>Generic</td>
<td>QL (42 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>codeine sulfate tab 60 mg</td>
<td>Generic</td>
<td>QL (42 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>EMBEDA CAP 20-0.8MG</td>
<td>Preferred Brand</td>
<td>QL (60 caps / 25 days), ST</td>
</tr>
<tr>
<td>EMBEDA CAP 30-1.2MG</td>
<td>Preferred Brand</td>
<td>QL (60 caps / 25 days), ST</td>
</tr>
<tr>
<td>EMBEDA CAP 50-2MG</td>
<td>Preferred Brand</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>EMBEDA CAP 60-2.4MG</td>
<td>Preferred Brand</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>EMBEDA CAP 80-3.2MG</td>
<td>Preferred Brand</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>EMBEDA CAP 100-4MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>endocet tab 2.5-325</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>endocet tab 5-325mg</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>endocet tab 7.5-325</td>
<td>Generic</td>
<td>QL (240 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>endocet tab 10-325mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 200 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 400 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 600 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 800 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 1200 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl citrate lozenge on a handle 1600 mcg</td>
<td>Generic</td>
<td>QL (120 lozenges / 25 days), PA</td>
</tr>
<tr>
<td>fentanyl td patch 72hr 12 mcg/hr</td>
<td>Generic</td>
<td>QL (10 patches / 25 days), ST</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>fentanyl td patch 72hr 25 mcg/hr</em></td>
<td>Generic</td>
<td>QL (10 patches / 25 days), ST</td>
</tr>
<tr>
<td><em>fentanyl td patch 72hr 50 mcg/hr</em></td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td><em>fentanyl td patch 72hr 75 mcg/hr</em></td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td><em>fentanyl td patch 72hr 100 mcg/hr</em></td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td><em>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</em></td>
<td>Generic</td>
<td>QL (2700 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydrocodone-acetaminophen tab 5-325 mg</em></td>
<td>Generic</td>
<td>QL (240 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydrocodone-acetaminophen tab 7.5-325 mg</em></td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydrocodone-acetaminophen tab 10-325 mg</em></td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>HYDROMORPHON SUP 3MG</em></td>
<td>Non-Preferred Brand</td>
<td>QL (120 suppositories / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydromorphone hcl inj 1 mg/ml</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>hydromorphone hcl inj 2 mg/ml</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>hydromorphone hcl inj 4 mg/ml</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>hydromorphone hcl liqd 1 mg/ml</em></td>
<td>Generic</td>
<td>QL (600 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydromorphone hcl preservative free (pf) inj 10 mg/ml</em></td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab 2 mg</em></td>
<td>Generic</td>
<td>QL (150 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab 4 mg</em></td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab 8 mg</em></td>
<td>Generic</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab er 24hr deter 8 mg</em></td>
<td>Generic</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab er 24hr deter 12 mg</em></td>
<td>Generic</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td><em>hydromorphone hcl tab er 24hr deter 16 mg</em></td>
<td>Generic</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydromorphone hcl tab er 24hr deter 32 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 20 MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 30 MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 40 MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 60 MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 80 MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 100 MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>HYSINGLA ER TAB 120 MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>lortab tab 10-325mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>methadone con 10mg/ml</td>
<td>Generic</td>
<td>QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)</td>
</tr>
<tr>
<td>methadone hcl conc 10 mg/ml</td>
<td>Generic</td>
<td>QL (30 ml / 25 days); (indicated for opioid addiction)</td>
</tr>
<tr>
<td>methadone hcl inj 10 mg/ml</td>
<td>Generic</td>
<td>QL (20 ml / 25 days), ST</td>
</tr>
<tr>
<td>methadone hcl soln 5 mg/5ml</td>
<td>Generic</td>
<td>QL (450 ml / 25 days), ST</td>
</tr>
<tr>
<td>methadone hcl soln 10 mg/5ml</td>
<td>Generic</td>
<td>QL (300 mL / 25 days), ST</td>
</tr>
<tr>
<td>methadone hcl tab 5 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST</td>
</tr>
<tr>
<td>methadone hcl tab 10 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>methadone hcl tab for oral susp 40 mg</td>
<td>Generic</td>
<td>QL (9 tabs / 25 days)</td>
</tr>
<tr>
<td>methadose tab 40mg</td>
<td>Generic</td>
<td>QL (9 tabs / 25 days)</td>
</tr>
<tr>
<td>MORPHINE SUL INJ 2MG/ML</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>MORPHINE SUL INJ 4MG/ML</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>MORPHINE SUL INJ 5MG/ML</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE SUL INJ 150/30ML</td>
<td>Non-Preferred Brand</td>
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<tr>
<td>morphine sulfate beads cap er 24hr 30 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate beads cap er 24hr 45 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate beads cap er 24hr 60 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate beads cap er 24hr 75 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate beads cap er 24hr 90 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate beads cap er 24hr 120 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 10 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 20 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 30 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 50 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 60 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 80 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate cap er 24hr 100 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>morphine sulfate inj 8 mg/ml</td>
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</tr>
<tr>
<td>morphine sulfate inj 10 mg/ml</td>
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</tr>
<tr>
<td>morphine sulfate inj pf 0.5 mg/ml</td>
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</tr>
<tr>
<td>morphine sulfate inj pf 1 mg/ml</td>
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<tr>
<td>morphine sulfate iv soln 1 mg/ml</td>
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</tr>
<tr>
<td>morphine sulfate iv soln pf 4 mg/ml</td>
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</tr>
<tr>
<td>morphine sulfate iv soln pf 8 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>morphine sulfate iv soln pf 10 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>morphine sulfate iv soln pf 15 mg/ml</td>
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<td></td>
</tr>
<tr>
<td>morphine sulfate oral soln 10 mg/5ml</td>
<td>Generic</td>
<td>QL (900 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate oral soln 20 mg/5ml</td>
<td>Generic</td>
<td>QL (675 mL / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate oral soln 100 mg/5ml (20 Generic mg/ml)</td>
<td>Generic</td>
<td>QL (135 mL / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine sulfate suppos 5 mg</td>
<td>Generic</td>
<td>QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate suppos 10 mg</td>
<td>Generic</td>
<td>QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate suppos 20 mg</td>
<td>Generic</td>
<td>QL (120 supp / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>MORPHINE SULFATE SUPPOS 30 MG</td>
<td>Generic</td>
<td>QL (90 supp / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate tab 15 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate tab 30 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>morphine sulfate tab er 15 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate tab er 30 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST</td>
</tr>
<tr>
<td>morphine sulfate tab er 60 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>morphine sulfate tab er 100 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>morphine sulfate tab er 200 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>nalbuphine hcl inj 10 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nalbuphine hcl inj 20 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NUCYNTA ER TAB 50MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>NUCYNTA ER TAB 100MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>NUCYNTA ER TAB 150MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>NUCYNTA ER TAB 200MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>NUCYNTA ER TAB 250MG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>NUCYNTA TAB 50MG</td>
<td>Preferred Brand</td>
<td>QL (120 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>NUCYNTA TAB 75MG</td>
<td>Preferred Brand</td>
<td>QL (90 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUCYNTA TAB 100MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl cap 5 mg</td>
<td>Generic</td>
<td>QL (180 caps / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</td>
<td>Generic</td>
<td>QL (90 mL / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl soln 5 mg/5ml</td>
<td>Generic</td>
<td>QL (900 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab 5 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab 10 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab 15 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab 20 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab 30 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 10 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 15 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 20 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 30 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 40 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 60 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>oxycodone hcl tab er 12hr deter 80 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen soln 5-325 mg/5ml</td>
<td>Generic</td>
<td>QL (1800 ml / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone w/ acetaminophen tab 5-325 mg</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
<td>Generic</td>
<td>QL (240 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone-aspirin tab 4.8355-325 mg</td>
<td>Generic</td>
<td>QL (360 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxycodone-ibuprofen tab 5-400 mg</td>
<td>Generic</td>
<td>QL (28 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>OXYCONTIN TAB 10MG CR</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>OXYCONTIN TAB 15MG CR</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>OXYCONTIN TAB 20MG CR</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>OXYCONTIN TAB 30MG CR</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>OXYCONTIN TAB 40MG CR</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>OXYCONTIN TAB 60MG CR</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>OXYCONTIN TAB 80MG CR</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>oxymorphone hcl tab 5 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxymorphone hcl tab 10 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days), ST; Subject to initial 7-day limit</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 5 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 7.5 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 10 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 15 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days), ST</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 20 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>oxymorphone hcl tab er 12hr 30 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxymorphone hcl tab er 12hr 40 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>tramadol hcl tab 50 mg</td>
<td>Generic</td>
<td>QL (180 tabs / 25 days), ST</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 100 mg</td>
<td>Generic</td>
<td>QL (30 tabs / 25 days), ST</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 200 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 300 mg</td>
<td>Generic</td>
<td>PA, ST; High Strength Requires PA</td>
</tr>
<tr>
<td>XARTEMIS XR TAB 7.5-325</td>
<td>Non-Preferred Brand</td>
<td>QL (120 tabs / 25 days)</td>
</tr>
<tr>
<td>xylon tab 10-200mg</td>
<td>Generic</td>
<td>QL (50 tabs / 25 days), ST</td>
</tr>
</tbody>
</table>

**OPIOID PARTIAL AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELBUCA MIS 75MCG</td>
<td>Preferred Brand</td>
<td>QL (60 films / 25 days), ST</td>
</tr>
<tr>
<td>BELBUCA MIS 150MCG</td>
<td>Preferred Brand</td>
<td>QL (60 films / 25 days), ST</td>
</tr>
<tr>
<td>BELBUCA MIS 300MCG</td>
<td>Preferred Brand</td>
<td>QL (60 films / 25 days), ST</td>
</tr>
<tr>
<td>BELBUCA MIS 450MCG</td>
<td>Preferred Brand</td>
<td>QL (60 films / 25 days), ST</td>
</tr>
<tr>
<td>BELBUCA MIS 600MCG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires Prior Auth</td>
</tr>
<tr>
<td>BELBUCA MIS 750MCG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires Prior Auth</td>
</tr>
<tr>
<td>BELBUCA MIS 900MCG</td>
<td>Preferred Brand</td>
<td>PA, ST; High Strength Requires Prior Auth</td>
</tr>
<tr>
<td>buprenorphine hcl inj 0.3 mg/ml (base equiv)</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply</td>
</tr>
<tr>
<td>buprenorphine hcl sl tab 2 mg (base equiv)</td>
<td>Preventive</td>
<td>$0 copay; Must obtain approval after the first 30 day supply</td>
</tr>
<tr>
<td>buprenorphine hcl sl tab 8 mg (base equiv)</td>
<td>Preventive</td>
<td>$0 copay; Must obtain approval after the first 30 day supply</td>
</tr>
</tbody>
</table>

**SALICYLATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin chw 81mg</td>
<td>Preventive</td>
<td>QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin low tab 81mg ec</td>
<td>Preventive</td>
<td>QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia</td>
</tr>
<tr>
<td>diflunisal tab 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**ANESTHETICS**

**LOCAL ANESTHETICS**

<table>
<thead>
<tr>
<th>LIDO/DEXTROS INJ 5-7.5%</th>
<th>Non-Preferred Brand</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine hcl local inj 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local inj 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local inj 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local preservative free (pf) inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local preservative free (pf) inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local preservative free (pf) inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local preservative free (pf) inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl local preservative free (pf) inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANTI-INFECTIVES**

**ANTI-BACTERIALS - MISCELLANEOUS**

<p>| amikacin sulfate inj 1 gm/4ml (250 mg/ml)      | Generic              |                                     |
| amikacin sulfate inj 500 mg/2ml (250 mg/ml)   | Generic              |                                     |
| chloramphenicol sodium succinate for iv inj   | Generic              |                                     |
| 1 gm                                           |                      |                                     |
| GENTAM/NACL INJ 0.9MG/ML                       | Non-Preferred Brand  |                                     |
| GENTAM/NACL INJ 1.4MG/ML                       | Non-Preferred Brand  |                                     |
| gentamicin in saline inj 0.8 mg/ml             | Generic              |                                     |
| gentamicin in saline inj 1 mg/ml               | Generic              |                                     |
| gentamicin in saline inj 1.2 mg/ml             | Generic              |                                     |
| gentamicin in saline inj 1.6 mg/ml             | Generic              |                                     |
| gentamicin in saline inj 2 mg/ml               | Generic              |                                     |
| gentamicin sulfate inj 10 mg/ml                | Generic              |                                     |
| gentamicin sulfate inj 40 mg/ml                | Generic              |                                     |
| MONUROL PAK GRANULES                           | Non-Preferred Brand  |                                     |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>neomycin sulfate tab 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>paromomycin sulfate cap 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>streptomycin sulfate for inj 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SULFADIAZINE TAB 500MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>tinidazole tab 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tinidazole tab 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin nebu soln 300 mg/5ml</td>
<td>Preferred QL (280 mL / 28 days), Specialty PA; SP</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate for inj 1.2 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate inj 10 mg/ml (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ANTI-INFECTIVES - MISCELLANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALINIA SUS 100/5ML</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ALINIA TAB 500MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>atovaquone susp 750 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>AZACTAM/DEX INJ 1GM</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>AZACTAM/DEX INJ 2GM</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>aztreonam for inj 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>aztreonam for inj 2 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CAYSTON INH 75MG</td>
<td>Preferred QL (84 vials / 28 days), Specialty PA; SP</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl cap 75 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl cap 150 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl cap 300 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate inj 9 gm/60ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate inj 300 mg/2ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate inj 600 mg/4ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate inj 900 mg/6ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate iv soln 300 mg/2ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate iv soln 900 mg/6ml</td>
<td>Generic</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>dapsone tab 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dapsone tab 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>daptomycin for iv soln 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DARAPRIM TAB 25MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>doripenem for iv infusion 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>doripenem for iv infusion 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EMVERM CHW 100MG</td>
<td>Non-Preferred Brand</td>
<td>QL (12 tabs / 365 days)</td>
</tr>
<tr>
<td>ertapenem sodium for inj 1 gm (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous for soln 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous for soln 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>INVANZ INJ 1GM</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ivermectin tab 3 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>linezolid for susp 100 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>linezolid iv soln 600 mg/300ml (2 mg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>linezolid tab 600 mg</td>
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<td></td>
</tr>
<tr>
<td>meropenem iv for soln 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>meropenem iv for soln 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methenamine hippurate tab 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metronidazole cap 375 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metronidazole in nacl 0.79% iv soln 500 mg/100ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metronidazole tab 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metronidazole tab 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NEBUPENT INH 300MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin macrocrystalline cap 25 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystalline cap 50 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
</tbody>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nitrofurantoin macrocrystalline cap 100 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>nitrofurantoin monohydrate macrocrystalline cap 100 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>nitrofurantoin susp 25 mg/5ml</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PENTAM 300 INJ 300MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>polymyxin b sulfate for inj 500000 unit</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>praziquantel tab 600 mg</td>
<td>Generic</td>
<td>QL (24 tabs / 365 days)</td>
</tr>
<tr>
<td>PRIMSOL SOL 50MG/5ML</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>SIVEXTRO INJ 200MG</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>SIVEXTRO TAB 200MG</td>
<td>Non-Preferred Brand</td>
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<tr>
<td>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</td>
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</tr>
<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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<td>sulfamethoxazole-trimethoprim tab 400-80 mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 800-160 mg</td>
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<td></td>
</tr>
<tr>
<td>trimethoprim tab 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>vancomycin hcl cap 125 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (80 caps / 10 days)</td>
</tr>
<tr>
<td>vancomycin hcl cap 250 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (80 caps / 10 days)</td>
</tr>
<tr>
<td>vancomycin hcl for iv soln 1 gm (base equivalent)</td>
<td>Generic</td>
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</tr>
<tr>
<td>vancomycin hcl for iv soln 5 gm (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>vancomycin hcl for iv soln 10 gm (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>vancomycin hcl for iv soln 500 mg (base equivalent)</td>
<td>Generic</td>
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</table>

PA - Prior Authorization     QL - Quantity Limits     ST - Step Therapy     MB - Medical Benefit
PA** - Applies if Step not met    OC - Oral Oncology Medication    SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>vancomycin hcl for iv soln 750 mg (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>XIFAXAN TAB 200MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>XIFAXAN TAB 550MG</td>
<td>Preferred</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANTIFUNGALS**

- amphotericin b for inj 50 mg | Generic
- BIO-STATIN CAP 500000        | Preferred | Brand              |
- BIO-STATIN CAP 1000000        | Preferred | Brand              |
- bio-statin pow                | Generic   |                     |
- CRESEMBIA CAP 186 MG          | Non-Preferred | Brand |
  
  | fluconazole for susp 10 mg/ml | Generic   |
  | fluconazole for susp 40 mg/ml | Generic   |
  | fluconazole in dextrose inj 200 mg/100ml | Generic   |
  | fluconazole in dextrose inj 400 mg/200ml | Generic   |
  | fluconazole in nacl 0.9% inj 200 mg/100ml | Generic   |
  | fluconazole in nacl 0.9% inj 400 mg/200ml | Generic   |
  | fluconazole tab 50 mg          | Generic   |
  | fluconazole tab 100 mg         | Generic   |
  | fluconazole tab 150 mg         | Generic   |
  | fluconazole tab 200 mg         | Generic   |
  | FLUCONAZOLE/ INJ NACL 100      | Non-Preferred | Brand |
  
  | griseofulvin microsize susp 125 mg/5ml | Generic   |
  | griseofulvin microsize tab 500 mg | Generic   |
  | griseofulvin ultramicrosize tab 125 mg | Generic   |
  | griseofulvin ultramicrosize tab 250 mg | Generic   |
  | itraconazole cap 100 mg        | Generic   | PA                  |
  | itraconazole oral soln 10 mg/ml | Generic   | PA                  |
  | NOXAFIL SUS 40MG/ML            | Preferred | PA                  |
  | NOXAFIL TAB 100MG              | Preferred | PA                  |
  | nystatin tab 500000 unit       | Generic   |
  | SPORANOX SOL 10MG/ML           | Preferred | PA                  |
  | terbinafine hcl tab 250 mg     | Generic   | PA                  |
  | voriconazole for susp 40 mg/ml | Non-Preferred | PA |

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>voriconazole tab 50 mg</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole tab 200 mg</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
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**ANTIMALARIALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>atovaquone-proguanil hcl tab 62.5-25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>atovaquone-proguanil hcl tab 250-100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>chloroquine phosphate tab 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>chloroquine phosphate tab 500 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>COARTEM TAB 20-120MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>mefloquine hcl tab 250 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PRIMAQUINE TAB 26.3MG</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>quinine sulfate cap 324 mg</td>
<td>Generic</td>
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**ANTIRETROVIRAL AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>abacavir sulfate soln 20 mg/ml (base equiv)</td>
<td>Generic</td>
<td>QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>abacavir sulfate tab 300 mg (base equiv)</td>
<td>Generic</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>APTIVUS CAP 250MG</td>
<td>Preferred Brand</td>
<td>QL (120 caps / 30 days)</td>
</tr>
<tr>
<td>APTIVUS SOL</td>
<td>Preferred Brand</td>
<td>QL (285 mL / 28 days)</td>
</tr>
<tr>
<td>atazanavir sulfate cap 150 mg (base equiv)</td>
<td>Generic</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>atazanavir sulfate cap 200 mg (base equiv)</td>
<td>Generic</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td>atazanavir sulfate cap 300 mg (base equiv)</td>
<td>Generic</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>CRIXIVAN CAP 200MG</td>
<td>Preferred Brand</td>
<td>QL (450 caps / 30 days)</td>
</tr>
<tr>
<td>CRIXIVAN CAP 400MG</td>
<td>Preferred Brand</td>
<td>QL (180 caps / 30 days)</td>
</tr>
<tr>
<td>didanosine delayed release capsule 200 mg</td>
<td>Generic</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>didanosine delayed release capsule 250 mg</td>
<td>Generic</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>didanosine delayed release capsule 400 mg</td>
<td>Generic</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>EDURANT TAB 25MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>efavirenz cap 50 mg</td>
<td>Generic</td>
<td>QL (90 caps / 30 days)</td>
</tr>
<tr>
<td>efavirenz cap 200 mg</td>
<td>Generic</td>
<td>QL (90 caps / 30 days)</td>
</tr>
<tr>
<td>efavirenz tab 600 mg</td>
<td>Generic</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>EMTRIVA CAP 200MG</td>
<td>Preferred Brand</td>
<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>EMTRIVA SOL 10MG/ML</td>
<td>Preferred Brand</td>
<td>QL (680 ml / 28 days)</td>
</tr>
</tbody>
</table>

**Abbreviations**

- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **MB** - Medical Benefit
- **PA** - Applies if Step not met
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- **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fosamprenavir calcium tab 700 mg (base equiv)</td>
<td>Generic</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>FUZEON INJ 90MG</td>
<td>Preferred</td>
<td>QL (60 vials / 30 days);</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>SP</td>
</tr>
<tr>
<td>INTELENCE TAB 25MG</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>INTELENCE TAB 100MG</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>INTELENCE TAB 200MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>INVIRASE CAP 200MG</td>
<td>Preferred</td>
<td>QL (300 caps / 30 days)</td>
</tr>
<tr>
<td>INVIRASE TAB 500MG</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>ISENTRESS CHW 25MG</td>
<td>Preferred</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>ISENTRESS CHW 100MG</td>
<td>Preferred</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>ISENTRESS HD TAB 600MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>ISENTRESS POW 100MG</td>
<td>Preferred</td>
<td>QL (60 packets / 30 days)</td>
</tr>
<tr>
<td>ISENTRESS TAB 400MG</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td>lamivudine oral soln 10 mg/ml</td>
<td>Generic</td>
<td>QL (900 ml / 30 days)</td>
</tr>
<tr>
<td>lamivudine tab 150 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>lamivudine tab 300 mg</td>
<td>Generic</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>LEXIVA SUS 50MG/ML</td>
<td>Preferred</td>
<td>QL (1575 mL / 28 days)</td>
</tr>
<tr>
<td>nevirapine susp 50 mg/5ml</td>
<td>Generic</td>
<td>QL (1200 mL / 30 days)</td>
</tr>
<tr>
<td>nevirapine tab 200 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>nevirapine tab er 24hr 100 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>nevirapine tab er 24hr 400 mg</td>
<td>Generic</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>NORVIR CAP 100MG</td>
<td>Preferred</td>
<td>QL (360 caps / 30 days)</td>
</tr>
<tr>
<td>NORVIR POW 100MG</td>
<td>Preferred</td>
<td>QL (360 packets / 30 days)</td>
</tr>
<tr>
<td>NORVIR SOL 80MG/ML</td>
<td>Preferred</td>
<td>QL (480 mL / 30 days)</td>
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<tr>
<td>PREZISTA SUS 100MG/ML</td>
<td>Preferred</td>
<td>QL (400 ml / 30 days)</td>
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<tr>
<td>PREZISTA TAB 75MG</td>
<td>Preferred</td>
<td>QL (300 tabs / 30 days)</td>
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<tr>
<td>PREZISTA TAB 150MG</td>
<td>Preferred</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>PREZISTA TAB 600MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREZISTA TAB 800MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
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<tr>
<td>RESCRIPTOR TAB 100 MG</td>
<td>Non-Preferred Brand</td>
<td>QL (900 tabs / 30 days)</td>
</tr>
<tr>
<td>RESCRIPTOR TAB 200MG</td>
<td>Non-Preferred Brand</td>
<td>QL (450 tabs / 30 days)</td>
</tr>
<tr>
<td>RETROVIR INJ 10MG/ML</td>
<td>Preferred Brand</td>
<td></td>
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<tr>
<td>REYAZAZ POW 50MG</td>
<td>Preferred Brand</td>
<td>QL (180 packets / 30 days)</td>
</tr>
<tr>
<td><em>ritonavir tab 100 mg</em></td>
<td>Generic</td>
<td>QL (360 tabs / 30 days)</td>
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<tr>
<td>SELZENTRY SOL 20MG/ML</td>
<td>Preferred Brand</td>
<td>QL (1840 mL / 30 days)</td>
</tr>
<tr>
<td>SELZENTRY TAB 25MG</td>
<td>Preferred Brand</td>
<td>QL (240 tabs / 30 days)</td>
</tr>
<tr>
<td>SELZENTRY TAB 75MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>SELZENTRY TAB 150MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 30 days)</td>
</tr>
<tr>
<td>SELZENTRY TAB 300MG</td>
<td>Preferred Brand</td>
<td>QL (120 tabs / 30 days)</td>
</tr>
<tr>
<td><em>stavudine cap 15 mg</em></td>
<td>Generic</td>
<td>QL (60 caps / 30 days)</td>
</tr>
<tr>
<td><em>stavudine cap 20 mg</em></td>
<td>Generic</td>
<td>QL (60 caps / 30 days)</td>
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<tr>
<td><em>stavudine cap 30 mg</em></td>
<td>Generic</td>
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<tr>
<td><em>stavudine cap 40 mg</em></td>
<td>Generic</td>
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<td><em>tenofovir disoproxil fumarate tab 300 mg</em></td>
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<td>TIVICAY TAB 10MG</td>
<td>Preferred Brand</td>
<td>QL (60 tabs / 30 days)</td>
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<td>QL (60 tabs / 30 days)</td>
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<td>TIVICAY TAB 50MG</td>
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<td>TROGARZO INJ 150MG/ML</td>
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<td>VIDEK EC CAP 125MG</td>
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<tr>
<td>VIDEK SOL 2GM</td>
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<tr>
<td>VIDEK SOL 4GM</td>
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<tr>
<td>VIRACEPT TAB 250MG</td>
<td>Preferred Brand</td>
<td>QL (300 tabs / 30 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>VIRACEPT TAB 625MG</td>
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<td>QL (120 tabs / 30 days)</td>
</tr>
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<td>VIRAMUNE SUS 50MG/5ML</td>
<td>Preferred Brand</td>
<td>QL (1200 mL / 30 days)</td>
</tr>
<tr>
<td>VIREAD POW 40MG/GM</td>
<td>Preferred Brand</td>
<td>QL (240 gm / 30 days)</td>
</tr>
<tr>
<td>VIREAD TAB 150MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>VIREAD TAB 200MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>VIREAD TAB 250MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>ZERIT SOL 1MG/ML</td>
<td>Preferred Brand</td>
<td>QL (2400 ml / 30 days)</td>
</tr>
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<tr>
<td>zidovudine syrup 10 mg/ml</td>
<td>Generic</td>
<td>QL (1800 ml / 30 days)</td>
</tr>
<tr>
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<td>Generic</td>
<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>ANTIRETROVIRAL COMBINATION AGENTS</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>BIKTARVY TAB</td>
<td>Preferred Brand</td>
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<td>CIMDUO TAB 300-300</td>
<td>Preferred Brand</td>
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<td>COMPLERA TAB</td>
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<td>DESCOVY TAB 200/25</td>
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<td>GENVOYA TAB</td>
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<td>KALETRA TAB 100-25MG</td>
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<td>KALETRA TAB 200-50MG</td>
<td>Preferred Brand</td>
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<tr>
<td>lamivudine-zidovudine tab 150-300 mg</td>
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</tr>
<tr>
<td>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</td>
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<td>QL (390 mL / 30 days)</td>
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<td>ODEFSEY TAB</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>PREZCOBIX TAB 800-150</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>STRIBILD TAB</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
</tbody>
</table>

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<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMFI LO TAB</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>SYMFI TAB</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>TRIUMEQ TAB</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>TRUVADA TAB 100-150</td>
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<tr>
<td>TRUVADA TAB 133-200</td>
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<td>QL (30 tabs / 30 days)</td>
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<td>TRUVADA TAB 167-250</td>
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<tr>
<td>TRUVADA TAB 200-300</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 30 days), ST; PA**; (coverage for pre and post-exposure prophylaxis only)</td>
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**ANTITUBERCULAR AGENTS**

cycloserine cap 250 mg  | Generic |
ethambutol hcl tab 100 mg | Generic |
ethambutol hcl tab 400 mg | Generic |
isoniazid inj 100 mg/ml  | Generic |
isoniazid syrup 50 mg/5ml | Generic |
isoniazid tab 100 mg      | Generic |
isoniazid tab 300 mg      | Generic |
PASER GRA 4GM             | Non-Preferred Brand |
PRIFTIN TAB 150MG         | Preferred Brand   |
pyrazinamide tab 500 mg   | Generic |
rifabutin cap 150 mg      | Generic |
RIFAMATE CAP              | Preferred Brand   |
rifampin cap 150 mg       | Generic |
rifampin cap 300 mg       | Generic |
rifampin for inj 600 mg   | Generic |
RIFATER TAB               | Preferred Brand   |
SIRTURO TAB 100MG         | Non-Preferred Brand |
TRECATOR TAB 250MG        | Preferred Brand   |

**ANTIVIRALS**

acyclovir cap 200 mg       | Generic |
acyclovir sodium for inj 500 mg | Generic |

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>acyclovir sodium iv soln 50 mg/ml</td>
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</tr>
<tr>
<td>acyclovir susp 200 mg/5ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>acyclovir tab 400 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>acyclovir tab 800 mg</td>
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</tr>
<tr>
<td>adefovir dipivoxil tab 10 mg</td>
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<td>SP</td>
</tr>
<tr>
<td>BARACLUDE SOL .05MG/ML</td>
<td>Non-Preferred Brand</td>
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<tr>
<td>cidofovir iv inj 75 mg/ml</td>
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</tr>
<tr>
<td>entecavir tab 0.5 mg</td>
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<td>SP</td>
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<tr>
<td>entecavir tab 1 mg</td>
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<tr>
<td>EPIVIR HBV SOL 5MG/ML</td>
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<tr>
<td>famciclovir tab 125 mg</td>
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</tr>
<tr>
<td>famciclovir tab 250 mg</td>
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<tr>
<td>famciclovir tab 500 mg</td>
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<tr>
<td>lamivudine tab 100 mg (hbv)</td>
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<tr>
<td>oseltamivir phosphate cap 30 mg (base equiv)</td>
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<td>QL (40 caps / 90 days)</td>
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<tr>
<td>oseltamivir phosphate cap 45 mg (base equiv)</td>
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<td>QL (20 caps / 90 days)</td>
</tr>
<tr>
<td>oseltamivir phosphate cap 75 mg (base equiv)</td>
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<td>QL (20 caps / 90 days)</td>
</tr>
<tr>
<td>oseltamivir phosphate for susp 6 mg/ml (base equiv)</td>
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<td>QL (300 mL / 90 days)</td>
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<tr>
<td>RELENZA MIS DISKHALE</td>
<td>Preferred</td>
<td>QL (2 inhalers / 90 days)</td>
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<tr>
<td>ribavirin for inhal soln 6 gm</td>
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<tr>
<td>rimantadine hydrochloride tab 100 mg</td>
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<tr>
<td>valacyclovir hcl tab 1 gm</td>
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<tr>
<td>valacyclovir hcl tab 500 mg</td>
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<td>valganciclovir hcl for soln 50 mg/ml (base equiv)</td>
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<td>valganciclovir hcl tab 450 mg (base equivalent)</td>
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<tr>
<td>VEMLIDY TAB 25MG</td>
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**CEPHALOSPORINS**

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<th>Drug Name</th>
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<tbody>
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<td>cefaclor cap 500 mg</td>
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<tr>
<td>CEFACLOR ER TAB 500MG</td>
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**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **MB** - Medical Benefit

**PA** - Applies if Step not met   **OC** - Oral Oncology Medication   **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>cefaclor for susp 125 mg/5ml</td>
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<tr>
<td>cefaclor for susp 250 mg/5ml</td>
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<tr>
<td>cefaclor for susp 375 mg/5ml</td>
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<tr>
<td>cefadroxil cap 500 mg</td>
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<tr>
<td>cefadroxil for susp 250 mg/5ml</td>
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<tr>
<td>cefadroxil for susp 500 mg/5ml</td>
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<tr>
<td>cefadroxil tab 1 gm</td>
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<tr>
<td>cefazolin sodium for inj 1 gm</td>
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<tr>
<td>cefazolin sodium for iv soln 1 gm</td>
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<td>cefdinir cap 300 mg</td>
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<tr>
<td>cefdinir for susp 125 mg/5ml</td>
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<tr>
<td>cefdinir for susp 250 mg/5ml</td>
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<tr>
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<tr>
<td>cefditoren pivoxil tab 400 mg (base equivalent)</td>
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<td>cefepime hcl for inj 1 gm</td>
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<td>cefepime hcl for inj 2 gm</td>
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<tr>
<td>cefixime for susp 200 mg/5ml</td>
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<tr>
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<tr>
<td>cefprozil tab 250 mg</td>
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<tr>
<td>cefprozil tab 500 mg</td>
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<tr>
<td>ceftazidime for inj 2 gm</td>
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</tr>
<tr>
<td>ceftibuten cap 400 mg</td>
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</tr>
<tr>
<td>ceftibuten for susp 180 mg/5ml</td>
<td>Generic</td>
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</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFTIN SUS 125/5ML</td>
<td>Preferred</td>
<td>Brand</td>
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<tr>
<td>CEFTIN SUS 250/5ML</td>
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<td>Brand</td>
</tr>
<tr>
<td>ceftriaxone sodium for inj 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ceftriaxone sodium for inj 2 gm</td>
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<td></td>
</tr>
<tr>
<td>ceftriaxone sodium for inj 10 gm</td>
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<td>ceftriaxone sodium for inj 250 mg</td>
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<tr>
<td>ceftriaxone sodium for inj 500 mg</td>
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<tr>
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<td></td>
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<tr>
<td>ceftriaxone sodium for iv soln 2 gm</td>
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<tr>
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<tr>
<td>cefuroxime axetil tab 500 mg</td>
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<tr>
<td>cefuroxime sodium for inj 7.5 gm</td>
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<tr>
<td>cefuroxime sodium for inj 750 mg</td>
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<tr>
<td>cefuroxime sodium for iv soln 1.5 gm</td>
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</tr>
<tr>
<td>cephalixin cap 250 mg</td>
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<tr>
<td>cephalixin cap 500 mg</td>
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<td>cephalixin cap 750 mg</td>
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</tr>
<tr>
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<td>tazicef inj 2gm</td>
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<td>ZINACEF/H20 INJ 1.5GM PB</td>
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**ERYTHROMYCINS/MACROLIDES**

<table>
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<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>Generic</td>
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</tr>
<tr>
<td>azithromycin for susp 200 mg/5ml</td>
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</tr>
<tr>
<td>azithromycin iv for soln 500 mg</td>
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<tr>
<td>azithromycin powd pack for susp 1 gm</td>
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<td></td>
</tr>
<tr>
<td>azithromycin tab 250 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>
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</tr>
<tr>
<td>azithromycin tab 500 mg</td>
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<tr>
<td>azithromycin tab 600 mg</td>
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<td>clarithromycin for susp 125 mg/5ml</td>
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<td>ERYTHROCIN INJ 500MG</td>
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<td>erythromycin tab 500 mg</td>
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<tr>
<td>erythromycin w/ delayed release particles cap 250 mg</td>
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<tr>
<td>ZMAX SUS 2GM</td>
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**FLUOROQUINOLONES**

ciprofloxacin 200 mg/100ml in d5w | Generic |
ciprofloxacin 400 mg/200ml in d5w | Generic |
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) | Generic |
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) | Generic |
ciprofloxacin hcl tab 100 mg (base equiv) | Generic |
ciprofloxacin hcl tab 250 mg (base equiv) | Generic |
ciprofloxacin hcl tab 500 mg (base equiv) | Generic |
ciprofloxacin hcl tab 750 mg (base equiv) | Generic |

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<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>
<td>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg (base eq)</td>
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<tr>
<td>FACTIVE TAB 320MG</td>
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<tr>
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<td>levofloxacin in d5w iv soln 500 mg/100ml</td>
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<td>levofloxacin tab 500 mg</td>
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<td>levofloxacin tab 750 mg</td>
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**Hepatitis C**

<table>
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<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>ribasphere tab 600mg</td>
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PA - Prior Authorization  
QL - Quantity Limits  
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MB - Medical Benefit  
PA** - Applies if Step not met  
OC - Oral Oncology Medication  
SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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**PENICILLINS**

- amoxicillin & k clavulanate chew tab 200-28.5 mg
  - Generic
- amoxicillin & k clavulanate chew tab 400-57 mg
  - Generic
- amoxicillin & k clavulanate for susp 200-28.5 mg/5ml
  - Generic
- amoxicillin & k clavulanate for susp 250-62.5 mg/5ml
  - Generic
- amoxicillin & k clavulanate for susp 400-57 mg/5ml
  - Generic
- amoxicillin & k clavulanate for susp 600-42.9 mg/5ml
  - Generic
- amoxicillin & k clavulanate tab 250-125 mg
  - Generic
- amoxicillin & k clavulanate tab 500-125 mg
  - Generic
- amoxicillin & k clavulanate tab 875-125 mg
  - Generic
- amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg
  - Generic
- amoxicillin (trihydrate) cap 250 mg
  - Generic
- amoxicillin (trihydrate) cap 500 mg
  - Generic
- amoxicillin (trihydrate) chew tab 125 mg
  - Generic
- amoxicillin (trihydrate) chew tab 250 mg
  - Generic
- amoxicillin (trihydrate) for susp 125 mg/5ml
  - Generic
- amoxicillin (trihydrate) for susp 200 mg/5ml
  - Generic
- amoxicillin (trihydrate) for susp 250 mg/5ml
  - Generic
- amoxicillin (trihydrate) for susp 400 mg/5ml
  - Generic
- amoxicillin (trihydrate) tab 500 mg
  - Generic
- amoxicillin (trihydrate) tab 875 mg
  - Generic
- ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm
  - Generic
- ampicillin & sulbactam sodium for inj 3 (2-1) gm
  - Generic
- ampicillin & sulbactam sodium for inj 15 (10-5) gm
  - Generic

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<thead>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
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**ANTINEOPLASTIC AGENTS**

**ALKYLATING AGENTS**

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<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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</tr>
<tr>
<td>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</td>
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<tr>
<td>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</td>
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<tr>
<td>gemcitabine hcl for inj 1 gm</td>
<td>Preferred</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl for inj 2 gm</td>
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<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl for inj 200 mg</td>
<td>Preferred</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</td>
<td>Preferred</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</td>
<td>Preferred</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</td>
<td>Preferred</td>
<td>SP</td>
</tr>
<tr>
<td>mercaptopurine tab 50 mg</td>
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<td></td>
</tr>
<tr>
<td>methotrexate sodium for inj 1 gm</td>
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</tr>
<tr>
<td>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</td>
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</tr>
<tr>
<td>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</td>
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</tr>
<tr>
<td>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</td>
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<td>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</td>
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<td>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</td>
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<td>NIPENT INJ 10MG</td>
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<td>Brand</td>
</tr>
<tr>
<td>TABLOID TAB 40MG</td>
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<td>Brand</td>
</tr>
<tr>
<td><strong>ANTIMITOTIC, TAXOIDS</strong></td>
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</tr>
<tr>
<td>ABRAXANE INJ 100MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DOCEFREZ INJ 20MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>docetaxel for inj conc 20 mg/ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</td>
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<tr>
<td>DOCETAXEL INJ 20/0.5ML</td>
<td>Preferred</td>
<td>Brand</td>
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<tr>
<td>DOCETAXEL INJ 80MG/2ML</td>
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<tr>
<td>DOCETAXEL INJ 140/7ML</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DOCETAXEL INJ 160/8ML</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>DOCETAXEL INJ NON-ALCO</td>
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<tr>
<td>docetaxel soln for iv infusion 20 mg/2ml</td>
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</tr>
<tr>
<td>docetaxel soln for iv infusion 80 mg/8ml</td>
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<tr>
<td>docetaxel soln for iv infusion 160 mg/16ml</td>
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<tr>
<td>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</td>
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</tr>
<tr>
<td>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</td>
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</tr>
<tr>
<td>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</td>
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<td>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</td>
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<td>ANTIMITOTIC, VINCA ALKALOIDS</td>
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<tr>
<td>vinblastine sulfate inj 1 mg/ml</td>
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<tr>
<td>vincasar pfs inj 1mg/ml</td>
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<tr>
<td>vincristine sulfate iv soln 1 mg/ml</td>
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<tr>
<td>vinorelbine tartrate inj 10 mg/ml (base equiv)</td>
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<td>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</td>
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<td>BIOLOGIC RESPONSE MODIFIERS</td>
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<tr>
<td>ERBITUX INJ 100MG</td>
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</tr>
<tr>
<td>ERBITUX INJ 200MG</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
<tr>
<td>ERIVEDGE CAP 150MG</td>
<td>Preferred</td>
<td>QL (30 caps / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>FARYDAK CAP 10MG</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
<tr>
<td>FARYDAK CAP 15MG</td>
<td>Preferred</td>
<td>Specialty</td>
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<tr>
<td>FARYDAK CAP 20MG</td>
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<td>Specialty</td>
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<tr>
<td>GAZYVA INJ 25MG/ML</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
<tr>
<td>IBRANCE CAP 75MG</td>
<td>Preferred</td>
<td>QL (21 caps / 28 days), PA; OC; SP</td>
</tr>
<tr>
<td>IBRANCE CAP 100MG</td>
<td>Preferred</td>
<td>QL (21 caps / 28 days), PA; OC; SP</td>
</tr>
<tr>
<td>IBRANCE CAP 125MG</td>
<td>Preferred</td>
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</tr>
<tr>
<td>KADCYLA INJ 100MG</td>
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</tr>
<tr>
<td>KADCYLA INJ 160MG</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
<tr>
<td>KEYTRUDA INJ 100MG/4M</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit
PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>abiraterone acetate tab 250 mg</td>
<td>Preferred Specialty</td>
<td>QL (120 tabs / 30 days), PA; OC; SP</td>
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<tr>
<td>anastrozole tab 1 mg</td>
<td>Generic</td>
<td>QL (90 caps / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>bicalutamide tab 50 mg</td>
<td>Generic</td>
<td>QL (120 caps / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>DEPO-PROVERA INJ 400/ML</td>
<td>Non-Preferred Brand</td>
<td>QL (224 caps / 28 days), PA; SP</td>
</tr>
<tr>
<td>ELIGARD INJ 7.5MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ELIGARD INJ 22.5MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ELIGARD INJ 30MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ELIGARD INJ 45MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>exemestane tab 25 mg</td>
<td>Generic</td>
<td>QL (120 caps / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>FARESTON TAB 60MG</td>
<td>Preferred Brand</td>
<td>QL (63 tabs / 28 days), PA; SP</td>
</tr>
<tr>
<td>FASLODEX INJ 250/5ML</td>
<td>Preferred Brand</td>
<td>QL (63 tabs / 28 days), PA; SP</td>
</tr>
<tr>
<td>flutamide cap 125 mg</td>
<td>Generic</td>
<td>QL (63 tabs / 28 days), PA; SP</td>
</tr>
<tr>
<td>letrozole tab 2.5 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>leuprolide acetate inj kit 5 mg/ml</td>
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<td>PA; OC; SP</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 3M 30MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**HORMONAL ANTINEOPLASTIC AGENTS**

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUPR DEP-PED INJ 7.5MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 11.25MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPR DEP-PED INJ 15MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LYSODREN TAB 500MG</td>
<td>Preferred Brand</td>
<td>OC</td>
</tr>
<tr>
<td>megestrol acetate susp 40 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate susp 625 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate tab 40 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nilutamide tab 150 mg</td>
<td>Generic</td>
<td>OC</td>
</tr>
<tr>
<td>tamoxifen citrate tab 10 mg (base equivalent)</td>
<td>Generic</td>
<td>$0 copay for women ages 35 and older for the primary prevention of breast cancer</td>
</tr>
<tr>
<td>tamoxifen citrate tab 20 mg (base equivalent)</td>
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<td>$0 copay for women ages 35 and older for the primary prevention of breast cancer</td>
</tr>
<tr>
<td>toremifene citrate tab 60 mg (base equivalent)</td>
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<tr>
<td>XTANDI CAP 40MG</td>
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<td>QL (120 caps / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>ZYTIGA TAB 250MG</td>
<td>Preferred Specialty</td>
<td>QL (120 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>ZYTIGA TAB 500MG</td>
<td>Preferred Specialty</td>
<td>QL (60 tabs / 30 days), PA; OC; SP</td>
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**KINASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>AFINITOR DIS TAB 2MG</td>
<td>Preferred Specialty</td>
<td>QL (60 tabs / 30 days), PA; OC; SP</td>
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<tr>
<td>AFINITOR DIS TAB 3MG</td>
<td>Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>AFINITOR DIS TAB 5MG</td>
<td>Preferred Specialty</td>
<td>QL (60 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>AFINITOR TAB 2.5MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>AFINITOR TAB 5MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>AFINITOR TAB 7.5MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>AFINITOR TAB 10MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>ALECENSA CAP 150MG</td>
<td>Preferred Specialty</td>
<td>QL (240 caps / 30 days), PA; OC; SP</td>
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</tbody>
</table>

**Abbreviations:**
- **PA** - Prior Authorization
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- **MB** - Medical Benefit
- **PA** - Applies if Step not met
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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</thead>
<tbody>
<tr>
<td>BOSULIF TAB 100MG</td>
<td>Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; OC; SP</td>
</tr>
<tr>
<td>BOSULIF TAB 400MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>BOSULIF TAB 500MG</td>
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<td>CALQUENCE CAP 100MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (60 caps / 30 days), PA; SP</td>
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<tr>
<td>CAPRELSA TAB 100MG</td>
<td>Preferred Specialty</td>
<td>QL (60 tabs / 30 days), PA; OC; SP</td>
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<tr>
<td>CAPRELSA TAB 300MG</td>
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<tr>
<td>COMETRIQ KIT 60MG</td>
<td>Preferred Specialty</td>
<td>QL (1 kit / 28 days), PA; OC; SP</td>
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<tr>
<td>COMETRIQ KIT 100MG</td>
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<td>QL (1 kit / 28 days), PA; OC; SP</td>
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<tr>
<td>COMETRIQ KIT 140MG</td>
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<td>QL (1 kit / 28 days), PA; OC; SP</td>
</tr>
<tr>
<td>ICLUSIG TAB 15MG</td>
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<td>QL (60 tabs / 30 days), PA; OC; SP</td>
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<td>ICLUSIG TAB 45MG</td>
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<td>QL (30 tabs / 30 days), PA; OC; SP</td>
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<tr>
<td>IDHIFA TAB 50MG</td>
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<td>QL (30 tabs / 30 days), PA; SP</td>
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<tr>
<td>IDHIFA TAB 100MG</td>
<td>Preferred Specialty</td>
<td>QL (30 tabs / 30 days), PA; SP</td>
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<tr>
<td><em>imatinib mesylate tab 100 mg (base equivalent)</em></td>
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<td>QL (90 tabs / 30 days), PA; OC; SP</td>
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<tr>
<td><em>imatinib mesylate tab 400 mg (base equivalent)</em></td>
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<td>IMBRUVICA CAP 70MG</td>
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<td>IMBRUVICA TAB 560MG</td>
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<td>INLYTA TAB 5MG</td>
<td>Preferred Specialty</td>
<td>QL (120 tabs / 30 days), PA; OC; SP</td>
</tr>
</tbody>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>JAKAFI TAB 5MG</td>
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<td>Specialty</td>
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</tr>
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<td>JAKAFI TAB 20MG</td>
<td>Preferred</td>
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<td></td>
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</tr>
<tr>
<td>LENVIMA CAP 4MG</td>
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</tr>
<tr>
<td>LENVIMA CAP 8 MG</td>
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<td>QL (60 caps / 30 days), PA; SP</td>
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<td>Specialty</td>
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<tr>
<td>LENVIMA CAP 10 MG</td>
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<tr>
<td>LENVIMA CAP 20 MG</td>
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<td>QL (60 caps / 30 days), PA; OC; SP</td>
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<td>MEKINIST TAB 0.5MG</td>
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<td>SPRYCEL TAB 20MG</td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>SUTENT CAP 12.5MG</td>
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<td>SUTENT CAP 25MG</td>
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<td>SUTENT CAP 37.5MG</td>
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<td>SUTENT CAP 50MG</td>
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<td>TAFINLAR CAP 50MG</td>
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<td>TARCEVA TAB 150MG</td>
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<td>TYKERB TAB 250MG</td>
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<td>VITRAKVI CAP 100MG</td>
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<td>QL (60 caps / 30 days), PA; OC; SP</td>
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<td>VITRAKVI SOL 20MG/ML</td>
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<td>VOTRIENT TAB 200MG</td>
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<td>ZYDELG TAB 100MG</td>
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**MISCELLANEOUS**

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<tbody>
<tr>
<td>ARSENIC TRIOXIDE INJ 10 MG/10ML</td>
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*PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication*
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>bexarotene cap 75 mg</td>
<td>Preferred</td>
<td>PA; OC; SP</td>
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<tr>
<td>DROXIA CAP 200MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DROXIA CAP 300MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DROXIA CAP 400MG</td>
<td>Preferred</td>
<td>Brand</td>
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<tr>
<td>hydroxyurea cap 500 mg</td>
<td>Generic</td>
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<tr>
<td>MATULANE CAP 50MG</td>
<td>Preferred</td>
<td>OC</td>
</tr>
<tr>
<td>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</td>
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<td>PA; MB; SP</td>
</tr>
<tr>
<td>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</td>
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<td>PA; MB; SP</td>
</tr>
<tr>
<td>ODOMZO CAP 200MG</td>
<td>Preferred</td>
<td>Specialty QL (30 caps / 30 days),</td>
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<tr>
<td>ONCASPAR INJ 750/ML</td>
<td>Preferred</td>
<td>Specialty PA; OC; SP</td>
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<td>PHOTOFRIN INJ 75MG</td>
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<td>QUADRAMET INJ</td>
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<td>Brand</td>
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<td>THERACYS INJ</td>
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<td>Brand</td>
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<tr>
<td>TICE BCG INJ</td>
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<td>tretinoin cap 10 mg</td>
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<td>TRISENOX INJ 12MG/6ML</td>
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<td>UVADEX INJ 20MCG/ML</td>
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<td>VISTOGARD PAK 10GM</td>
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**PLATINUM-BASED AGENTS**

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<td>carboplatin iv soln 50 mg/5ml</td>
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<td>carboplatin iv soln 150 mg/15ml</td>
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</tr>
<tr>
<td>carboplatin iv soln 450 mg/45ml</td>
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</tr>
<tr>
<td>carboplatin iv soln 600 mg/60ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>cisplatin inj 50 mg/50ml (1 mg/ml)</td>
<td>Generic</td>
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</tr>
<tr>
<td>cisplatin inj 100 mg/100ml (1 mg/ml)</td>
<td>Generic</td>
<td></td>
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<tr>
<td>cisplatin inj 200 mg/200ml (1 mg/ml)</td>
<td>Generic</td>
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</tr>
<tr>
<td>oxaliplatin for iv inj 50 mg</td>
<td>Preferred</td>
<td>SP</td>
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</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>oxaliplatin for iv inj 100 mg</td>
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<td>Specialty</td>
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<tr>
<td>oxaliplatin iv soln 50 mg/10ml</td>
<td>Preferred</td>
<td>Specialty</td>
</tr>
<tr>
<td>oxaliplatin iv soln 100 mg/20ml</td>
<td>Preferred</td>
<td>Specialty</td>
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**PROTECTIVE AGENTS**

- amifostine for inj 500 mg       | Generic      
- dextrazoxane for inj 250 mg    | Generic      
- dextrazoxane for inj 500 mg    | Generic      
- leucovorin calcium for inj 50 mg | Generic  
- leucovorin calcium for inj 100 mg | Generic 
- leucovorin calcium for inj 200 mg | Generic 
- leucovorin calcium for inj 350 mg | Generic 
- leucovorin calcium for inj 500 mg | Generic 
- leucovorin calcium tab 5 mg    | Generic      
- leucovorin calcium tab 10 mg   | Generic      
- leucovorin calcium tab 15 mg   | Generic      
- leucovorin calcium tab 25 mg   | Generic      
- mesna inj 100 mg/ml            | Generic      
- MESNEX TAB 400MG               | Preferred    | Specialty           |

**TOPOISOMERASE INHIBITORS**

- CAMPTOSAR INJ 300/15ML         | Preferred    | Brand               |
- etoposide cap 50 mg           | Generic      
- etoposide inj 100 mg/5ml (20 mg/ml) | Generic  
- irinotecan hcl inj 40 mg/2ml (20 mg/ml) | Preferred | Specialty |
- irinotecan hcl inj 100 mg/5ml (20 mg/ml) | Preferred | Specialty |
- irinotecan hcl inj 500 mg/25ml (20 mg/ml) | Preferred | Specialty |
- TENIPOSIDE INJ 50MG/5ML       | Preferred    | Brand               |
- toposar inj 20mg/ml           | Generic      
- toposar inj 100/5ml           | Generic      
- topotecan hcl for inj 4 mg (base equiv) | Generic  

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ANTINEOPLASTIC, BCL-2 INHIBITORS**

- VENCLEXTA TAB 10MG            | Preferred    | PA; SP               |
- VENCLEXTA TAB 50MG            | Preferred    | PA; SP               |

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<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
<td>VENCLEXTA TAB 100MG</td>
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<td>VENCLEXTA TAB START PK</td>
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**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

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<th>Drug Tier</th>
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<tr>
<td>amlodipine besylate-benazepril hcl cap 2.5 mg</td>
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<tr>
<td>amlodipine besylate-benazepril hcl cap 5 mg</td>
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<tr>
<td>amlodipine besylate-benazepril hcl cap 5 mg 20 mg</td>
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<tr>
<td>amlodipine besylate-benazepril hcl cap 5 mg 40 mg</td>
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<tr>
<td>amlodipine besylate-benazepril hcl cap 10 mg 20 mg</td>
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<td>amlodipine besylate-benazepril hcl cap 10 mg 40 mg</td>
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<tr>
<td>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</td>
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<tr>
<td>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</td>
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<td>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</td>
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<td>benazepril &amp; hydrochlorothiazide tab 20-25 mg</td>
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<td>captorpril &amp; hydrochlorothiazide tab 25-15 mg</td>
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<td>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</td>
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<td>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</td>
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<tr>
<td>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</td>
<td>Preferred Generic</td>
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<td>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><em>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</em></td>
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**ACE INHIBITORS**

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<tr>
<td>enalapril maleate tab 5 mg</td>
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<tr>
<td>enalapril maleate tab 20 mg</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ramipril cap 10 mg</td>
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</tr>
<tr>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
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**ALDOSTERONE RECEPTOR ANTAGONISTS**

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**ALPHA BLOCKERS**

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<td>doxazosin mesylate tab 4 mg</td>
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<td>doxazosin mesylate tab 8 mg</td>
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</tr>
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<tr>
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<tr>
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<td>terazosin hcl cap 5 mg (base equivalent)</td>
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**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

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<td>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</td>
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<tr>
<td>amlodipine besylate-valsartan tab 5-160 mg</td>
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<tr>
<td>amlodipine besylate-valsartan tab 5-320 mg</td>
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<td>amlodipine besylate-valsartan tab 10-160 mg</td>
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</tr>
<tr>
<td>amlodipine besylate-valsartan tab 10-320 mg</td>
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<td>Generic</td>
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<td>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
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<td>Generic</td>
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<tr>
<td>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</td>
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<td>Generic</td>
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<tr>
<td>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</td>
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**PA** - Prior Authorization  | **QL** - Quantity Limits  | **ST** - Step Therapy  | **MB** - Medical Benefit
**PA** - Applies if Step not met  | **OC** - Oral Oncology Medication  | **SP** - Specialty Medication

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<table>
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<th>Drug Name</th>
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<td>valsartan-hydrochlorothiazide tab 160-25 mg</td>
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*Note: PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, MB - Medical Benefit, PA** - Applies if Step not met, OC - Oral Oncology Medication, SP - Specialty Medication*
<table>
<thead>
<tr>
<th>Drug Name</th>
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**ANTIARRHYTHMICS**

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<td>amiodarone hcl tab 400 mg</td>
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<tr>
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</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
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<tbody>
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**ANTILIPEMICS, BILE ACID RESINS**

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<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cholestyramine powder 4 gm/dose</td>
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<td></td>
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<tr>
<td>cholestyramine powder packets 4 gm</td>
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<td></td>
</tr>
<tr>
<td>colesevelam hcl packet for susp 3.75 gm</td>
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<td></td>
</tr>
<tr>
<td>colesevelam hcl tab 625 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl granule packets 5 gm</td>
<td>Generic</td>
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</tr>
<tr>
<td>colestipol hcl granules 5 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl tab 1 gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prevalite pow 4gm</td>
<td>Generic</td>
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</table>

**ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ezetimibe tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
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**ANTILIPEMICS, FIBRATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</td>
<td>Generic</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>fenofibrate cap 50 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fenofibrate cap 150 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fenofibrate micronized cap 43 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>fenofibrate micronized cap 67 mg</td>
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</tr>
<tr>
<td>fenofibrate micronized cap 130 mg</td>
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</tr>
<tr>
<td>fenofibrate micronized cap 134 mg</td>
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<tr>
<td>fenofibrate micronized cap 200 mg</td>
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<tr>
<td>fenofibrate tab 48 mg</td>
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<tr>
<td>fenofibrate tab 54 mg</td>
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<td>fenofibrate tab 145 mg</td>
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</tr>
<tr>
<td>fenofibrate tab 160 mg</td>
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<td></td>
</tr>
<tr>
<td>fenofibrate acid tab 35 mg</td>
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<td></td>
</tr>
<tr>
<td>fenofibrate acid tab 105 mg</td>
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<tr>
<td>gemfibrozil tab 600 mg</td>
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**ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS**

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

**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin calcium tab 10 mg (base equivalent)</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>atorvastatin calcium tab 20 mg (base equivalent)</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>atorvastatin calcium tab 40 mg (base equivalent)</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>atorvastatin calcium tab 80 mg (base equivalent)</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>fluvastatin sodium cap 20 mg</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>fluvastatin sodium cap 40 mg</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>fluvastatin sodium tab er 24 hr 80 mg</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>LIVALO TAB 1MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>LIVALO TAB 2MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>LIVALO TAB 4MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>lovastatin tab 10 mg</td>
<td>Preferred Generic</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
MB - Medical Benefit  
PA** - Applies if Step not met  
OC - Oral Oncology Medication  
SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lovastatin tab 20 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>lovastatin tab 40 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>pravastatin sodium tab 10 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>pravastatin sodium tab 20 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
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<tr>
<td>pravastatin sodium tab 40 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>pravastatin sodium tab 80 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>rosvastatin calcium tab 5 mg</td>
<td>Preferred</td>
<td>ST; $0 copay for members age 40 through 75; PA**</td>
</tr>
<tr>
<td>rosvastatin calcium tab 10 mg</td>
<td>Preferred</td>
<td>ST; $0 copay for members age 40 through 75; PA**</td>
</tr>
<tr>
<td>rosvastatin calcium tab 20 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>rosvastatin calcium tab 40 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>simvastatin tab 5 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>simvastatin tab 10 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>simvastatin tab 20 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
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<tr>
<td>simvastatin tab 40 mg</td>
<td>Preferred</td>
<td>$0 copay for members age 40 through 75</td>
</tr>
<tr>
<td>simvastatin tab 80 mg</td>
<td>Preferred</td>
<td>ST; PA**</td>
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</table>

**ANTILIPEMICS, MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>niacin tab er 500 mg (antihyperlipidemic)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>niacin tab er 750 mg (antihyperlipidemic)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>niacin tab er 1000 mg (antihyperlipidemic)</td>
<td>Generic</td>
<td></td>
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**ANTILIPEMICS, OMEGA-3 FATTY ACIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>omega-3-acid ethyl esters cap 1 gm</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>VASCEPA CAP 0.5GM</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>VASCEPA CAP 1GM</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
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</table>

**ANTILIPEMICS, PCSK9 INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPATHA INJ 140MG/ML</td>
<td>Preferred</td>
<td>QL (2 syringes / 28 days), PA; SP</td>
</tr>
</tbody>
</table>

**Notes:**
- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **MB** - Medical Benefit
- **PA** - Applies if Step not met
- **OC** - Oral Oncology Medication
- **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPATHA PUSH INJ 420/3.5</td>
<td>Preferred Specialty</td>
<td>QL (1 cartridge / 28 days), PA; SP</td>
</tr>
<tr>
<td>REPATHA SURE INJ 140MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (2 pens / 28 days), PA; SP</td>
</tr>
</tbody>
</table>

**BETA-BLOCKER/DIURETIC COMBINATIONS**

- atenolol & chlorthalidone tab 50-25 mg  
  Generic
- atenolol & chlorthalidone tab 100-25 mg  
  Generic
- bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg  
  Generic
- bisoprolol & hydrochlorothiazide tab 5-6.25 mg  
  Generic
- bisoprolol & hydrochlorothiazide tab 10-6.25 mg  
  Generic
- metoprolol & hydrochlorothiazide tab 50-25 mg  
  Generic
- metoprolol & hydrochlorothiazide tab 100-25 mg  
  Generic
- metoprolol & hydrochlorothiazide tab 100-50 mg  
  Generic
- nadolol & bendroflumethiazide tab 40-5 mg  
  Generic
- propranolol & hydrochlorothiazide tab 40-25 mg  
  Generic
- propranolol & hydrochlorothiazide tab 80-25 mg  
  Generic

**BETA-BLOCKERS**

- acebutolol hcl cap 200 mg  
  Generic
- acebutolol hcl cap 400 mg  
  Generic
- atenolol tab 25 mg  
  Generic
- atenolol tab 50 mg  
  Generic
- atenolol tab 100 mg  
  Generic
- betaxolol hcl tab 10 mg  
  Generic
- betaxolol hcl tab 20 mg  
  Generic
- bisoprolol fumarate tab 5 mg  
  Generic
- bisoprolol fumarate tab 10 mg  
  Generic
- BYSTOLIC TAB 2.5MG  
  Non-Preferred Brand
- BYSTOLIC TAB 5MG  
  Non-Preferred Brand
- BYSTOLIC TAB 10MG  
  Non-Preferred Brand
- BYSTOLIC TAB 20MG  
  Non-Preferred Brand

**NOTES**

- PA - Prior Authorization  
- QL - Quantity Limits  
- ST - Step Therapy  
- MB - Medical Benefit  
- PA** - Applies if Step not met  
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- SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carvedilol phosphate cap er 24hr 10 mg</td>
<td>Generic</td>
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<tr>
<td>carvedilol phosphate cap er 24hr 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carvedilol phosphate cap er 24hr 40 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carvedilol phosphate cap er 24hr 80 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carvedilol tab 3.125 mg</td>
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<td></td>
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<tr>
<td>carvedilol tab 6.25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carvedilol tab 12.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carvedilol tab 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>labetalol hcl iv soln 5 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>labetalol hcl tab 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>labetalol hcl tab 200 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>labetalol hcl tab 300 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</td>
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</tr>
<tr>
<td>metoprolol tartrate iv soln 5 mg/5ml</td>
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<tr>
<td>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</td>
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</tr>
<tr>
<td>metoprolol tartrate tab 25 mg</td>
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<tr>
<td>nadolol tab 20 mg</td>
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<tr>
<td>nadolol tab 40 mg</td>
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<tr>
<td>nadolol tab 80 mg</td>
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<td>pindolol tab 5 mg</td>
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<tr>
<td>pindolol tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl cap er 24hr 60 mg</td>
<td>Generic</td>
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<tr>
<td>propranolol hcl cap er 24hr 80 mg</td>
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<td>propranolol hcl cap er 24hr 120 mg</td>
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<tr>
<td>propranolol hcl cap er 24hr 160 mg</td>
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<tr>
<td>propranolol hcl inj 1 mg/ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>propranolol hcl oral soln 20 mg/5ml</td>
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<tr>
<td>propranolol hcl oral soln 40 mg/5ml</td>
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</tr>
<tr>
<td>propranolol hcl tab 10 mg</td>
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<tr>
<td>propranolol hcl tab 20 mg</td>
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<td>propranolol hcl tab 40 mg</td>
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<td>propranolol hcl tab 60 mg</td>
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<tr>
<td>propranolol hcl tab 80 mg</td>
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</tr>
<tr>
<td>timolol maleate tab 5 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>timolol maleate tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>timolol maleate tab 20 mg</td>
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</tbody>
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### CALCIUM CHANNEL BLOCKER/ANTILIPIDEMIC COMBINATIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 5-10 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 5-20 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 5-40 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 5-80 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-10 mg</td>
<td>Preferred</td>
<td>Generic</td>
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<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-20 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-40 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate-atorvastatin calcium tab 10-80 mg</td>
<td>Preferred</td>
<td>Generic</td>
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</table>

### CALCIUM CHANNEL BLOCKERS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>afeditab tab 30mg cr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>afeditab tab 60mg cr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate tab 2.5 mg (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate tab 5 mg (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate tab 10 mg (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CARDENE IV INJ 40/200ML</td>
<td>Non-PREFERRED BRAND</td>
<td></td>
</tr>
<tr>
<td>CARDENE IV SOL 20/200ML</td>
<td>Non-PREFERRED BRAND</td>
<td></td>
</tr>
<tr>
<td>CARDIZEM LA TAB 120MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>cartia xt cap 120/24hr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cartia xt cap 180/24hr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cartia xt cap 240/24hr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cartia xt cap 300/24hr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl cap er 12hr 60 mg</td>
<td>Generic</td>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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**DIGITALIS GLYCOSIDES**

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**DIRECT RENIN INHIBITORS/COMBINATIONS**

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**DIURETICS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
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**MISCELLANEOUS**

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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
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**NITRATES**

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<tr>
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<td>isosorbide dinitrate tab er 40 mg</td>
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<tr>
<td>isosorbide mononitrate tab 10 mg</td>
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<td></td>
</tr>
<tr>
<td>isosorbide mononitrate tab 20 mg</td>
<td>Generic</td>
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<tr>
<td>isosorbide mononitrate tab er 24hr 30 mg</td>
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<td>isosorbide mononitrate tab er 24hr 60 mg</td>
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<tr>
<td>isosorbide mononitrate tab er 24hr 120 mg</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>minitran dis 0.1mg/hr</td>
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</tr>
<tr>
<td>minitran dis 0.2mg/hr</td>
<td>Generic</td>
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</tr>
<tr>
<td>minitran dis 0.4mg/hr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>minitran dis 0.6mg/hr</td>
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<td></td>
</tr>
<tr>
<td>NITRO-BID OIN 2%</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>NITRO-DUR DIS 0.3MG/HR</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>NITRO-DUR DIS 0.8MG/HR</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>NITROGLYCER INJ 5MG/ML</td>
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<td></td>
</tr>
<tr>
<td>nitroglycerin iv soln 100 mcg/ml in d5w</td>
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<td></td>
</tr>
<tr>
<td>nitroglycerin iv soln 200 mcg/ml in d5w</td>
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<td></td>
</tr>
<tr>
<td>nitroglycerin iv soln 400 mcg/ml in d5w</td>
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</tr>
<tr>
<td>nitroglycerin sl tab 0.3 mg</td>
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<td>nitroglycerin sl tab 0.4 mg</td>
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<td>nitroglycerin sl tab 0.6 mg</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.1 mg/hr</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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<tr>
<td>ADCIRCA TAB 20MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (60 tabs / 30 days), PA, ST; SP</td>
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<tr>
<td>ADEMPAS TAB 0.5MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>ADEMPAS TAB 1.5MG</td>
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<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
<tr>
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<td>Non-Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>ADEMPAS TAB 2.5MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>ADEMPAS TAB 2MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>epoprostenol sodium for inj 0.5 mg</td>
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<td>PA; MB; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
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<tr>
<td>epoprostenol sodium for inj 1.5 mg</td>
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<td>PA; MB; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
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</tr>
<tr>
<td>LETAIRIS TAB 5MG</td>
<td>Preferred</td>
<td>QL (30 tabs / 30 days), PA; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
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</tr>
<tr>
<td>LETAIRIS TAB 10MG</td>
<td>Preferred</td>
<td>QL (30 tabs / 30 days), PA; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
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<td>QL (30 tabs / 30 days), PA; SP</td>
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<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>ORENITRAM TAB 0.25MG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>ORENITRAM TAB 0.125MG</td>
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<td>PA; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
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</tr>
<tr>
<td>ORENITRAM TAB 1MG</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>ORENITRAM TAB 2.5MG</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
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<td></td>
<td>Specialty</td>
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<tr>
<td>ORENITRAM TAB 5MG</td>
<td>Preferred</td>
<td>PA; SP</td>
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<tr>
<td></td>
<td>Specialty</td>
<td></td>
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<tr>
<td>REMODULIN INJ 1MG/ML</td>
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<td>PA; MB; SP</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>REMODULIN INJ 2.5MG/ML</td>
<td>Non-Preferred</td>
<td>PA; MB; SP</td>
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<td></td>
<td>Specialty</td>
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<tr>
<td>REMODULIN INJ 5MG/ML</td>
<td>Non-Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>REMODULIN INJ 10MG/ML</td>
<td>Non-Preferred</td>
<td>PA; MB; SP</td>
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<td></td>
<td>Specialty</td>
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</tr>
<tr>
<td>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</td>
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<td>PA; SP</td>
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<tr>
<td>sildenafil citrate tab 20 mg</td>
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<tr>
<td>tadalafil tab 20 mg (pah)</td>
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<td>TRACLEER TAB 32MG</td>
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<td>TRACLEER TAB 62.5MG</td>
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<tr>
<td>TRACLEER TAB 125MG</td>
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<td>QL (60 tabs / 30 days), PA; SP</td>
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<tr>
<td>TYVASO START SOL 0.6MG/ML</td>
<td>Preferred</td>
<td>QL (28 ampules / 28 days), PA; MB; SP</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>UPTRAVI TAB 200/800</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 200MCG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 400MCG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 600MCG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 800MCG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 1000MCG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 1200MCG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 1400MCG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>UPTRAVI TAB 1600MCG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>VENTAVIS SOL 10MCG/ML</td>
<td>Preferred Specialty</td>
<td>QL (270 ampules / 30 days), PA; MB; SP</td>
</tr>
<tr>
<td>VENTAVIS SOL 20MCG/ML</td>
<td>Preferred Specialty</td>
<td>QL (270 ampules / 30 days), PA; MB; SP</td>
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</table>

**CENTRAL NERVOUS SYSTEM**

**ANTIANXIETY**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>ALPRAZOLAM CON 1 MG/ML</td>
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<td>QL (120 mL / 25 days)</td>
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<tr>
<td>alprazolam orally disintegrating tab 0.5 mg</td>
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<td>QL (90 tabs / 25 days)</td>
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<tr>
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<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam orally disintegrating tab 1 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam orally disintegrating tab 2 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam tab 0.5 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam tab 0.25 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam tab 1 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>alprazolam tab 2 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>lorazepam conc 2 mg/ml</td>
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<td>QL (150 mL / 25 days)</td>
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<tr>
<td>lorazepam tab 0.5 mg</td>
<td>Generic</td>
<td>QL (150 tabs / 25 days)</td>
</tr>
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<td>lorazepam tab 1 mg</td>
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<td>QL (150 tabs / 25 days)</td>
</tr>
<tr>
<td>lorazepam tab 2 mg</td>
<td>Generic</td>
<td>QL (150 tabs / 25 days)</td>
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<tr>
<td>meprobamate tab 200 mg</td>
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<tr>
<td>meprobamate tab 400 mg</td>
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<tr>
<td>oxazepam cap 10 mg</td>
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<td>QL (120 caps / 25 days)</td>
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<tr>
<td>oxazepam cap 15 mg</td>
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<td>QL (120 caps / 25 days)</td>
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<tr>
<td>oxazepam cap 30 mg</td>
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<td>QL (120 caps / 25 days)</td>
</tr>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA**** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>ANTICONVULSANTS§</td>
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<td>PA</td>
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<tr>
<td>APTIOM TAB 400MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>APTIOM TAB 600MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>APTIOM TAB 800MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>BANZEL SUS 40MG/ML</td>
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</tr>
<tr>
<td>BANZEL TAB 200MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>BANZEL TAB 400MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
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<tr>
<td>BRIVIACT INJ 50MG/5ML</td>
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</tr>
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<td>BRIVIACT SOL 10MG/ML</td>
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<td>BRIVIACT TAB 10MG</td>
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<td>BRIVIACT TAB 100MG</td>
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<tr>
<td>carbamazepine cap er 12hr 100 mg</td>
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<tr>
<td>carbamazepine cap er 12hr 300 mg</td>
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<tr>
<td>carbamazepine chew tab 100 mg</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
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<tr>
<td>carbamazepine tab er 12hr 100 mg</td>
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<td>carbamazepine tab er 12hr 200 mg</td>
<td>Generic</td>
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<td>PA</td>
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<tr>
<td>clorazepate dipotassium tab 3.75 mg</td>
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<td>QL (240 mL / 25 days)</td>
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<td>QL (1200 mL / 25 days)</td>
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<td>felbamate tab 600 mg</td>
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<tr>
<td>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</td>
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<tr>
<td>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
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<td>Drug Name</td>
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<td>LYRICA SOL 20MG/ML</td>
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<td>ST; PA**</td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
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<tr>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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<thead>
<tr>
<th>Drug Name</th>
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<td><strong>amitriptyline hcl tab 75 mg</strong></td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>amitriptyline hcl tab 100 mg</td>
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<tr>
<td>amitriptyline hcl tab 150 mg</td>
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<td>PA; Members 70 and older subject to PA</td>
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<td>amoxapine tab 25 mg</td>
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<td>QL (30 tabs / 25 days); QL applies to members age 65 and older</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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</tr>
<tr>
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<tr>
<td>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</td>
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<td>ST; (generic of Pristiq) PA**</td>
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<tr>
<td>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</td>
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<td>ST; (generic of Pristiq) PA**</td>
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<td>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</td>
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<td>ST; (generic of Pristiq) PA**</td>
</tr>
<tr>
<td>doxepin hcl cap 10 mg</td>
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<td>QL (90 caps / 25 days); QL applies to members age 65 and older</td>
</tr>
<tr>
<td>doxepin hcl cap 25 mg</td>
<td>Generic</td>
<td>QL (90 caps / 25 days); QL applies to members age 65 and older</td>
</tr>
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<td>doxepin hcl cap 50 mg</td>
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<tr>
<td>doxepin hcl cap 150 mg</td>
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<td>QL (30 caps / 25 days); QL applies to members age 65 and older</td>
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<tr>
<td>doxepin hcl conc 10 mg/ml</td>
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<td>QL (450 mL / 25 days); QL applies to members age 65 and older</td>
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<td>PA</td>
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<tr>
<td>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</td>
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<tr>
<td>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</td>
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<td>PA</td>
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<tr>
<td>EMSAM DIS 6MG/24HR</td>
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</tr>
<tr>
<td>EMSAM DIS 9MG/24HR</td>
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<td>PA</td>
</tr>
<tr>
<td>EMSAM DIS 12MG/24H</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>escitalopram oxalate soln 5 mg/5ml (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>escitalopram oxalate tab 5 mg (base equiv)</td>
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</tr>
<tr>
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<tr>
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<tr>
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<td>FETZIMA CAP 40MG</td>
<td>Non-Preferred Brand</td>
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<td>FETZIMA CAP 80MG</td>
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<td>FETZIMA CAP 120MG</td>
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<td>ST; PA**</td>
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<td>FETZIMA CAP TITRATIO</td>
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<td>ST; PA**</td>
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<td>fluoxetine hcl cap 10 mg</td>
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<td>fluoxetine hcl tab 20 mg</td>
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<td>(generic Sarafem not covered)</td>
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<td>imipramine hcl tab 25 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days); QL applies to members age 65 and older</td>
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<td>QL (60 tabs / 25 days); QL applies to members age 65 and older</td>
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<tr>
<td>imipramine pamoate cap 75 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days); QL applies to members age 65 and older</td>
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<tr>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>imipramine pamoate cap 125 mg</td>
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<tr>
<td>imipramine pamoate cap 150 mg</td>
<td>Generic</td>
<td>PA; Members 70 and older subject to PA</td>
</tr>
<tr>
<td>maprotiline hcl tab 25 mg</td>
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</tr>
<tr>
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<tr>
<td>maprotiline hcl tab 75 mg</td>
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</tr>
<tr>
<td>MARPLAN TAB 10MG</td>
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</tr>
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<td>mirtazapine orally disintegrating tab 30 mg</td>
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<td>mirtazapine orally disintegrating tab 45 mg</td>
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<td>mirtazapine tab 15 mg</td>
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<tr>
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<tr>
<td>nortriptyline hcl cap 25 mg</td>
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<td>QL (60 caps / 25 days); QL applies to members age 65 and older</td>
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<td>nortriptyline hcl cap 50 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days); QL applies to members age 65 and older</td>
</tr>
<tr>
<td>nortriptyline hcl cap 75 mg</td>
<td>Generic</td>
<td>PA; Members 70 and older subject to PA</td>
</tr>
<tr>
<td>nortriptyline hcl soln 10 mg/5ml</td>
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<tr>
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<td>paroxetine hcl tab 40 mg</td>
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<td>paroxetine hcl tab er 24hr 25 mg</td>
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<tr>
<td>paroxetine hcl tab er 24hr 37.5 mg</td>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
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<td>QL (60 tabs / 25 days); QL applies to members age 65 and older</td>
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<tr>
<td>sertraline hcl oral concentrate for solution 20 mg/ml</td>
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<tr>
<td>sertraline hcl tab 25 mg</td>
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<tr>
<td>sertraline hcl tab 50 mg</td>
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<tr>
<td>sertraline hcl tab 100 mg</td>
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<tr>
<td>tranylcypromine sulfate tab 10 mg</td>
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<tr>
<td>trazodone hcl tab 50 mg</td>
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<tr>
<td>trazodone hcl tab 100 mg</td>
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<tr>
<td>trazodone hcl tab 150 mg</td>
<td>Generic</td>
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<tr>
<td>trazodone hcl tab 300 mg</td>
<td>Generic</td>
<td></td>
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<td>trimipramine maleate cap 25 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days); QL applies to members age 65 and older</td>
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<td>QL (60 caps / 25 days); QL applies to members age 65 and older</td>
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<tr>
<td>TRINTELLIX TAB 5MG</td>
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<td>ST; PA**</td>
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<tr>
<td>TRINTELLIX TAB 20MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
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<tr>
<td>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</td>
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<tr>
<td>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</td>
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<tr>
<td>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</td>
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<tr>
<td>venlafaxine hcl tab 25 mg</td>
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<tr>
<td>venlafaxine hcl tab 37.5 mg</td>
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<td>venlafaxine hcl tab 100 mg</td>
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<tr>
<td>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</td>
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<td>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</td>
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<tr>
<td>VIIBRYD KIT STARTER</td>
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<td>ST; PA**</td>
</tr>
<tr>
<td>VIIBRYD TAB 10MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>VIIBRYD TAB 20MG</td>
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<td>ST; PA**</td>
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<td>VIIBRYD TAB 40MG</td>
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**ANTIPARKINSONIAN AGENTS**

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<tbody>
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<td>amantadine hcl cap 100 mg</td>
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<tr>
<td>amantadine hcl syrup 50 mg/5ml</td>
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<td>amantadine hcl tab 100 mg</td>
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<tr>
<td>APOKYN INJ 10MG/ML</td>
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<td>benztropine mesylate inj 1 mg/ml</td>
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<td>benztropine mesylate tab 0.5 mg</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit
PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA*** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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**ATTENTION DEFICIT HYPERACTIVITY DISORDERS**

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**NOTES:**
- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **MB** - Medical Benefit
- **PA** - Applies if Step not met
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<td>dexamethasone cap er 24 hr 35 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days)</td>
</tr>
<tr>
<td>dexamethasone cap er 24 hr 40 mg</td>
<td>Generic</td>
<td>QL (30 caps / 25 days)</td>
</tr>
<tr>
<td>dexamethasone cap 2.5 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days)</td>
</tr>
<tr>
<td>dexamethasone cap 5 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days)</td>
</tr>
<tr>
<td>dexamethasone cap 10 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>dextroamphetamine sulfate cap er 24hr 10 mg</td>
<td>Generic</td>
<td>QL (120 caps / 25 days)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate cap er 24hr 15 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days)</td>
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<td>dextroamphetamine sulfate oral solution 5 mg/5ml</td>
<td>Generic</td>
<td>QL (1,200 mL / 25 days)</td>
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<tr>
<td>dextroamphetamine sulfate tab 5 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tab 10 mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days)</td>
</tr>
<tr>
<td>guanfacine hcl tab er 24hr 1 mg (base equiv)</td>
<td>Generic</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>guanfacine hcl tab er 24hr 2 mg (base equiv)</td>
<td>Generic</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>guanfacine hcl tab er 24hr 3 mg (base equiv)</td>
<td>Generic</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>guanfacine hcl tab er 24hr 4 mg (base equiv)</td>
<td>Generic</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>methamphetamine hcl tab 5 mg</td>
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</tr>
<tr>
<td>methylphenidate hcl cap er 10 mg (cd)</td>
<td>Generic</td>
<td>QL (60 caps / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl cap er 20 mg (cd)</td>
<td>Generic</td>
<td>QL (60 caps / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl cap er 24hr 20 mg (la)</td>
<td>Generic</td>
<td>QL (60 caps / 25 days)</td>
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<tr>
<td>methylphenidate hcl cap er 24hr 30 mg (la)</td>
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<td>methylphenidate hcl cap er 24hr 40 mg (la)</td>
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<tr>
<td>methylphenidate hcl cap er 24hr 60 mg (la)</td>
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<tr>
<td>methylphenidate hcl cap er 30 mg (cd)</td>
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<td>QL (60 caps / 25 days)</td>
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<tr>
<td>methylphenidate hcl cap er 40 mg (cd)</td>
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<tr>
<td>methylphenidate hcl cap er 60 mg (cd)</td>
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<tr>
<td>methylphenidate hcl cap er 24hr 18 mg</td>
<td>Generic</td>
<td>QL (90 caps / 25 days)</td>
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<tr>
<td>methylphenidate hcl cap er 24hr 27 mg</td>
<td>Generic</td>
<td>QL (60 caps / 25 days)</td>
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<tr>
<td>methylphenidate hcl chew tab 5 mg</td>
<td>Generic</td>
<td>QL (180 chew tabs / 25 days)</td>
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<tr>
<td>methylphenidate hcl chew tab 10 mg</td>
<td>Generic</td>
<td>QL (180 chew tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl soln 5 mg/5ml</td>
<td>Generic</td>
<td>QL (1800 mL / 25 days)</td>
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<tr>
<td>methylphenidate hcl soln 10 mg/5ml</td>
<td>Generic</td>
<td>QL (900 mL / 25 days)</td>
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<tr>
<td>methylphenidate hcl tab 5 mg</td>
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<td>QL (180 tabs / 25 days)</td>
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<tr>
<td>methylphenidate hcl tab 20 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
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<tr>
<td>methylphenidate hcl tab er 10 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er 20 mg</td>
<td>Generic</td>
<td>QL (90 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er 24hr 18 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>methylphenidate hcl tab er 24hr 27 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>methylphenidate hcl tab er 24hr 36 mg</td>
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<tr>
<td>methylphenidate hcl tab er 24hr 54 mg</td>
<td>Generic</td>
<td>QL (30 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er osmotic release (osm) 18 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er osmotic release (osm) 27 mg</td>
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<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er osmotic release (osm) 36 mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>methylphenidate hcl tab er osmotic release (osm) 54 mg</td>
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<td>QL (30 tabs / 25 days)</td>
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<td>Preferred Brand</td>
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</tr>
<tr>
<td>VYVANSE CAP 30MG</td>
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<td>VYVANSE CAP 40MG</td>
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<tr>
<td>VYVANSE CAP 70MG</td>
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</tr>
<tr>
<td>VYVANSE CHW 10MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VYVANSE CHW 20MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VYVANSE CHW 30MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VYVANSE CHW 40MG</td>
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<td></td>
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<tr>
<td>VYVANSE CHW 50MG</td>
<td>Preferred Brand</td>
<td></td>
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<tr>
<td>VYVANSE CHW 60MG</td>
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<td>zenzedi tab 7.5mg</td>
<td>Generic</td>
<td>QL (120 tabs / 25 days)</td>
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<tr>
<td>zenzedi tab 15mg</td>
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<tr>
<td>zenzedi tab 20mg</td>
<td>Generic</td>
<td>QL (60 tabs / 25 days)</td>
</tr>
<tr>
<td>zenzedi tab 30mg</td>
<td>Generic</td>
<td>QL (30 tabs / 25 days)</td>
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<tr>
<td>HYPNOTICS§</td>
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<td></td>
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<tr>
<td>BELSOMRA TAB 5MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>BELSOMRA TAB 10MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELSOMRA TAB 15MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>BELSOMRA TAB 20MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>eszopiclone tab 1 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
</tr>
<tr>
<td>eszopiclone tab 2 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
</tr>
<tr>
<td>eszopiclone tab 3 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
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<tr>
<td>HETLIOZ CAP 20MG</td>
<td>Non-Preferred Specialty</td>
<td>QL (30 caps / 30 days), PA; SP</td>
</tr>
<tr>
<td>ROZEREM TAB 8MG</td>
<td>Non-Preferred Brand</td>
<td>QL (15 tabs / 25 days), ST; PA**</td>
</tr>
<tr>
<td>SILENOR TAB 3MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST; QL applies to members age 65 and older; PA**</td>
</tr>
<tr>
<td>SILENOR TAB 6MG</td>
<td>Preferred Brand</td>
<td>QL (30 tabs / 25 days), ST; QL applies to members age 65 and older; PA**</td>
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<tr>
<td>sleep-aid tab 25mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>temazepam cap 7.5 mg</td>
<td>Generic</td>
<td>QL (15 caps / 25 days)</td>
</tr>
<tr>
<td>temazepam cap 15 mg</td>
<td>Generic</td>
<td>QL (15 caps / 25 days)</td>
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<tr>
<td>temazepam cap 22.5 mg</td>
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<td>QL (15 caps / 25 days)</td>
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<tr>
<td>temazepam cap 30 mg</td>
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<td>QL (15 caps / 25 days)</td>
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<tr>
<td>zaleplon cap 5 mg</td>
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<td>QL (15 caps / 25 days)</td>
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<tr>
<td>zaleplon cap 10 mg</td>
<td>Generic</td>
<td>QL (15 caps / 25 days)</td>
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<tr>
<td>zolpidem tartrate tab 5 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab 10 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab er 6.25 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
</tr>
<tr>
<td>zolpidem tartrate tab er 12.5 mg</td>
<td>Generic</td>
<td>QL (15 tabs / 25 days)</td>
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</tbody>
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**MIGRAINE§**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>almotriptan malate tab 6.25 mg</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
<tr>
<td>almotriptan malate tab 12.5 mg</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
<tr>
<td>dihydroergotamine mesylate inj 1 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal spray 4 mg/ml</td>
<td>Generic</td>
<td>QL (8 units / 25 days)</td>
</tr>
<tr>
<td>eletriptan hydrobromide tab 20 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
<tr>
<td>eletriptan hydrobromide tab 40 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
<tr>
<td>ergotamine w/ caffeine tab 1-100 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>frovatriptan succinate tab 2.5 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (18 tabs / 25 days)</td>
</tr>
<tr>
<td>naratriptan hcl tab 1 mg (base equiv)</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>naratriptan hcl tab 2.5 mg (base equiv)</td>
<td>Generic</td>
<td>QL (12 tabs / 25 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</td>
<td>Generic</td>
<td>QL (18 tabs / 25 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</td>
<td>Generic</td>
<td>QL (18 tabs / 25 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 5 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (18 tabs / 25 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 10 mg (base equivalent)</td>
<td>Generic</td>
<td>QL (18 tabs / 25 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray 5 mg/act</td>
<td>Generic</td>
<td>QL (24 sprays / 25 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray 20 mg/act</td>
<td>Generic</td>
<td>QL (12 sprays / 25 days)</td>
</tr>
<tr>
<td>sumatriptan succinate inj 6 mg/0.5ml</td>
<td>Generic</td>
<td>QL (12 vials / 25 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml</td>
<td>Generic</td>
<td>QL (18 syringes / 25 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml</td>
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<td>QL (12 units / 25 days)</td>
</tr>
<tr>
<td>sumatriptan succinate solution cartridge 4 mg/0.5ml</td>
<td>Generic</td>
<td>QL (18 syringes / 25 days)</td>
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<tr>
<td>sumatriptan succinate solution cartridge 6 mg/0.5ml</td>
<td>Generic</td>
<td>QL (12 units / 25 days)</td>
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<td>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</td>
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<td>sumatriptan succinate tab 25 mg</td>
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<td>sumatriptan succinate tab 50 mg</td>
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<td>zolmitriptan orally disintegrating tab 2.5 mg</td>
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<td>ZOMIG SPR 2.5MG</td>
<td>Non-Preferred Brand</td>
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<td>ZOMIG SPR 5MG</td>
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**MISCELLANEOUS**

<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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<td>buspirone hcl tab 5 mg</td>
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<tr>
<td>buspirone hcl tab 7.5 mg</td>
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<td>buspirone hcl tab 15 mg</td>
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<td>buspirone hcl tab 30 mg</td>
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</tbody>
</table>

PA - Prior Authorization     QL - Quantity Limits     ST - Step Therapy     MB - Medical Benefit     PA** - Applies if Step not met     OC - Oral Oncology Medication     SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clomipramine hcl cap 25 mg</td>
<td>Generic</td>
<td>QL (150 caps / 25 days); QL applies to members age 65 and older</td>
</tr>
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<td>clomipramine hcl cap 50 mg</td>
<td>Generic</td>
<td>QL (150 caps / 25 days); QL applies to members age 65 and older</td>
</tr>
<tr>
<td>clomipramine hcl cap 75 mg</td>
<td>Generic</td>
<td>QL (90 caps / 25 days); QL applies to members age 65 and older</td>
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<tr>
<td>fluvoxamine maleate cap er 24hr 100 mg</td>
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<tr>
<td>fluvoxamine maleate cap er 24hr 150 mg</td>
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<tr>
<td>fluvoxamine maleate tab 25 mg</td>
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<tr>
<td>REGONOL INJ 5MG/ML</td>
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<tr>
<td>SAVELLA MIS TITR PAK</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SAVELLA TAB 12.5MG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVELLA TAB 25MG</td>
<td>Non-Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>SAVELLA TAB 50MG</td>
<td>Non-Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>SAVELLA TAB 100MG</td>
<td>Non-Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>tetrabenazine tab 12.5 mg</td>
<td>Preferred</td>
<td>QL (240 tabs / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>tetrabenazine tab 25 mg</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
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</table>

**MULTIPLE SCLEROSIS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>AMPYRA TAB 10MG</td>
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<td>QL (60 tabs / 30 days),</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>AUBAGIO TAB 7MG</td>
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<td>QL (30 tabs / 30 days),</td>
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<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AUBAGIO TAB 14MG</td>
<td>Preferred</td>
<td>QL (30 tabs / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AVONEX KIT 30MCG</td>
<td>Non-Preferred</td>
<td>QL (4 injections / 28 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA, ST; SP</td>
</tr>
<tr>
<td>AVONEX PEN KIT 30MCG</td>
<td>Non-Preferred</td>
<td>QL (4 injections / 28 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA, ST; SP</td>
</tr>
<tr>
<td>AVONEX PREFL KIT 30MCG</td>
<td>Non-Preferred</td>
<td>QL (4 injections / 28 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA, ST; SP</td>
</tr>
<tr>
<td>BETASERON INJ 0.3MG</td>
<td>Preferred</td>
<td>QL (14 injections / 28 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>COPAXONE INJ 20MG/ML</td>
<td>Preferred</td>
<td>QL (30 injections / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>COPAXONE INJ 40MG/ML</td>
<td>Preferred</td>
<td>QL (12 syringes / 28 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>dalfampridine tab er 12hr 10 mg</td>
<td>Non-Preferred</td>
<td>QL (60 tabs / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GILENYA CAP 0.5MG</td>
<td>Preferred</td>
<td>QL (30 caps / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>glatiramer acetate soln prefilled syringe 40 mg/ml</td>
<td>Preferred Brand</td>
<td>QL (12 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>glatopa inj 20mg/ml</td>
<td>Preferred</td>
<td>QL (30 injections / 30 days),</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**Notes:**
- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **MB** - Medical Benefit
- **PA** - Applies if Step not met
- **OC** - Oral Oncology Medication
- **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEGRIDY INJ</td>
<td>Non-Preferred Specialty</td>
<td>QL (1 carton / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>PLEGRIDY INJ PEN</td>
<td>Non-Preferred Specialty</td>
<td>QL (1 carton / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>PLEGRIDY INJ STARTER</td>
<td>Non-Preferred Specialty</td>
<td>QL (1 kit / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>PLEGRIDY PEN INJ STARTER</td>
<td>Non-Preferred Specialty</td>
<td>QL (1 pack / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>REBIF INJ 22/0.5</td>
<td>Preferred Specialty</td>
<td>QL (12 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>REBIF INJ 44/0.5</td>
<td>Preferred Specialty</td>
<td>QL (12 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>REBIF REBIDO INJ 22/0.5</td>
<td>Preferred Specialty</td>
<td>QL (12 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>REBIF REBIDO INJ 44/0.5</td>
<td>Preferred Specialty</td>
<td>QL (12 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>REBIF REBIDO INJ TITRATN</td>
<td>Preferred Specialty</td>
<td>QL (1 box / 28 days), PA; SP</td>
</tr>
<tr>
<td>REBIF TITRTN INJ PACK</td>
<td>Preferred Specialty</td>
<td>QL (1 box / 28 days), PA; SP</td>
</tr>
<tr>
<td>TECFIDERA CAP 120MG</td>
<td>Preferred Specialty</td>
<td>QL (14 caps / 7 days), PA; SP</td>
</tr>
<tr>
<td>TECFIDERA CAP 240MG</td>
<td>Preferred Specialty</td>
<td>QL (60 caps / 30 days), PA; SP</td>
</tr>
<tr>
<td>TECFIDERA MIS STARTER</td>
<td>Preferred Specialty</td>
<td>QL (1 kit / 30 days), PA; SP</td>
</tr>
<tr>
<td>TYSABRI INJ 300/15ML</td>
<td>Preferred Specialty</td>
<td>QL (1 vial / 28 days), PA; MB; SP</td>
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</table>

**MUSCULOSKELETAL THERAPY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>baclofen tab 5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>baclofen tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>baclofen tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carisoprodol tab 250 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>carisoprodol tab 350 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>chlorzoxazone tab 500 mg</td>
<td>Generic</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>cyclobenzaprine hcl tab 5 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>cyclobenzaprine hcl tab 7.5 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>cyclobenzaprine hcl tab 10 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>dantrolene sodium cap 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium cap 50 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium cap 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metaxalone tab 400 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>metaxalone tab 800 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>methocarbamol tab 500 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>methocarbamol tab 750 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>orphenadrine citrate inj 30 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate tab er 12hr 100 mg</td>
<td>Generic</td>
<td>PA; High Risk Mediations require PA for members age 70 and older</td>
</tr>
<tr>
<td>tizanidine hcl tab 2 mg (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl tab 4 mg (base equivalent)</td>
<td>Generic</td>
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</tr>
<tr>
<td><strong>NARCOLEPSY/CATAPLEXY</strong></td>
<td></td>
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<tr>
<td>armodafinil tab 50 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 150 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 200 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 250 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>modafinil tab 100 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>modafinil tab 200 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>XYREM SOL 500MG/ML</td>
<td>Preferred</td>
<td>SP</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td><strong>PSYCHOTHERAPEUTIC-MISC</strong></td>
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<tr>
<td>acamprosate calcium tab delayed release 333 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>CHANTIX PAK 0.5&amp; 1MG</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>CHANTIX PAK 1MG</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>CHANTIX TAB 0.5MG</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>CHANTIX TAB 1MG</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>disulfiram tab 250 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>disulfiram tab 500 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>naloxone hcl inj 0.4 mg/ml</td>
<td>Generic</td>
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<tr>
<td>naloxone hcl inj 4 mg/10ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>naloxone hcl soln cartridge 0.4 mg/ml</td>
<td>Generic</td>
<td></td>
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<tr>
<td>naloxone hcl soln prefilled syringe 2 mg/2ml</td>
<td>Generic</td>
<td></td>
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<tr>
<td>naltrexone hcl tab 50 mg</td>
<td>Preventive</td>
<td>$0 copay</td>
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<tr>
<td>NARCAN SPR</td>
<td>Preferred Brand</td>
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<tr>
<td>nicorelief gum 4mg mint</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine dis 7mg/24hr</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine pol loz 4mg mint</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine polacrilex gum 2 mg</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine polacrilex gum 4 mg</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine polacrilex lozenge 2 mg</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine td patch 24hr 7 mg/24hr</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine td patch 24hr 14 mg/24hr</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>nicotine td patch 24hr 21 mg/24hr</td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>NICOTROL INH</td>
<td>Preventive</td>
<td>QL (max 168 days / year); $0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>NICOTROL NS SPR 10MG/ML</td>
<td>Preventive</td>
<td>QL (max 168 days / year); $0 limited to 2 treatment cycles/year</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>sm nicotine dis 7mg/24hr</em></td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td><em>sm nicotine dis 14mg/24h</em></td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td><em>sm nicotine dis 21mg</em></td>
<td>Preventive</td>
<td>$0 limited to 2 treatment cycles/year</td>
</tr>
<tr>
<td>VIVITROL INJ 380MG</td>
<td>Preferred Brand</td>
<td>QL (1 vial / 30 days), PA</td>
</tr>
</tbody>
</table>

**ENDOCRINE AND METABOLIC**

**ANDROGENS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANADROL-50 TAB 50MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>INTRAROSA SUP 6.5MG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>methyltestosterone cap 10 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>oxandrolone tab 2.5 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>oxandrolone tab 10 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone cypionate im inj in oil 200 mg/ml</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone enanthate im inj in oil 200 mg/ml</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone td gel 25 mg/2.5gm (1%)</td>
<td>Generic</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>acarbose tab 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acarbose tab 50 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acarbose tab 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>miglitol tab 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>miglitol tab 50 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>miglitol tab 100 mg</td>
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</table>

**ANTIDIABETICS, AMYLIN ANALOGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMLINPEN 60 INJ 1000MCG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYMLINPEN 120 INJ 1000MCG</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**ANTIDIABETICS, BIGUANIDE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>metformin hcl tab 500 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>metformin hcl tab 850 mg</td>
<td>Preferred</td>
<td>Generic</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>metformin hcl tab 1000 mg</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab er 24hr 500 mg</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab er 24hr 750 mg</td>
<td>Preferred Generic</td>
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</tr>
</tbody>
</table>

**ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>glipizide-metformin hcl tab 2.5-250 mg</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl tab 2.5-500 mg</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl tab 5-500 mg</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>glyburide-metformin tab 1.25-250 mg</td>
<td>Preferred Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide-metformin tab 2.5-500 mg</td>
<td>Preferred Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide-metformin tab 5-500 mg</td>
<td>Preferred Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
</tbody>
</table>

**ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benzoate tab 6.25 mg (base equiv)</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>alogliptin benzoate tab 12.5 mg (base equiv)</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>alogliptin benzoate tab 25 mg (base equiv)</td>
<td>Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 25MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JANUVIA TAB 50MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JANUVIA TAB 100MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>TRADJENTA TAB 5MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
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**ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CYCLOSET TAB 0.8MG</td>
<td>Non-Preferred Brand</td>
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**ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>JANUMET TAB 50-500MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUMET TAB 50-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JANUMET XR TAB 50-500MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JANUMET XR TAB 50-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JANUMET XR TAB 100-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JENTADUETO TAB XR</td>
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<td>ST; PA**</td>
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**ANTIDIABETICS, INCRETIN MIMETIC AGENTS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OZEMPIC INJ 2/1.5ML</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>TRULICITY INJ 0.75/0.5</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>TRULICITY INJ 1.5/0.5</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>VICTOZA INJ 18MG/3ML</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS**

<table>
<thead>
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<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>SOLIQUA INJ 100/33</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>XULTOPHY INJ 100/3.6</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
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**ANTIDIABETICS, INSULIN**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>BASAGLAR INJ 100UNIT</td>
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</tr>
<tr>
<td>FIASP FLEX INJ TOUCH</td>
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<td></td>
</tr>
<tr>
<td>FIASP INJ 100/ML</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>HUMULIN INJ 70/30</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>HUMULIN INJ 70/30KWP</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>HUMULIN N INJ U-100</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>HUMULIN N INJ U-100KWP</td>
<td>Non-Preferred Brand</td>
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</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>HUMULIN R INJ U-100</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>HUMULIN R INJ U-500</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>LEVEMIR INJ</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>LEVEMIR INJ FLEXTOUC</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>NOVOLIN INJ 70/30</td>
<td>Preferred Brand</td>
<td>RELION not covered</td>
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<tr>
<td>NOVOLIN INJ FLEXPEN</td>
<td>Preferred Brand</td>
<td>RELION not covered</td>
</tr>
<tr>
<td>NOVOLIN N INJ U-100</td>
<td>Preferred Brand</td>
<td>RELION not covered</td>
</tr>
<tr>
<td>NOVOLIN R INJ U-100</td>
<td>Preferred Brand</td>
<td>RELION not covered</td>
</tr>
<tr>
<td>NOVOLOG INJ 100/ML</td>
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</tr>
<tr>
<td>NOVOLOG INJ FLEXPEN</td>
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</tr>
<tr>
<td>NOVOLOG INJ PENFILL</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>NOVOLOG MIX INJ 70/30</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>NOVOLOG MIX INJ FLEXPEN</td>
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<td></td>
</tr>
<tr>
<td>TRESIBA FLEX INJ 100UNIT</td>
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<tr>
<td>TRESIBA FLEX INJ 200UNIT</td>
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<tr>
<td>TRESIBA INJ 100UNIT</td>
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**ANTIDIABETICS, INSULIN SENSITIZER**

<table>
<thead>
<tr>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>pioglitazone hcl tab 15 mg (base equiv)</td>
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<tr>
<td>pioglitazone hcl tab 30 mg (base equiv)</td>
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<tr>
<td>pioglitazone hcl tab 45 mg (base equiv)</td>
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**ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-500 mg</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-850 mg</td>
<td>Preferred Brand</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><strong>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-glimepiride tab 30-2 mg</td>
<td>Preferred</td>
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</tr>
<tr>
<td>pioglitazone hcl-glimepiride tab 30-4 mg</td>
<td>Preferred</td>
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</tr>
<tr>
<td><strong>ANTIDIABETICS, MEGLITINIDE</strong></td>
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<tr>
<td>nateglinide tab 60 mg</td>
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<tr>
<td>nateglinide tab 120 mg</td>
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</tr>
<tr>
<td>repaglinide tab 0.5 mg</td>
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<td></td>
</tr>
<tr>
<td>repaglinide tab 1 mg</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>repaglinide tab 2 mg</td>
<td>Preferred</td>
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<tr>
<td><strong>ANTIDIABETICS, MEGLITINIDE/Biguanide COMBINATION</strong></td>
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<tr>
<td>repaglinide-metformin hcl tab 1-500 mg</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>repaglinide-metformin hcl tab 2-500 mg</td>
<td>Preferred</td>
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<tr>
<td><strong>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYNJARDY TAB</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY TAB 5-500MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY TAB 5-1000MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY TAB 12.5-500</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY XR TAB</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY XR TAB 5-1000MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY XR TAB 10-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>SYNJARDY XR TAB 25-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>XIGDUO XR TAB 2.5-1000</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
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<tr>
<td>XIGDUO XR TAB 5-500MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>XIGDUO XR TAB 5-1000MG</td>
<td>Preferred Brand</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XIGDUO XR TAB 10-500MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>XIGDUO XR TAB 10-1000</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORTER2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYXAMBI TAB 10-5 MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>GLYXAMBI TAB 25-5 MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>QTERN TAB 10MG/5MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB</strong></td>
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</tr>
<tr>
<td>FARXIGA TAB 5MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>FARXIGA TAB 10MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JARDIANCE TAB 10MG</td>
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<td>ST; PA**</td>
</tr>
<tr>
<td>JARDIANCE TAB 25MG</td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, SULFONYLUREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>glimepiride tab 1 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glimepiride tab 2 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glimepiride tab 4 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glipizide tab 5 mg</td>
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<td>Generic</td>
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<tr>
<td>glipizide tab 10 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glipizide tab er 24hr 2.5 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glipizide tab er 24hr 5 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glipizide tab er 24hr 10 mg</td>
<td>Preferred</td>
<td>Generic</td>
</tr>
<tr>
<td>glyburide micronized tab 1.5 mg</td>
<td>Preferred</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glyburide micronized tab 3 mg</td>
<td>Preferred</td>
<td>PA; High Risk</td>
</tr>
<tr>
<td></td>
<td>Generic</td>
<td>Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide micronized tab 6 mg</td>
<td>Preferred</td>
<td>PA; High Risk</td>
</tr>
<tr>
<td></td>
<td>Generic</td>
<td>Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide tab 1.25 mg</td>
<td>Preferred</td>
<td>PA; High Risk</td>
</tr>
<tr>
<td></td>
<td>Generic</td>
<td>Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide tab 2.5 mg</td>
<td>Preferred</td>
<td>PA; High Risk</td>
</tr>
<tr>
<td></td>
<td>Generic</td>
<td>Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>glyburide tab 5 mg</td>
<td>Preferred</td>
<td>PA; High Risk</td>
</tr>
<tr>
<td></td>
<td>Generic</td>
<td>Medications require PA for members age 70 and older</td>
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**BISPHOSPHONATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alendronate sodium oral soln 70 mg/75ml</td>
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</tr>
<tr>
<td>alendronate sodium tab 5 mg</td>
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<td>alendronate sodium tab 10 mg</td>
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<tr>
<td>alendronate sodium tab 35 mg</td>
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<tr>
<td>alendronate sodium tab 40 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>alendronate sodium tab 70 mg</td>
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<tr>
<td>FOSAMAX + D TAB 70-2800</td>
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<td>ST; PA**</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
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<tr>
<td>FOSAMAX + D TAB 70-5600</td>
<td>Non-Preferred</td>
<td>ST; PA**</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
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<tr>
<td>ibandronate sodium iv soln 3 mg/3ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>(base equivalent)</td>
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</tr>
<tr>
<td>ibandronate sodium tab 150 mg (base</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>equivalent)</td>
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<td>pamidronate disodium for inj 30 mg</td>
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<tr>
<td>pamidronate disodium for inj 90 mg</td>
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<tr>
<td>pamidronate disodium iv soln 3 mg/ml</td>
<td>Generic</td>
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<tr>
<td>pamidronate disodium iv soln 9 mg/ml</td>
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<tr>
<td>mg</td>
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PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>zoledronic acid inj conc for iv infusion 4 mg/5ml</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>zoledronic acid iv soln 5 mg/100ml</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**CALCIUM RECEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENSIPAR TAB 30MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>SENSIPAR TAB 60MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>SENSIPAR TAB 90MG</td>
<td>Preferred</td>
<td>QL (120 tabs / 30 days), PA; SP</td>
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**CHELATING AGENTS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>CHEMET CAP 100MG</td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>DEPEN TITRA TAB 250MG</td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>FERRIPROX SOL 100MG/ML</td>
<td>Preferred Specialty</td>
</tr>
<tr>
<td>FERRIPROX TAB 500MG</td>
<td>Preferred Specialty</td>
</tr>
<tr>
<td>kionex sus 15gm/60</td>
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</tr>
<tr>
<td>sodium polystyrene sulfonate oral susp 15 gm/60ml</td>
<td>Generic</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate rectal susp 30 gm/120ml</td>
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</tr>
<tr>
<td>THYROSAFE TAB 65MG</td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>trientine hcl cap 250 mg</td>
<td>Generic</td>
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</table>

**CONTRACEPTIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>altavera tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>alyacen tab 1/35</td>
<td>Preventive</td>
</tr>
<tr>
<td>alyacen tab 7/7/7</td>
<td>Preventive</td>
</tr>
<tr>
<td>amethia tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>amethyst tab 90-20mcg</td>
<td>Preventive</td>
</tr>
<tr>
<td>apri tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>aranelle tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>ashlyna tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>aviane tab</td>
<td>Preventive</td>
</tr>
<tr>
<td>azurette tab 28 day</td>
<td>Preventive</td>
</tr>
<tr>
<td>BALCOLTRA TAB 0.1-20</td>
<td>Preventive</td>
</tr>
<tr>
<td>camila tab 0.35mg</td>
<td>Preventive</td>
</tr>
<tr>
<td>caziant pak</td>
<td>Preventive</td>
</tr>
<tr>
<td>chateal tab 0.15/30</td>
<td>Preventive</td>
</tr>
<tr>
<td>cryselle-28 tab 28 tabs</td>
<td>Preventive</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cyclafem tab 1/35</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>cyclafem tab 7/7/7</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>dasetta tab 1/35</td>
<td>Preventive</td>
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</tr>
<tr>
<td>dasetta tab 7/7/7</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>deyla tab 0.1-0.02</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>DEPO-SQ PROV INJ 104</td>
<td>Preventive</td>
<td>QL (4 inj / 300 days)</td>
</tr>
<tr>
<td>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>drospirenone-ethinyl estradiol tab 3-0.03 mg</td>
<td>Preventive</td>
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</tr>
<tr>
<td>elinest tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>ELLA TAB 30MG</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>emoquette tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>enpresse-28 tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>enskyce tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>errin tab 0.35mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>falmina tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>fayosim tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>gianvi tab 3-0.02mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>gildess fe tab 1.5/30</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>gildess fe tab 1/20</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>heather tab 0.35mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>introvale tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>jolessa tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>jolivette tab 0.35mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>junel 1.5/30 tab</td>
<td>Preventive</td>
<td></td>
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<tr>
<td>junel 1/20 tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>junel fe tab 1.5/30</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>junel fe tab 1/20</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>kariva tab 28 day</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>kelnor tab 1/35</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>kurvelo tab 0.15/30</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>KYLEENA IUD 19.5MG</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>larin tab 1.5/30</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>leena tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>lessina tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>levonest tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>levonorgestrel &amp; ethinyl estradiol (91-day)</td>
<td>Preventive</td>
<td>0.15-0.03 mg</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</em></td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td><em>levora-28 tab 0.15/30</em></td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>LILETTA IUD 52MG</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>LO LOESTRIN TAB 1-10-10</td>
<td>Preventive</td>
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</tr>
<tr>
<td>loryna tab 3-0.02mg</td>
<td>Preventive</td>
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</tr>
<tr>
<td>low-ogestrel tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>luteria tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>marlissa tab 0.15/30</td>
<td>Preventive</td>
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<tr>
<td><em>medroxyprogesterone acetate im susp 150 mg/ml</em></td>
<td>Preventive</td>
<td>QL (4 inj / 300 days)</td>
</tr>
<tr>
<td><em>medroxyprogesterone acetate im susp prefiled syr 150 mg/ml</em></td>
<td>Preventive</td>
<td>QL (4 inj / 300 days)</td>
</tr>
<tr>
<td>mibelas 24 chw fe</td>
<td>Preventive</td>
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</tr>
<tr>
<td>microgestin tab 1.5/30</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>MIRENA IUD SYSTEM</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td><em>mono-linyah tab 0.25-35</em></td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>mononessa tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>myzilra tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>NATAZIA TAB</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>necon tab 0.5/35</td>
<td>Preventive</td>
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<tr>
<td>necon tab 1/35</td>
<td>Preventive</td>
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<tr>
<td>necon tab 1/50-28</td>
<td>Preventive</td>
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<tr>
<td>NECON TAB 10/11-28</td>
<td>Preventive</td>
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</tr>
<tr>
<td>NEXPLANON IMP 68MG</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>nikki tab 3-0.02mg</td>
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</tr>
<tr>
<td>nor-a-be tab 0.35mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</td>
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</tr>
<tr>
<td>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</td>
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<tr>
<td>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</td>
<td>Preventive</td>
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</tr>
<tr>
<td>norethindrone tab 0.35 mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>nortrel tab 0.5/35</td>
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</tr>
<tr>
<td>nortrel tab 1/35</td>
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<tr>
<td>nortrel tab 7/7/7</td>
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</tr>
<tr>
<td>NUVARING MIS</td>
<td>Preventive</td>
<td>QL (13 / 300 days)</td>
</tr>
<tr>
<td>ocella tab 3-0.03mg</td>
<td>Preventive</td>
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</tr>
<tr>
<td>ogestrel tab</td>
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</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>orsythia tab</td>
<td>Preventive</td>
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</tr>
<tr>
<td>PARAGARD IUD T380A</td>
<td>Preventive</td>
<td>QL (1 unit / 300 days)</td>
</tr>
<tr>
<td>pirmella tab 1/35</td>
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</tr>
<tr>
<td>pirmella tab 7/7/7</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>porta-28 tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>previfem tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>quasense tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>reclipsen tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>rivelsa tab</td>
<td>Preventive</td>
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</tr>
<tr>
<td>SKYLA IUD 13.5MG</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>sprintec 28 tab 28 day</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>sronyx tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>syeda tab 3-0.03mg</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>take action tab 1.5mg</td>
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</tr>
<tr>
<td>TAYTULLA CAP 1MG/20MC</td>
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<td></td>
</tr>
<tr>
<td>tilia fe tab</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>tri-linyah tab</td>
<td>Preventive</td>
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<tr>
<td>tri-sprintec tab</td>
<td>Preventive</td>
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</tr>
<tr>
<td>trinessa tab</td>
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<td>trivora-28 tab</td>
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<tr>
<td>velivet pak</td>
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<tr>
<td>vestura tab 3-0.02mg</td>
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<tr>
<td>viorele tab</td>
<td>Preventive</td>
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</tr>
<tr>
<td>wera tab 0.5/35</td>
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<td></td>
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<tr>
<td>xulane dis 150-35</td>
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</tr>
<tr>
<td>zarah tab 3-0.03mg</td>
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<td></td>
</tr>
<tr>
<td>zenchent fe chw 0.4mg-35</td>
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<td>zenchent tab</td>
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</tr>
<tr>
<td>zovia 1/35e tab</td>
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**ENDOMETRIOSIS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>danazol cap 50 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>danazol cap 100 mg</td>
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<tr>
<td>danazol cap 200 mg</td>
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<tr>
<td>SYNAREL SOL 2MG/ML</td>
<td>Preferred Brand</td>
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**ENZYME REPLACEMENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBAGLU TAB 200MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>CERDELGA CAP 84MG</td>
<td>Preferred Specialty</td>
<td>QL (60 caps / 30 days), PA; SP</td>
</tr>
<tr>
<td>CYSTADANE POW</td>
<td>Preferred Specialty</td>
<td>SP</td>
</tr>
<tr>
<td>CYSTAGON CAP 50MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYSTAGON CAP 150MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KUVAN POW 100MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KUVAN POW 500MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KUVAN TAB 100MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MYALEPT INJ 11.3MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORFADIN CAP 2MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORFADIN CAP 5MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORFADIN CAP 10MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORFADIN CAP 20MG</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORFADIN SUS 4MG/ML</td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>sodium phenylbutyrate oral powder 3 gm/teaspoonful</em></td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td><em>sodium phenylbutyrate tab 500 mg</em></td>
<td>Preferred Specialty</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**ESTROGENS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIMARA PRO DIS WEEKLY</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>DEPO-ESTRADI INJ 5MG/ML</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.5MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.25MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.75MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>DIVIGEL GEL 1MG/GM</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUAVEE TAB 0.45-20</td>
<td>Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>ELESTRIN GEL 0.06%</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol tab 0.5 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol tab 1 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol tab 2 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.1 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</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>estradiol td patch weekly 0.05 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.06 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.025 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.075 mg/24hr</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estradiol vaginal cream 0.1 mg/gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>estradiol valerate im in oil 20 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>estradiol valerate im in oil 40 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ESTROGEL GEL</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estropipate tab 0.75 mg</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estropipate tab 1.5 mg</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>estropipate tab 3 mg</td>
<td>Generic</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>EVAMIST SPR 1.53MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</td>
</tr>
<tr>
<td>jinteli tab 1mg-5mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>MENEST TAB 0.3MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medicaions require PA for members age 70 and older</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>MENEST TAB 0.625MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>MENEST TAB 1.25MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>MENEST TAB 2.5MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>mimvey lo tab 0.5-0.1</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>mimvey tab 1-0.5mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PREMARIN INJ 25MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>PREMARIN TAB 0.3MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PREMARIN TAB 0.9MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PREMARIN TAB 0.45MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PREMARIN TAB 0.625MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PREMARIN TAB 1.25MG</td>
<td>Non-Preferred Brand</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>PREMARIN VAG CRE 0.625MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>yuvafem tab 10mcg</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**FERTILITY REGULATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOR GONADOT INJ 10000UNT</td>
<td>Non-Preferred Specialty</td>
<td>PA; SP; INF: Coverage Limitation May Apply</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>clomiphene citrate tab 50 mg</td>
<td>Generic</td>
<td>INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GANIRELIX AC INJ 250/0.5</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GONAL-F INJ 450UNIT</td>
<td>Preferred</td>
<td>QL (10 vials / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GONAL-F INJ 1050UNIT</td>
<td>Preferred</td>
<td>QL (6 vials / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 75UNIT</td>
<td>Preferred</td>
<td>QL (60 vials / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 300/0.5</td>
<td>Preferred</td>
<td>QL (15 cartridges / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 450/0.75</td>
<td>Preferred</td>
<td>QL (10 cartridges / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>GONAL-F RFF INJ 900/1.5</td>
<td>Preferred</td>
<td>QL (7 cartridges / 28 days), PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>OVIDREL INJ</td>
<td>Preferred</td>
<td>PA; SP; INF: Coverage Limitation May Apply</td>
</tr>
</tbody>
</table>

**GLUCOCORTICOIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>cortisone acetate tab 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DEPO-MEDROL INJ 20MG/ML</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASON CON 1MG/ML</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>dexamethasone elixir 0.5 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sod phosphate preservative free inj 10 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 4 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 10 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 20 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 100 mg/10ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 120 mg/30ml</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexamethasone soln 0.5 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 0.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 0.75 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 1 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 1.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 2 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tab 6 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fludrocortisone acetate tab 0.1 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone tab 5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>MEDROL TAB 2MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone acetate inj susp 40 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone acetate inj susp 80 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone sod succ for inj 40 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone sod succ for inj 125 mg (base equiv)</td>
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</tr>
<tr>
<td>methylprednisolone sod succ for inj 1000 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tab 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tab 8 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>methylprednisolone tab 16 mg</td>
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<td></td>
</tr>
<tr>
<td>methylprednisolone tab 32 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tab therapy pack 4 mg (21)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sod phos orally disintegr tab 10 mg (base eq)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sod phos orally disintegr tab 15 mg (base eq)</td>
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<td></td>
</tr>
<tr>
<td>prednisolone sod phos orally disintegr tab 30 mg (base eq)</td>
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<td></td>
</tr>
<tr>
<td>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit   PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>prednisolone syrup 15 mg/5ml (usp solution equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PREDNISONE CON 5MG/ML</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>prednisone oral soln 5 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 1 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 2.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab 50 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab therapy pack 5 mg (21)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab therapy pack 5 mg (48)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab therapy pack 10 mg (21)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prednisone tab therapy pack 10 mg (48)</td>
<td>Generic</td>
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</tr>
<tr>
<td>SOLU-CORTEF INJ 100MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>SOLU-CORTEF INJ 250MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>SOLU-CORTEF INJ 500MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>SOLU-CORTEF INJ 1000MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL INJ 2GM</td>
<td>Non-Preferred Brand</td>
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</table>

**GLUCOSE ELEVATING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCAGON KIT 1MG</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>INSTA-GLUCOS GEL 77.4%</td>
<td>Preferred Brand</td>
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</tbody>
</table>

**HUMAN GROWTH HORMONES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMATROPE INJ 5MG</td>
<td>Preferred Specialty</td>
<td>PA; SP; GH: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>HUMATROPE INJ 6MG</td>
<td>Preferred Specialty</td>
<td>PA; SP; GH: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>HUMATROPE INJ 12MG</td>
<td>Preferred Specialty</td>
<td>PA; SP; GH: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>HUMATROPE INJ 24MG</td>
<td>Preferred Specialty</td>
<td>PA; SP; GH: Coverage Limitation May Apply</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>cabergoline tab 0.5 mg</td>
<td>Generic</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><em>calcitonin (salmon) nasal soln 200 unit/act</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>INCRELEX INJ 40MG/4ML</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MIACALCIN INJ 200/ML</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</em></td>
<td>Preferred</td>
<td>QL (90 ml / 30 days), PA; SP</td>
</tr>
<tr>
<td><em>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</em></td>
<td>Preferred</td>
<td>QL (90 ml / 30 days), PA; SP</td>
</tr>
<tr>
<td><em>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</em></td>
<td>Preferred</td>
<td>QL (225 ml / 30 days), PA; SP</td>
</tr>
<tr>
<td><em>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</em></td>
<td>Preferred</td>
<td>QL (90 ml / 30 days), PA; SP</td>
</tr>
<tr>
<td><em>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</em></td>
<td>Preferred</td>
<td>QL (45 ml / 30 days), PA; SP</td>
</tr>
<tr>
<td>OSPHENA TAB 60MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>PROLIA SOL 60MG/ML</td>
<td>Preferred</td>
<td>QL (60mg / 24 weeks), PA; SP</td>
</tr>
<tr>
<td><em>raloxifene hcl tab 60 mg</em></td>
<td>Generic</td>
<td>$0 copay for women ages 35 and older for the primary prevention of breast cancer</td>
</tr>
<tr>
<td>SAMSCA TAB 15MG</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SAMSCA TAB 30MG</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SIGNIFOR INJ 0.3MG/ML</td>
<td>Non-Preferred</td>
<td>QL (60 ampules / 30 days), PA; SP</td>
</tr>
<tr>
<td>SIGNIFOR INJ 0.6MG/ML</td>
<td>Non-Preferred</td>
<td>QL (60 ampules / 30 days), PA; SP</td>
</tr>
<tr>
<td>SIGNIFOR INJ 0.9MG/ML</td>
<td>Non-Preferred</td>
<td>QL (60 ampules / 30 days), PA; SP</td>
</tr>
<tr>
<td>SOMATULINE INJ 60/0.2ML</td>
<td>Preferred</td>
<td>QL (1 injection / 28 days), PA; SP</td>
</tr>
<tr>
<td>SOMATULINE INJ 90/0.3ML</td>
<td>Preferred</td>
<td>QL (1 injection / 28 days), PA; SP</td>
</tr>
<tr>
<td>SOMATULINE INJ 120/.5ML</td>
<td>Preferred</td>
<td>QL (1 injection / 28 days), PA; SP</td>
</tr>
<tr>
<td>SOMAVERT INJ 10MG</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
</tr>
<tr>
<td>SOMAVERT INJ 15MG</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMAVER*T INJ 20MG</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
</tr>
<tr>
<td>SOMAVER*T INJ 25MG</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
</tr>
<tr>
<td>SOMAVER*T INJ 30MG</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
</tr>
<tr>
<td>TYMLOS INJ</td>
<td>Preferred</td>
<td>QL (30 vials / 30 days), PA; SP</td>
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</tbody>
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**PHOSPHATE BINDER AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>calcium acetate (phosphate binder)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cap 667 mg (169 mg ca)</td>
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</tr>
<tr>
<td>calcium acetate (phosphate binder)</td>
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<td></td>
</tr>
<tr>
<td>tab 667 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSRENOL POW 750MG</td>
<td>Non-Preferred</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL POW 1000MG</td>
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</tr>
<tr>
<td>lanthanum carbonate chew tab 500 mg</td>
<td>Generic</td>
<td></td>
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<tr>
<td>(elemental)</td>
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<td></td>
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<tr>
<td>lanthanum carbonate chew tab 750 mg</td>
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<td></td>
</tr>
<tr>
<td>(elemental)</td>
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<td></td>
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<tr>
<td>lanthanum carbonate chew tab 1000 mg</td>
<td>Generic</td>
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<td>(elemental)</td>
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<tr>
<td>PHOSLYRA SOL</td>
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<tr>
<td>sevelamer carbonate packet 0.8 gm</td>
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</tr>
<tr>
<td>sevelamer carbonate packet 2.4 gm</td>
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</tr>
<tr>
<td>sevelamer carbonate tab 800 mg</td>
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<td></td>
</tr>
<tr>
<td>VELPHORO CHW 500MG</td>
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**PROGESTINS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>CRINONE GEL 4% VAG</td>
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</tr>
<tr>
<td>CRINONE GEL 8% VAG</td>
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<tr>
<td>LUPANETA KIT 3.75-5</td>
<td>Non-Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPANETA KIT 11.25-5</td>
<td>Non-Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tab 2.5 mg</td>
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<td>medroxyprogesterone acetate tab 5 mg</td>
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</tr>
<tr>
<td>medroxyprogesterone acetate tab 10 mg</td>
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</tbody>
</table>

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **MB** - Medical Benefit   **PA** - Applies if Step not met   **OC** - Oral Oncology Medication   **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>norethindrone acetate tab 5 mg</td>
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<tr>
<td>progesterone micronized cap 100 mg</td>
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<td>progesterone micronized cap 200 mg</td>
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<tr>
<td>levothyroxine sodium tab 50 mcg</td>
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<tr>
<td>levothyroxine sodium tab 75 mcg</td>
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<td>levothyroxine sodium tab 88 mcg</td>
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<tr>
<td>levothyroxine sodium tab 100 mcg</td>
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<tr>
<td>levothyroxine sodium tab 112 mcg</td>
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<tr>
<td>levothyroxine sodium tab 125 mcg</td>
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<td>levothyroxine sodium tab 137 mcg</td>
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<td>levothyroxine sodium tab 150 mcg</td>
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<td>levoxyl tab 88mcg</td>
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<td>levoxyl tab 125mcg</td>
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<tr>
<td>SYNTHROID TAB 50MCG</td>
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</tr>
<tr>
<td>SYNTHROID TAB 75MCG</td>
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<td></td>
</tr>
<tr>
<td>SYNTHROID TAB 88MCG</td>
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<td></td>
</tr>
<tr>
<td>SYNTHROID TAB 100MCG</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>SYNTHROID TAB 112MCG</td>
<td>Preferred</td>
<td>Brand</td>
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<tr>
<td>SYNTHROID TAB 125MCG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>SYNTHROID TAB 137MCG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>SYNTHROID TAB 150MCG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>SYNTHROID TAB 175MCG</td>
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<td>Brand</td>
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<td>SYNTHROID TAB 200MCG</td>
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<td>Brand</td>
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<tr>
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<td>THYROLAR-1/2 TAB 30MG</td>
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<tr>
<td>THYROLAR-1/4 TAB 15MG</td>
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<td>THYROLAR-2 TAB 120MG</td>
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<td>THYROLAR-3 TAB 180MG</td>
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<td>unithroid tab 300mcg</td>
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</table>

**VASOPRESSINS**

<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>desmopressin acetate inj 4 mcg/ml</td>
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</tr>
<tr>
<td>desmopressin acetate nasal spray soln 0.01%</td>
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<tr>
<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate tab 0.1 mg</td>
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<tr>
<td>desmopressin acetate tab 0.2 mg</td>
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</tbody>
</table>

PA - Prior Authorization  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<td><strong>ANTICHOLINERGICS</strong></td>
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<td>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</td>
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<tr>
<td>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</td>
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<tr>
<td>CUVPOSA SOL 1MG/5ML</td>
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<td>dicyclomine hcl cap 10 mg</td>
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<td>dicyclomine hcl inj 10 mg/ml</td>
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<td>dicyclomine hcl oral soln 10 mg/5ml</td>
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<td>dicyclomine hcl tab 20 mg</td>
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<td>ed-spaz tab 0.125mg</td>
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<tr>
<td>glycopyrrolate inj 0.2 mg/ml</td>
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<td>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</td>
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<td>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</td>
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<td>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</td>
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<td>glycopyrrolate tab 1 mg</td>
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<td><strong>ANTIEMETICS§§</strong></td>
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<tr>
<td>AKYNZEO CAP 300-0.5</td>
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<td>CESAMET CAP 1MG</td>
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<td>dronabinol cap 5 mg</td>
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<td>QL (60 caps / 25 days)</td>
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</tbody>
</table>

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **MB** - Medical Benefit

**PA** - Applies if Step not met   **OC** - Oral Oncology Medication   **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
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<td>dronabinol cap 10 mg</td>
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<td>QL (60 caps / 25 days)</td>
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<td>granisetron hcl inj 0.1 mg/ml</td>
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<tr>
<td>granisetron hcl inj 1 mg/ml</td>
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<td>QL (2 mL / 21 days)</td>
</tr>
<tr>
<td>granisetron hcl inj 4 mg/4ml (1 mg/ml)</td>
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<td>QL (2 mL / 21 days)</td>
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<td>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</td>
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<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</td>
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<tr>
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<tr>
<td>ondansetron orally disintegrating tab 4 mg</td>
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</tr>
<tr>
<td>ondansetron orally disintegrating tab 8 mg</td>
<td>Generic</td>
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<td>prochlorperazine maleate tab 10 mg (base equivalent)</td>
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<td>prochlorperazine suppos 25 mg</td>
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<tr>
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<td>promethazine hcl syrup 6.25 mg/5ml</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>promethazine hcl tab 12.5 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
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</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>promethazine hcl tab 25 mg</td>
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<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>promethazine hcl tab 50 mg</td>
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<td>PA; High Risk Medications require PA for members age 70 and older</td>
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<td>promethegan sup 12.5mg</td>
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<tr>
<td>promethegan sup 25mg</td>
<td>Generic</td>
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<tr>
<td>SANCUSO DIS 3.1MG</td>
<td>Preferred Brand</td>
<td>QL (2 patches / 21 days)</td>
</tr>
<tr>
<td>TRANSDERM-SC DIS 1.5MG</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>trimethobenzamide hcl cap 300 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>VARUBI INJ</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>VARUBI TAB 90MG</td>
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**H2-RECEPTOR ANTAGONISTS**

<table>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>cimetidine hcl soln 300 mg/5ml</td>
<td>Generic</td>
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<tr>
<td>cimetidine tab 200 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cimetidine tab 300 mg</td>
<td>Generic</td>
<td></td>
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<tr>
<td>cimetidine tab 400 mg</td>
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<td></td>
</tr>
<tr>
<td>cimetidine tab 800 mg</td>
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</tr>
<tr>
<td>famotidine for susp 40 mg/5ml</td>
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</tr>
<tr>
<td>famotidine in nacl 0.9% iv soln 20 mg/50ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>famotidine inj 20 mg/2ml</td>
<td>Generic</td>
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</tr>
<tr>
<td>famotidine inj 40 mg/4ml</td>
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<tr>
<td>famotidine inj 200 mg/20ml</td>
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</tr>
<tr>
<td>famotidine tab 20 mg</td>
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<tr>
<td>famotidine tab 40 mg</td>
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<tr>
<td>nizatidine cap 150 mg</td>
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<tr>
<td>nizatidine cap 300 mg</td>
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<tr>
<td>nizatidine oral soln 15 mg/ml</td>
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<tr>
<td>ranitidine hcl cap 150 mg</td>
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<tr>
<td>ranitidine hcl cap 300 mg</td>
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<td>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</td>
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<tr>
<td>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</td>
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<td>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</td>
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<td>ranitidine hcl tab 150 mg</td>
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<tr>
<td>ranitidine hcl tab 300 mg</td>
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</table>

**Legend:**
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>INFLAMMATORY BOWEL DISEASE</strong></td>
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<tr>
<td>APRISO CAP 0.375GM</td>
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<tr>
<td><strong>balsalazide disodium cap 750 mg</strong></td>
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<td><strong>budesonide delayed release particles cap 3 mg</strong></td>
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<tr>
<td>CANASA SUP 1000MG</td>
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<tr>
<td><strong>colocort ene 100mg</strong></td>
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<tr>
<td>DIPENTUM CAP 250MG</td>
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<tr>
<td><strong>mesalamine enema 4 gm</strong></td>
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<tr>
<td><strong>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</strong></td>
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<td></td>
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<tr>
<td><strong>mesalamine suppos 1000 mg</strong></td>
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<tr>
<td><strong>sulfasalazine tab 500 mg</strong></td>
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</tr>
<tr>
<td><strong>sulfasalazine tab delayed release 500 mg</strong></td>
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<tr>
<td><strong>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</strong></td>
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</tr>
<tr>
<td>AMITIZA CAP 8MCG</td>
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<tr>
<td>AMITIZA CAP 24MCG</td>
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<tr>
<td>LINZESS CAP 72MCG</td>
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<td>LINZESS CAP 145MCG</td>
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<tr>
<td>LINZESS CAP 290MCG</td>
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<tr>
<td><strong>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</strong></td>
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<tr>
<td><strong>alosetron hcl tab 0.5 mg (base equiv)</strong></td>
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<td>PA</td>
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<tr>
<td><strong>alosetron hcl tab 1 mg (base equiv)</strong></td>
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<td>PA</td>
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<tr>
<td>CLENPIQ SOL</td>
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<tr>
<td><strong>enulose sol 10gm/15</strong></td>
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<tr>
<td><strong>gavilyte-c sol</strong></td>
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<tr>
<td><strong>gavilyte-g sol</strong></td>
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<tr>
<td><strong>gavilyte-n sol flav pk</strong></td>
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<tr>
<td><strong>generlac sol 10gm/15</strong></td>
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<tr>
<td>GOLYTELY SOL</td>
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<tr>
<td><strong>lactulose solution 10 gm/15ml</strong></td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>MOVIPREP SOL</td>
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<td>$0 copay for members age 50 through 74; Tier 3 for all others</td>
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<tr>
<td>OSMOPREP TAB 1.5GM</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<td>PLENVU SOL</td>
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<tr>
<td>PREPOPIK PAK</td>
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</tr>
<tr>
<td>SUPREP BOWEL SOL PREP KIT</td>
<td>Preventive</td>
<td>$0 copay for members age 50 through 74; Tier 4 for all others</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CARAFATE SUS 1GM/10ML</td>
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</tr>
<tr>
<td>cromolyn sodium oral conc 100 mg/5ml</td>
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<tr>
<td>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</td>
<td>Generic</td>
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<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
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<tr>
<td>loperamide hcl cap 2 mg</td>
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<tr>
<td>misoprostol tab 100 mcg</td>
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<tr>
<td>misoprostol tab 200 mcg</td>
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<tr>
<td>MOTOFEN TAB 1-0.025</td>
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</tr>
<tr>
<td>MOVANTIK TAB 12.5MG</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>MOVANTIK TAB 25MG</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>SUCRAID SOL 8500/ML</td>
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<tr>
<td>sucralfate tab 1 gm</td>
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<tr>
<td>ursodiol cap 300 mg</td>
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<td>ursodiol tab 250 mg</td>
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<td>ursodiol tab 500 mg</td>
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</tr>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td><strong>PANCREATIC ENZYMES</strong></td>
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<td>CREON CAP 3000UNIT</td>
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<td>CREON CAP 6000UNIT</td>
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<td>CREON CAP 12000UNT</td>
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<td>CREON CAP 24000UNT</td>
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<td>CREON CAP 36000UNT</td>
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<td>VIOKACE TAB 10440</td>
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<tr>
<td>VIOKACE TAB 20880</td>
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<td>ZENPEP CAP 40000</td>
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<tr>
<td><strong>PROTON PUMP INHIBITORS</strong></td>
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<tr>
<td>DEXILANT CAP 30MG DR</td>
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<td>QL (90 caps / 365 days), ST; PA**; PPI: Coverage Limitation May Apply</td>
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<tr>
<td>DEXILANT CAP 60MG DR</td>
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<tr>
<td>esomeprazole magnesium cap delayed release 20 mg (base eq)</td>
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<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>esomeprazole magnesium cap delayed release 40 mg (base eq)</td>
<td>Generic</td>
<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>esomeprazole sodium for intravenous soln 20 mg (base equiv)</td>
<td>Generic</td>
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</tr>
</tbody>
</table>

**Notes:**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>esomeprazole sodium for intravenous soln 40 mg (base equiv)</td>
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<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
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<td>lansoprazole cap delayed release 15 mg</td>
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<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
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<td>lansoprazole cap delayed release 30 mg</td>
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<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>omeprazole cap delayed release 10 mg</td>
<td>Generic</td>
<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>omeprazole cap delayed release 20 mg</td>
<td>Generic</td>
<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>omeprazole cap delayed release 40 mg</td>
<td>Generic</td>
<td>QL (90 caps / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>pantoprazole sodium ec tab 20 mg (base equiv)</td>
<td>Generic</td>
<td>QL (90 tabs / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>pantoprazole sodium ec tab 40 mg (base equiv)</td>
<td>Generic</td>
<td>QL (90 tabs / 365 days); PPI: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>rabeprazole sodium ec tab 20 mg</td>
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<td>QL (90 tabs / 365 days); PPI: Coverage Limitation May Apply</td>
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<td>ST; PA**</td>
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<td>ST; PA**</td>
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<td>CIALIS TAB 5MG</td>
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</tbody>
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PA** - Applies if Step not met    OC - Oral Oncology Medication    SP - Specialty Medication
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td><strong>RAPAFLO CAP 8MG</strong></td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td><strong>silodosin cap 4 mg</strong></td>
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<td><strong>silodosin cap 8 mg</strong></td>
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<td></td>
</tr>
<tr>
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<td>Generic</td>
<td>QL (30 tabs / 25 days), PA; ED: Coverage Limitation May Apply</td>
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<tr>
<td><strong>tadalafil tab 5 mg</strong></td>
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<td>QL (30 tabs / 25 days), PA; ED: Coverage Limitation May Apply</td>
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<td><strong>ENCARE SUP 100MG</strong></td>
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<td><strong>SHUR-SEAL GEL 2%</strong></td>
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<tr>
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<td><strong>potassium citrate tab er 10 meq (1080 mg)</strong></td>
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<td><strong>potassium citrate tab er 15 meq (1620 mg)</strong></td>
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<td><strong>urinary pain tab 95mg</strong></td>
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<tr>
<td><strong>URINARY ANTISPASMODICS</strong></td>
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<tr>
<td><strong>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</strong></td>
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<tr>
<td><strong>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</strong></td>
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<tr>
<td><strong>MYRBETRIQ TAB 25MG</strong></td>
<td>Non-Preferred Brand</td>
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<tr>
<td><strong>MYRBETRIQ TAB 50MG</strong></td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
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<tr>
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<td>oxybutynin chloride tab er 24hr 10 mg</td>
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<tr>
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<td>tolterodine tartrate cap er 24hr 4 mg</td>
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<td>tolterodine tartrate tab 2 mg</td>
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<td>trospium chloride tab 20 mg</td>
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<td>VESICARE TAB 5MG</td>
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<tr>
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<tr>
<td>GYNAZOLE-1 CRE 2%</td>
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<td>metronidazole vaginal gel 0.75%</td>
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<tr>
<td>miconazole 3 sup 200mg</td>
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<tr>
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<tr>
<td>zazole cre 0.8%</td>
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<tr>
<td><strong>ANTICOAGULANTS</strong></td>
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<tr>
<td>ARGATROBAN INJ 125/125</td>
<td>Non-Preferred Brand</td>
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<tr>
<td>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</td>
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<tr>
<td>ARGATROBAN INJ 250/250</td>
<td>Non-Preferred Brand</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ELIQUIS TAB 2.5MG</td>
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<td>ELIQUIS TAB 5MG</td>
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<tr>
<td>enoxaparin sodium inj 30 mg/0.3ml</td>
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<tr>
<td>enoxaparin sodium inj 40 mg/0.4ml</td>
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<tr>
<td>enoxaparin sodium inj 60 mg/0.6ml</td>
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<tr>
<td>enoxaparin sodium inj 80 mg/0.8ml</td>
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<tr>
<td>enoxaparin sodium inj 100 mg/ml</td>
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<td>enoxaparin sodium inj 120 mg/0.8ml</td>
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<td>enoxaparin sodium inj 150 mg/ml</td>
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<tr>
<td>enoxaparin sodium inj 300 mg/3ml</td>
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<td>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</td>
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<tr>
<td>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</td>
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<tr>
<td>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</td>
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<tr>
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<tr>
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<td>FRAGMIN INJ 5000/0.2</td>
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<td>FRAGMIN INJ 7500/0.3</td>
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<td>FRAGMIN INJ 10000/ML</td>
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<tr>
<td>heparin sodium (porcine) inj 10000 unit/ml</td>
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<td>Drug Name</td>
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<td>jantoven tab 2mg</td>
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<td>jantoven tab 3mg</td>
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<td>XARELTO TAB 10MG</td>
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**HEMATOPOIETIC GROWTH FACTORS**

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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ARANESP INJ 10MCG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>ARANESP INJ 25MCG</td>
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<td>PA; SP</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
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<td>Specialty</td>
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<tr>
<td>ARANESP INJ 200MCG</td>
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<td>PA; SP</td>
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<td>Specialty</td>
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<td>Specialty</td>
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<td>PA; SP</td>
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<td>FULPHILA INJ 6/0.6ML</td>
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<td>MIRCERA SOL 150/0.3</td>
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<td>PROMACTA TAB 12.5MG</td>
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<td>PROMACTA TAB 50MG</td>
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<td>RETACRIT INJ 2000UNIT</td>
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<td>PA; SP</td>
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<td>Specialty</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>RETACRIT INJ 3000UNIT</td>
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<td>PA; SP</td>
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<td>RETACRIT INJ 4000UNIT</td>
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<td>RETACRIT INJ 40000UNT</td>
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<td>ZARXIO INJ 300/0.5</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>ZARXIO INJ 480/0.8</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
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</table>

**MISCELLANEOUS**

- anagrelide hcl cap 0.5 mg  
  Generic
- anagrelide hcl cap 1 mg  
  Generic
- cilostazol tab 50 mg  
  Generic
- cilostazol tab 100 mg  
  Generic
- FIRAZYR INJ 30MG/3ML  
  Preferred PA; SP

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<td>HEMLIBRA INJ 30MG/ML</td>
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<td>HEMLIBRA INJ 60/0.4</td>
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<td>PA; SP</td>
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<tr>
<td>HEMLIBRA INJ 105/0.7</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>HEMLIBRA INJ 150/ML</td>
<td>Non-Preferred</td>
<td>PA; SP</td>
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- pentoxifylline tab er 400 mg  
  Generic
- tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)  
  Generic
- tranexamic acid tab 650 mg  
  Generic

**PLATELET AGGREGATION INHIBITORS**

- aspirin-dipyridamole cap er 12hr 25-200 mg  
  Generic

<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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<td>BRILINTA TAB 60MG</td>
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<tr>
<td>BRILINTA TAB 90MG</td>
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<td>Brand</td>
</tr>
</tbody>
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- clopidogrel bisulfate tab 75 mg (base equiv)  
  Generic
- clopidogrel bisulfate tab 300 mg (base equiv)  
  Generic

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>dipyridamole tab 25 mg</td>
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<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>dipyridamole tab 50 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>dipyridamole tab 75 mg</td>
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<td>prasugrel hcl tab 5 mg (base equiv)</td>
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<tr>
<td>prasugrel hcl tab 10 mg (base equiv)</td>
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<tr>
<td>YOSPRALA TAB 81-40MG</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>YOSPRALA TAB 325-40MG</td>
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<tr>
<td>ZONTIVITY TAB 2.08MG</td>
<td>Preferred Brand</td>
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**IMMUNOLOGIC AGENTS**

**BIOLOGIC DISEASE-MODIFYING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTEMRA INJ 80MG/4ML</td>
<td>Non-Preferred Specialty</td>
<td>QL (5 vials / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>ACTEMRA INJ 162/0.9</td>
<td>Non-Preferred Specialty</td>
<td>QL (4 syringes / 28 days), PA, ST; SP</td>
</tr>
<tr>
<td>ACTEMRA INJ 200/10ML</td>
<td>Non-Preferred Specialty</td>
<td>QL (4 vials / 14 days), PA, ST; SP</td>
</tr>
<tr>
<td>ACTEMRA INJ 400/20ML</td>
<td>Non-Preferred Specialty</td>
<td>QL (2 vials / 14 days), PA, ST; SP</td>
</tr>
<tr>
<td>ENBREL INJ 25/0.5ML</td>
<td>Preferred Specialty</td>
<td>QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; SP</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ENBREL INJ 25MG</td>
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<td>QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>ENBREL INJ 50MG/ML</td>
<td>Preferred</td>
<td>QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; SP</td>
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<tr>
<td>ENBREL MINI INJ 50MG/ML</td>
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</tr>
<tr>
<td>ENBREL SRCLK INJ 50MG/ML</td>
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<td>QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>HUMIRA INJ 10/0.1ML</td>
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<td>QL (2 injections / 28 days), PA; SP</td>
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<tr>
<td>HUMIRA INJ 10MG/0.2</td>
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<td>QL (2 injections / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA INJ 20/0.2ML</td>
<td>Preferred</td>
<td>QL (2 injections / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA INJ 40/0.4ML</td>
<td>Preferred</td>
<td>QL (4 injections / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA KIT 20MG/0.4</td>
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<td>QL (2 injections / 28 days), PA; SP</td>
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<tr>
<td>HUMIRA KIT 40MG/0.8</td>
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<td>QL (4 injections / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA PEDIA INJ CROHNS</td>
<td>Preferred</td>
<td>QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit); SP</td>
</tr>
<tr>
<td>HUMIRA PEDIA INJ CROHNS</td>
<td>Preferred</td>
<td>QL (3 injections / 28 days), PA; (80mg single strength kit); SP</td>
</tr>
<tr>
<td>HUMIRA PEN INJ 40/0.4ML</td>
<td>Preferred</td>
<td>QL (4 injections / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA PEN INJ CD/UC/HS</td>
<td>Preferred</td>
<td>QL (6 pens / 28 days), PA; SP</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>HUMIRA PEN INJ PS/UV</td>
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<td>QL (4 pens / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA PEN KIT CD/UC/HS</td>
<td>Preferred Specialty</td>
<td>QL (1 kit / 28 days), PA; SP</td>
</tr>
<tr>
<td>HUMIRA PEN KIT PS/UV</td>
<td>Preferred Specialty</td>
<td>QL (1 kit / 28 days), PA; SP</td>
</tr>
<tr>
<td>KEVZARA INJ 150/1.14</td>
<td>Preferred Specialty</td>
<td>QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>KEVZARA INJ 150/1.14</td>
<td>Preferred Specialty</td>
<td>QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>KEVZARA INJ 200/1.14</td>
<td>Preferred Specialty</td>
<td>QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>KEVZARA INJ 200/1.14</td>
<td>Preferred Specialty</td>
<td>QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>SIMPONI ARIA SOL 50MG/4ML</td>
<td>Preferred Specialty</td>
<td>QL (200 mg / 8 weeks), PA; MB; SP</td>
</tr>
<tr>
<td>SIMPONI INJ 50/0.5ML</td>
<td>Preferred Specialty</td>
<td>QL (1 injection / 28 days), PA;Preferred agent for Ulcerative Colitis (after failure of Humira); SP</td>
</tr>
<tr>
<td>SIMPONI INJ 100MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (1 injection / 28 days), PA;Preferred agent for Ulcerative Colitis (after failure of Humira); SP</td>
</tr>
<tr>
<td>STELARA INJ 45MG/0.5</td>
<td>Preferred Specialty</td>
<td>QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis; SP</td>
</tr>
<tr>
<td>STELARA INJ 90MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis; SP</td>
</tr>
<tr>
<td>TALTZ INJ 80MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (1 injection / 28 days), PA; Preferred agent for Psoriasis; SP</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XELJANZ TAB 5MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
</tr>
<tr>
<td>XELJANZ XR TAB 11MG</td>
<td>Preferred</td>
<td>QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis; SP</td>
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**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>hydroxychloroquine sulfate tab 200 mg</td>
<td>Generic</td>
<td>QL (55 tabs / 28 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis; SP</td>
</tr>
<tr>
<td>leflunomide tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>leflunomide tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium tab 2.5 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>OTEZLA TAB 10/20/30</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis; SP</td>
</tr>
<tr>
<td>OTEZLA TAB 30MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis; SP</td>
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</tbody>
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**IMMUNOGLOBULIN**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYQVIA INJ 2.5-200</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>HYQVIA INJ 5-400</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>HYQVIA INJ 10-800</td>
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<td>PA; MB; SP</td>
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<tr>
<td>HYQVIA INJ 20-1600</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>HYQVIA INJ 30-2400</td>
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<td>PA; MB; SP</td>
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**IMMUNOMODULATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ACTIMMUNE INJ 2MU/0.5</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ALFERON N INJ 5MU/ML</td>
<td>Preferred</td>
<td>MB; SP</td>
</tr>
<tr>
<td>ARCALYST INJ 220MG</td>
<td>Preferred</td>
<td>QL (4 vials / 28 days), PA; SP</td>
</tr>
<tr>
<td>INTRON A INJ 10MU</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>INTRON A INJ 18MU</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>INTRON A INJ 25MU</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>INTRON A INJ 50MU</td>
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<td>PA; SP</td>
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</tbody>
</table>

**Abbreviations:**

- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **MB** - Medical Benefit
- **OC** - Oral Oncology Medication
- **SP** - Specialty Medication
- **PA** - Applies if Step not met
- **PA** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>POMALYST CAP 1MG</td>
<td>Preferred</td>
<td>QL (21 caps / 21 days),</td>
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<tr>
<td>POMALYST CAP 2MG</td>
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<td>QL (21 caps / 21 days),</td>
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<td>PA; OC; SP</td>
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<tr>
<td>POMALYST CAP 3MG</td>
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<tr>
<td>POMALYST CAP 4MG</td>
<td>Preferred</td>
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<tr>
<td>REVLIMID CAP 2.5MG</td>
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<tr>
<td>REVLIMID CAP 5MG</td>
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<tr>
<td>REVLIMID CAP 10MG</td>
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<tr>
<td>REVLIMID CAP 15MG</td>
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<tr>
<td>REVLIMID CAP 25MG</td>
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<tr>
<td>THALOMID CAP 150MG</td>
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<td>THALOMID CAP 200MG</td>
<td>Preferred</td>
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<td><strong>IMMUNOSUPPRESSANTS</strong></td>
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<td>AZASAN TAB 75 MG</td>
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<td>AZASAN TAB 100MG</td>
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<tr>
<td>azathioprine tab 50 mg</td>
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<tr>
<td>cyclosporine cap 25 mg</td>
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<td>cyclosporine modified cap 50 mg</td>
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<tr>
<td>cyclosporine modified oral soln 100 mg/ml</td>
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<tr>
<td>gengraf sol 100mg/ml</td>
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</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<tr>
<td>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</td>
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<tr>
<td>mycophenolate mofetil tab 500 mg</td>
<td>Generic</td>
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<tr>
<td>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</td>
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<tr>
<td>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</td>
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<tr>
<td>PROGRAF INJ 5MG/ML</td>
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</tr>
<tr>
<td>RAPAMUNE SOL 1MG/ML</td>
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<td>SANDIMMUNE SOL 100MG/ML</td>
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<td>sirolimus tab 0.5 mg</td>
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<td>sirolimus tab 2 mg</td>
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**VACCINES**

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<thead>
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<th>Vaccine</th>
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<th>Notes</th>
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<tr>
<td>ACTHIB INJ</td>
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<td>$0 copay for members age 18 and younger</td>
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<td>ADACEL INJ</td>
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<tr>
<td>AFLURIA INJ 2018-19</td>
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<tr>
<td>AFLURIA INJ PF 18-19</td>
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<tr>
<td>AFLURIA QUAD INJ 2018-19</td>
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<tr>
<td>AFLURIA QUAD INJ PF 18-19</td>
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<tr>
<td>BEXSERO INJ</td>
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<td>BOOSTRIX INJ</td>
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<tr>
<td>DAPTACEL INJ</td>
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<td>$0 copay for members age 18 and younger</td>
</tr>
</tbody>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>DIP/TET PED INJ 25-5LFU</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
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<tr>
<td>ENGERIX-B INJ 10/0.5ML</td>
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<tr>
<td>ENGERIX-B INJ 20MCG/ML</td>
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<td>EZ FLU SHOT INJ 2018-19</td>
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<tr>
<td>FLUAD INJ 2018-19</td>
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</tr>
<tr>
<td>FLUARIX QUAD INJ 2018-19</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>FLUBLOK QUAD INJ 2018-19</td>
<td>Preventive</td>
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</tr>
<tr>
<td>FLUCLEVX QUAD INJ 2018-19</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>FLUVALQVA INJ 2018-19</td>
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<td></td>
</tr>
<tr>
<td>FLUMIST QUAD SUS 2018-19</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>FLUZONE HD INJ PF 18-19</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>FLUZONE QUAD INJ 2018-19</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>GARDASIL 9 INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>GARDASIL INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>HAVRIX INJ 720UNIT</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>HAVRIX INJ 1440UNIT</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>HEPLISAB-B INJ 20/0.5ML</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>HEPLISAB-B INJ 20MCG</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>HIBERIX SOL 10MCG</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>INFANRIX INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>IPOL INJ INACTIVE</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>KINRIX INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>M-M-R II INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>MENACTRA INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>MENHIBRIX INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>MENOMUNE INJ A/C/Y/W</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>MENVEO INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>PEDIARIX INJ 0.5ML</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>PEDVAX HIB INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>PENTACEL INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>PNEUMOVAX 23 INJ 25/0.5</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>PREVNAR 13 INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>PROQUAD INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>RECOMBIVA HB INJ 5MCG/0.5</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>RECOMBIVA HB INJ 10MCG/ML</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>RECOMBIVA-HB INJ 40MCG/ML</td>
<td>Preventive</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROTARIX SUS</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>ROTATEQ SOL</td>
<td>Preventive</td>
<td>$0 copay for members age 18 and younger</td>
</tr>
<tr>
<td>SHINGRIX INJ 50MCG</td>
<td>Preventive</td>
<td>$0 copay for members age 19 and older</td>
</tr>
<tr>
<td>TDVAX INJ 2-2 LF</td>
<td>Preventive</td>
<td>$0 copay for members age 19 and older</td>
</tr>
<tr>
<td>TENIVAC INJ 5-2LF</td>
<td>Preventive</td>
<td>$0 copay for members age 19 and older</td>
</tr>
<tr>
<td>TRUMENBA INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>TWINRIX INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 19 and older</td>
</tr>
<tr>
<td>VAQTA INJ 25/0.5ML</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>VAQTA INJ 50UNT/ML</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>VARIVAX INJ</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>ZOSTAVAX INJ</td>
<td>Preventive</td>
<td>$0 copay for members age 19 and older</td>
</tr>
</tbody>
</table>

**MEDICAL DEVICES**

**CONTRACEPTIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAYA DPR</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>FC2 FEMALE MIS CONDOM</td>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>FEMCAP MIS 22MM</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>FEMCAP MIS 26MM</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>FEMCAP MIS 30MM</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>OMNIFLEX DPR</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 60</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 65</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 70</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 75</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 80</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 85</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 90</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
<tr>
<td>WIDE-SEAL DPR KIT 95</td>
<td>Preventive</td>
<td>QL (1 / 300 days)</td>
</tr>
</tbody>
</table>

**DIABETIC SUPPLIES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCU-CHEK KIT AVA CONN</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ACCU-CHEK KIT AVIVA PL</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ACCU-CHEK KIT COMPACT</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ACCU-CHEK KIT GUIDE</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ACCU-CHEK KIT NANO</td>
<td>Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCU-CHEK LIQ SMART</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ACCU-CHEK MIS AVIVA</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ACCU-CHEK MIS MLTICLIX</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ACCU-CHEK TES AVIVA PL</td>
<td>Preferred</td>
<td>QL (204 Test Strips / 25 days)</td>
</tr>
<tr>
<td>ACCU-CHEK TES COMPACT</td>
<td>Preferred</td>
<td>QL (204 Test Strips / 25 days)</td>
</tr>
<tr>
<td>ACCU-CHEK TES GUIDE</td>
<td>Preferred</td>
<td>QL (204 Test Strips / 25 days)</td>
</tr>
<tr>
<td>ACCU-CHEK TES SMART</td>
<td>Preferred</td>
<td>QL (204 Test Strips / 25 days)</td>
</tr>
<tr>
<td>ALCOH-WIPE MIS 12&quot;X12&quot;</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>BD SWAB REG PAD SNGL USE</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>CHEMSTRIP 9 TES STRIPS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DIASCREEN 10 MIS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>DIASTIX TES STRIPS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>INSULIN SYRG MIS 1ML/31G</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>KETO-DIASTIX TES</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>LANCING DEVI MIS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>MONOJECTOR MIS END CAPS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>NOVOFINE MIS 32GX6MM</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>SHARPS CONT MIS 1/2 GAL</td>
<td>Preferred</td>
<td>Brand</td>
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</table>

**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>AEROCHAMBER MIS PLUS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>FLEXICHAMBER MIS MASK SM</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>HUMATROPEN MIS FOR 6MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>HUMATROPEN MIS FOR 12MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>HUMATROPEN MIS FOR 24MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTICHAMBER MIS FACE MAS</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>PANDA MASK MIS PEDIATRI</td>
<td>Preferred</td>
<td>Brand</td>
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</table>

**NUTRITIONAL/SUPPLEMENTS**

**ELECTROLYTES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>fluor-a-day dro 0.125mg</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>FLUORABON DRO</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>fluoritab chw 0.5mg f</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>fluoritab chw 0.25mg f</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>fluoritab chw 2.2mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>flura-drops dro 0.25mg f</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>k-effervesce tab 25meq ef</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>klor-con 8 tab 8meq er</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>klor-con 10 tab 10meq er</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>KLO-CON M15 TAB 15MEQ ER</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>klor-con m20 tab 20meq er</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ludent chw 0.5mg f</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>ludent chw 0.25mg f</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>ludent chw 1mg f</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>LURIDE DRO 0.5MG/ML</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>magnesium sulfate inj 50%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</td>
<td>Generic</td>
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</tr>
<tr>
<td>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nafrinse chw 1mg f</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nafrinse dro 0.125mg</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>potassium chloride cap er 8 meq</td>
<td>Generic</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>potassium chloride cap er 10 meq</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 10 meq</td>
<td>Generic</td>
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</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 20 meq</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
<td>Generic</td>
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</tr>
<tr>
<td>potassium chloride oral soln 20% (40 meq/15ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 8 meq (600 mg)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 10 meq</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 20 meq (1500 mg)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride flush iv soln 0.9%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inj 2.5 meq/ml (14.6%)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</td>
<td>Preventive</td>
<td>$0 applies for ages 5 and under</td>
</tr>
<tr>
<td>sodium fluoride tab 1 mg f (from 2.2 mg naf)</td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

**IV REPLACEMENT SOLUTIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.9% inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.45% inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>kcl 40 meq/l (0.3%) in nacl 0.9% inj</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 2 meq/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 10 meq/50ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 10 meq/100ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 20 meq/50ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 20 meq/100ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium chloride inj 40 meq/100ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inj 0.9%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inj 0.45%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inj 3%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inj 5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride iv soln 0.9%</td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

**VITAMINS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol cap 0.5 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcitriol cap 0.25 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcitriol inj 1 mcg/ml</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cholecalciferol cap 50000 unit</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL CAP HARMONY</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL CAP MEDLEY</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL MIS</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL MIS 90 DHA</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL MIS B-CALM</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL PAK ASSURE</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL PAK DHA</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL TAB BLOOM</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL TAB RX</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>cyanocobalamin inj 1000 mcg/ml</td>
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<td></td>
</tr>
<tr>
<td>doxercalciferol cap 0.5 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol cap 1 mcg</td>
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</tr>
<tr>
<td>doxercalciferol cap 2.5 mcg</td>
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<td></td>
</tr>
<tr>
<td>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</td>
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<tr>
<td>elite-ob tab</td>
<td>Generic</td>
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<tr>
<td>ergocalciferol cap 50000 unit</td>
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<tr>
<td>folic acid tab 1 mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>folic acid tab 400 mcg</td>
<td>Preventive</td>
<td>QL (100 tabs / 30 days); $0 copay for women ages 55 and under</td>
</tr>
<tr>
<td>folic acid tab 800 mcg</td>
<td>Preventive</td>
<td>QL (100 tabs / 30 days); $0 copay for women ages 55 and under</td>
</tr>
<tr>
<td>multi-vit/fe dro /fl 0.25</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>multi-vit/fl dro 0.5mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>multi-vit/fl dro 0.25mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>multi-vit/fl dro /fe 0.25</td>
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</tr>
<tr>
<td>multivit/fl chw 0.5mg</td>
<td>Generic</td>
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</tr>
<tr>
<td>multivit/fl chw 0.25mg</td>
<td>Generic</td>
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<td>multivit/fl chw 1mg</td>
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<td></td>
</tr>
<tr>
<td>mvc-fluoride chw 1mg</td>
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<td></td>
</tr>
<tr>
<td>paricalcitol cap 1 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>paricalcitol cap 2 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>paricalcitol cap 4 mcg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>paricalcitol iv soln 2 mcg/ml</td>
<td>Generic</td>
<td></td>
</tr>
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</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>paricalcitol iv soln 5 mcg/ml</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>phytonadione tab 5 mg</em></td>
<td>Generic</td>
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</tr>
<tr>
<td><em>prenatabs rx tab</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>pyridoxine hcl tab 25 mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>pyridoxine hcl tab 50 mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>tri-vit/fe dro /fl 0.25</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>tri-vit/fl dro 0.5mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>tri-vit/fl dro 0.25mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>virt-vite tab forte</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>vit a/c/d/fl dro 0.25mg</em></td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

- *bacitracin-polymyxin-neomycin-hc ophth oint 1%*   Generic
- **BLEPHAMIDE OIN S.O.P.**  Preferred Brand
- **BLEPHAMIDE SUS OP**  Preferred Brand
- *neomycin-polymyxin-dexamethasone ophth oint 0.1%*   Generic
- *neomycin-polymyxin-dexamethasone ophth susp 0.1%*   Generic
- *neomycin-polymyxin-hc ophth susp*   Generic
- *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%*   Generic
- **TOBRADEX OIN 0.3-0.1%**  Preferred Brand
- **TOBRADEX ST SUS 0.3-0.05**  Preferred Brand
- *tobramycin-dexamethasone ophth susp 0.3-0.1%*   Generic

**ANTI-INFECTIVES**

- **AZASITE SOL 1%**  Preferred Brand
- *bacitracin ophth oint 500 unit/gm*   Generic
- *bacitracin-polymyxin b ophth oint*   Generic
- **BESIVANCE SUS 0.6%**  Non-Preferred Brand
- *ciprofloxacin hcl ophth soln 0.3%*   Generic
- *erythromycin ophth oint 5 mg/gm*   Generic
- *gatifloxacin ophth soln 0.5%*   Generic
- *gent oin 0.3% op*   Generic
- *gentamicin sulfate ophth oint 0.3%*   Generic
- *gentamicin sulfate ophth soln 0.3%*   Generic
- *levofloxacin ophth soln 0.5%*   Generic

---

PA - Prior Authorization  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOXEZA SOL 0.5%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>moxifloxacin hcl ophth soln 0.5% (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NATACYN SUS 5% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophth soln 0.3%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>polycin oin op</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth oint 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth soln 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin ophth soln 0.3%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>trifluridine ophth soln 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN GEL 0.15%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
</tbody>
</table>

### ANTI-INFLAMMATORIES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUVAIL SOL 0.45%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ALREX SUS 0.2%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate ophth soln 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DUREZOL EMU 0.05%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>FLAREX SUS 0.1% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>fluorometholone ophth susp 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen sodium ophth soln 0.03%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FML FORTE SUS 0.25% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>FML OIN 0.1% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ILEVRO DRO 0.3% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.4%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTE MAX GEL 0.5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>LOTE MAX OIN 0.5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>LOTE MAX SUS 0.5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>MAXIDEX SUS 0.1% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>NEVANAC SUS 0.1%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>PRED MILD SUS 0.12% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>PRED SOD PHO SOL 1% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>prednisolone acetate ophth susp 1%</td>
<td>Generic</td>
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**ANTIALLERGICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOCRIL SOL 2%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ALOMIDE SOL 0.1% OP</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>azelastine hcl ophth soln 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>BEPREVE DRO 1.5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>cromolyn sodium ophth soln 4%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EMADINE SOL 0.05% OP</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>epinastine hcl ophth soln 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>LASTACAFT SOL 0.25%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PA ZEO DRO 0.7%</td>
<td>Preferred</td>
<td>Brand</td>
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**ANTIGLAUCOMA**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAGAN P SOL 0.1%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Description</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>apraclonidine hcl ophth soln 0.5% (base equivalent)</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>AZOPT SUS 1% OP</td>
<td></td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>betaxolol hcl ophth soln 0.5%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>BETIMOL SOL 0.5%</td>
<td></td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>BETIMOL SOL 0.25%</td>
<td></td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>BETOPTIC-S SUS 0.25% OP</td>
<td></td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>bimatoprost ophth soln 0.03%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>brimonidine tartrate ophth soln 0.2%</td>
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<td>Generic</td>
</tr>
<tr>
<td>brimonidine tartrate ophth soln 0.15%</td>
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<td>Generic</td>
</tr>
<tr>
<td>carteolol hcl ophth soln 1%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>COMBIGAN SOL 0.2/0.5%</td>
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<td>Preferred Brand</td>
</tr>
<tr>
<td>dorzolamide hcl ophth soln 2%</td>
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<td>Generic</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>IOPIDINE SOL 1% OP</td>
<td></td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>latanoprost ophth soln 0.005%</td>
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<td>Generic</td>
</tr>
<tr>
<td>levobunolol hcl ophth soln 0.5%</td>
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<td>Generic</td>
</tr>
<tr>
<td>LUMIGAN SOL 0.01%</td>
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<td>Preferred Brand</td>
</tr>
<tr>
<td>metipranolol ophth soln 0.3%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>PHOSPHOLINE SOL 0.125%OP</td>
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<td>Non-Preferred Brand</td>
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<tr>
<td>pilocarpine hcl ophth soln 1%</td>
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<td>Generic</td>
</tr>
<tr>
<td>SIMBRINZA SUS 1-0.2%</td>
<td></td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
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<td>Generic</td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.25%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5% (once-daily)</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>TIMOPTIC OCU SOL 0.5% OP</td>
<td></td>
<td>Preferred Brand</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMOPTIC OCU SOL 0.25% OP</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>TRAVATAN Z DRO 0.004%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>ZIOPTAN DRO 0.0015%</td>
<td>Non-</td>
<td>Preferred</td>
</tr>
<tr>
<td></td>
<td>Preferred</td>
<td>ST; PA**</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine sulfate ophth soln 1%</td>
<td>Generic</td>
</tr>
<tr>
<td>CYSTARAN SOL 0.44%</td>
<td>Non-</td>
</tr>
<tr>
<td></td>
<td>Preferred</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
</tr>
<tr>
<td>LACRISERT MIS 5MG OP</td>
<td>Non-</td>
</tr>
<tr>
<td></td>
<td>Preferred</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 2.5%</td>
<td>Generic</td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 10%</td>
<td>Generic</td>
</tr>
<tr>
<td>proparacaine hcl ophth soln 0.5%</td>
<td>Generic</td>
</tr>
<tr>
<td>RESTASIS EMU 0.05%</td>
<td>Preferred</td>
</tr>
<tr>
<td></td>
<td>Brand</td>
</tr>
<tr>
<td>tropicamide ophth soln 0.5%</td>
<td>Generic</td>
</tr>
<tr>
<td>tropicamide ophth soln 1%</td>
<td>Generic</td>
</tr>
</tbody>
</table>

**OTHER**

**IRRIGATION SOLUTIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>physiolyte sol</td>
<td>Generic</td>
</tr>
<tr>
<td>physiosol sol irrigat</td>
<td>Generic</td>
</tr>
<tr>
<td>tis-u-sol sol</td>
<td>Generic</td>
</tr>
</tbody>
</table>

**RESPIRATORY**

**ANAPHYLAXIS TREATMENT AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</td>
<td>Generic</td>
<td>(generic manufactured by Teva)</td>
</tr>
<tr>
<td>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</td>
<td>Generic</td>
<td>(generic of Adrenaclick)</td>
</tr>
<tr>
<td>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</td>
<td>Generic</td>
<td>(generic of Adrenaclick)</td>
</tr>
<tr>
<td>EPIPEN 2-PAK INJ 0.3MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>EPIPEN-JR INJ 0.15MG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
</tbody>
</table>

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS$**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEVESPI AER 9-4.8MCG</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>COMBIVENT AER 20-100</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QL (2 inhalers / 25 days)</td>
</tr>
<tr>
<td>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</td>
<td>Generic</td>
<td>QL (6 boxes / 25 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><strong>ANTICHOLINERGICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCRUSE ELPT INH 62.5MCG</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>ipratropium bromide inhal soln 0.02%</td>
<td>Generic</td>
<td>QL (5 boxes / 25 days)</td>
</tr>
<tr>
<td>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SPIRIVA AER 1.25MCG</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>SPIRIVA CAP HANDIHLR</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>SPIRIVA SPR 2.5MCG</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td><strong>ANTIHISTAMINE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DYMISTA SPR 137-50</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td><strong>ANTI-HISTAMINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine hcl nasal spray 0.1% (137 mcg/spray)</td>
<td>Generic</td>
<td>QL (2 bottles / 25 days)</td>
</tr>
<tr>
<td>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</td>
<td>Generic</td>
<td>QL (2 bottles / 25 days)</td>
</tr>
<tr>
<td>brompheniramine tannate chew tab 12 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate soln 4 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate tab 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CLARINEX SYP 0.5MG/ML</td>
<td>Non-PREFERRED Brand</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>clemastine fumarate tab 2.68 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>cyproheptadine hcl syrup 2 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl tab 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>desloratadine tab 5 mg</td>
<td>Generic</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>desloratadine tab orally disintegrating 2.5 mg</td>
<td>Generic</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>desloratadine tab orally disintegrating 5 mg</td>
<td>Generic</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl inj 50 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl im soln 25 mg/ml</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  
**PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydroxyzine hcl im soln 50 mg/ml</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine hcl syrup 10 mg/5ml</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine hcl tab 10 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine hcl tab 25 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine hcl tab 50 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine pamoate cap 25 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine pamoate cap 50 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>hydroxyzine pamoate cap 100 mg</td>
<td>Generic</td>
<td>PA; High Risk Medications require PA for members age 70 and older</td>
</tr>
<tr>
<td>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</td>
<td>Generic</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>levocetirizine dihydrochloride tab 5 mg</td>
<td>Generic</td>
<td>NSA: Coverage Limitation May Apply</td>
</tr>
<tr>
<td>olopatadine hcl nasal soln 0.6%</td>
<td>Generic</td>
<td>QL (1 container / 25 days)</td>
</tr>
</tbody>
</table>

**BETA AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
<td>Generic</td>
<td>QL (2 inhalers / 25 days)</td>
</tr>
<tr>
<td>albuterol sulfate soln nebu 0.5% (5 mg/ml)</td>
<td>Generic</td>
<td>QL (60 mL / 25 days)</td>
</tr>
<tr>
<td>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</td>
<td>Generic</td>
<td>QL (5 boxes / 25 days)</td>
</tr>
<tr>
<td>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</td>
<td>Generic</td>
<td>QL (5 boxes / 25 days)</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</td>
<td>Generic</td>
<td>QL (5 boxes / 25 days)</td>
</tr>
<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tab 2 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tab 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tab er 12hr 4 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tab er 12hr 8 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</td>
<td>Generic</td>
<td>QL (300 mL / 25 days)</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</td>
<td>Generic</td>
<td>QL (300 mL / 25 days)</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</td>
<td>Generic</td>
<td>QL (300 mL / 25 days)</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</td>
<td>Generic</td>
<td>QL (45 mL / 25 days)</td>
</tr>
<tr>
<td>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</td>
<td>Generic</td>
<td>QL (2 inhalers / 25 days)</td>
</tr>
<tr>
<td>metaproterenol sulfate syrup 10 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metaproterenol sulfate tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metaproterenol sulfate tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PERFOROMIST NEB 20MCG</td>
<td>Preferred Brand</td>
<td>QL (2 boxes / 25 days)</td>
</tr>
<tr>
<td>PROAIR HFA AER</td>
<td>Preferred Brand</td>
<td>QL (2 inhalers / 25 days)</td>
</tr>
<tr>
<td>PROAIR RESPI AER</td>
<td>Preferred Brand</td>
<td>QL (2 packages / 25 days)</td>
</tr>
<tr>
<td>STRIVERDI AER 2.5MCG</td>
<td>Preferred Brand</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>terbutaline sulfate inj 1 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate tab 2.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate tab 5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>BIOLOGIC RESPONSE MODIFIERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUCALA INJ 100MG</td>
<td>Preferred Specialty</td>
<td>QL (3 injections / 28 days), PA; MB; SP</td>
</tr>
<tr>
<td>XOLAIR INJ 75/0.5</td>
<td>Preferred Specialty</td>
<td>QL (2 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>XOLAIR INJ 150MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (4 syringes / 28 days), PA; SP</td>
</tr>
<tr>
<td>XOLAIR SOL 150MG</td>
<td>Preferred Specialty</td>
<td>QL (6 vials / 28 days), PA; SP</td>
</tr>
<tr>
<td><strong>COLD/COUGH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>benzonatate cap 100 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>benzonatate cap 200 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cheratussin syp ac</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone w/ homatropine tab 5-1.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydromet syp 5-1.5/5</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NORTUSS-EX LIQ 200-20/5</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td>prometh vc sol plain</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prometh vc/ syp codeine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>promethazine-dm syrup 6.25-15 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tussigon tab 5-1.5mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>TUZISTRA XR SUS</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VITUZ SOL 5-4MG</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td><strong>LEUKOTRIENE MODIFIERS</strong></td>
<td></td>
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</tr>
<tr>
<td>zileuton tab er 12hr 600 mg</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td><strong>LEUKOTRIENE RECEPTOR ANTAGONISTS</strong></td>
<td></td>
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</tr>
<tr>
<td>montelukast sodium chew tab 4 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium chew tab 5 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium oral granules packet 4 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium tab 10 mg (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>zafirlukast tab 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>zafirlukast tab 20 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>MAST CELL STABILIZERS§</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium soln nebu 20 mg/2ml</td>
<td>Generic</td>
<td>QL (2 boxes / 25 days)</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetylcysteine inhal soln 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acetylcysteine inhal soln 20%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DALIRESP TAB 250MCG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>DALIRESP TAB 500MCG</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>ESBRIET CAP 267MG</td>
<td>Preferred Specialty</td>
<td>QL (270 caps / 30 days), PA; SP</td>
</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESBRIET TAB 267MG</td>
<td>Preferred</td>
<td>QL (270 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>ESBRIET TAB 801MG</td>
<td>Preferred</td>
<td>QL (90 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>GLASSIA INJ</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>KALYDECO PAK 50MG</td>
<td>Preferred</td>
<td>QL (60 packets / 30 days), PA; SP</td>
</tr>
<tr>
<td>KALYDECO PAK 75MG</td>
<td>Preferred</td>
<td>QL (60 packets / 30 days), PA; SP</td>
</tr>
<tr>
<td>KALYDECO TAB 150MG</td>
<td>Preferred</td>
<td>QL (60 tabs / 30 days), PA; SP</td>
</tr>
<tr>
<td>ORKAMBI GRA 100-125</td>
<td>Preferred</td>
<td>QL (56 packets / 28 days), PA; SP</td>
</tr>
<tr>
<td>ORKAMBI GRA 150-188</td>
<td>Preferred</td>
<td>QL (56 packets / 28 days), PA; SP</td>
</tr>
<tr>
<td>ORKAMBI TAB 100-125</td>
<td>Preferred</td>
<td>QL (112 tabs / 28 days), PA; SP</td>
</tr>
<tr>
<td>ORKAMBI TAB 200-125</td>
<td>Preferred</td>
<td>QL (112 tabs / 28 days), PA; SP</td>
</tr>
<tr>
<td>PROLASTIN-C INJ 1000MG</td>
<td>Preferred</td>
<td>PA; MB; SP</td>
</tr>
<tr>
<td>PROLASTIN-C INJ 1000MG</td>
<td>Preferred</td>
<td>PA; SP</td>
</tr>
<tr>
<td>sodium chloride soln nebu 0.9%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride soln nebu 3%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride soln nebu 7%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sodium chloride soln nebu 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SYMDEKO TAB 100-150</td>
<td>Preferred</td>
<td>QL (56 tabs / 28 days), PA; SP</td>
</tr>
</tbody>
</table>

**NASAL STEROIDS§**

- flunisolide nasal soln 25 mcg/act (0.025%) Generic
  - QL (3 containers / 25 days)
- fluticasone propionate nasal susp 50 mcg/act
  - QL (1 container / 25 days)
- OMNARIS SPR
  - Non-Preferred Brand
  - QL (1 package / 25 days), ST; PA**
- triamcinolone acetonide nasal aerosol suspension 55 mcg/act
  - Generic
  - QL (1 bottle / 25 days)

**STEROID INHALANTS§**

- ASMANEX 30 AER 110MCG
  - Preferred Brand
  - QL (2 inhalers / 25 days)
- ASMANEX 30 AER 220MCG
  - Preferred Brand
  - QL (4 inhalers / 25 days)
- ASMANEX 60 AER 220MCG
  - Preferred Brand
  - QL (2 inhalers / 25 days)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASMANEX 120 AER 220MCG</td>
<td>Preferred</td>
<td>QL (1 inhaler / 25 days)</td>
</tr>
<tr>
<td>ASMANEX HFA AER 100 MCG</td>
<td>Preferred</td>
<td>QL (1 inhaler / 25 days)</td>
</tr>
<tr>
<td>ASMANEX HFA AER 200 MCG</td>
<td>Preferred</td>
<td>QL (1 inhaler / 25 days)</td>
</tr>
<tr>
<td>budesonide inhalation susp 0.5 mg/2ml</td>
<td>Generic</td>
<td>QL (2 boxes / 25 days)</td>
</tr>
<tr>
<td>budesonide inhalation susp 0.25 mg/2ml</td>
<td>Generic</td>
<td>QL (3 boxes / 25 days)</td>
</tr>
<tr>
<td>budesonide inhalation susp 1 mg/2ml</td>
<td>Generic</td>
<td>QL (1 box / 25 days)</td>
</tr>
<tr>
<td>QVAR REDIHA AER 80MCG</td>
<td>Preferred</td>
<td>QL (2 packages / 25 days)</td>
</tr>
<tr>
<td>QVAR REDIHAL AER 40MCG</td>
<td>Preferred</td>
<td>QL (2 packages / 25 days)</td>
</tr>
</tbody>
</table>

**STEROID/BETA-AGONIST COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVAIR DISKU AER 100/50</td>
<td>Generic</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>ADVAIR DISKU AER 250/50</td>
<td>Generic</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>ADVAIR DISKU AER 500/50</td>
<td>Generic</td>
<td>QL (1 package / 25 days)</td>
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<tr>
<td>ADVAIR HFA AER 45/21</td>
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<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 115/21</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 230/21</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INH 100-25</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>BREO ELLIPTA INH 200-25</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>SYMBICORT AER 80-4.5</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
<tr>
<td>SYMBICORT AER 160-4.5</td>
<td>Preferred</td>
<td>QL (1 package / 25 days)</td>
</tr>
</tbody>
</table>

**XANTHINES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>aminophylline inj 25 mg/ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ELIXOPHYLLIN ELX 80/15ML</td>
<td>Non-Preferred</td>
<td></td>
</tr>
<tr>
<td>THEO-24 CAP 100MG CR</td>
<td>Non-Preferred</td>
<td></td>
</tr>
<tr>
<td>THEO-24 CAP 200MG CR</td>
<td>Non-Preferred</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **MB** - Medical Benefit  **PA** - Applies if Step not met  **OC** - Oral Oncology Medication  **SP** - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEO-24 CAP 300MG CR</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>THEO-24 CAP 400MG ER</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>theochron tab 100mg cr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>theochron tab 200mg cr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>theochron tab 300mg cr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>theophylline soln 80 mg/15ml</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>theophylline tab er 12hr 450 mg</td>
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<tr>
<td>theophylline tab er 24hr 400 mg</td>
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<tr>
<td>theophylline tab er 24hr 600 mg</td>
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<td>TOPICAL</td>
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<tr>
<td>DERMATOLOGY, ACNE</td>
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<td></td>
</tr>
<tr>
<td>adapalene cream 0.1%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>adapalene gel 0.1%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>adapalene gel 0.3%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>adapalene lotion 0.1%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide gel 0.1-2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>amnesteem cap 10mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>amnesteem cap 20mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>amnesteem cap 40mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>avita cre 0.025%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>avita gel 0.025%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>AZELEX CRE 20%</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>BENZIQ GEL 5.25%</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>BENZIQ LS GEL 2.75%</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>benziq wash liq 5.25%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>benzoyl peroxide-erythromycin gel 5-3%</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

PA - Prior Authorization  
QL - Quantity Limits  
ST - Step Therapy  
MB - Medical Benefit  
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OC - Oral Oncology Medication  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bp wash liq 2.5%</td>
<td>Generic</td>
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</tr>
<tr>
<td>claravis cap 10mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>claravis cap 20mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>claravis cap 30mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>claravis cap 40mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>clearplex x gel 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate foam 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate gel 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate lotion 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate soln 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1-5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EPIDUO FORTE GEL 0.3-2.5%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ery pad 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>erythromycin gel 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>erythromycin pads 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>erythromycin soln 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>myorisan cap 20mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>myorisan cap 40mg</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>sulfacetamide sodium lotion 10% (acne)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tretinoin cream 0.1%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>tretinoin cream 0.05%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>tretinoin cream 0.025%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>tretinoin gel 0.01%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
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<tr>
<td>tretinoin gel 0.05%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>tretinoin gel 0.025%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</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>tretinoin microsphere gel 0.1%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.04%</td>
<td>Generic</td>
<td>PA; PA applies for members age 35 and older</td>
</tr>
</tbody>
</table>

**DERMATOLOGY, ACTINIC KERATOSIS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUOROPLEX CRE 1%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>fluorouracil cream 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluorouracil cream 5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluorouracil soln 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluorouracil soln 5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>imiquimod cream 5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PICATO GEL 0.05%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>PICATO GEL 0.015%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY, ANTIBIOTICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTABAX OIN 1%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>BACTROBAN OIN NASAL 2%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN CRE 0.5%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN OIN 1%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate cream 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate oint 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>IV PREP WIPE PAD</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>mupirocin oint 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>silver sulfadiazine cream 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ssd cre 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLON CRE 85MG/GM</td>
<td>Non-Preferred Brand</td>
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**DERMATOLOGY, ANTIFUNGALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ciclopirox gel 0.77%</td>
<td>Generic</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>ciclopirox olamine cream 0.77% (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine susp 0.77% (base equiv)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ciclopirox shampoo 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ciclopirox solution 8%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clotrimazole cream 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clotrimazole soln 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>econazole nitrate cream 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ERTACZO CRE 2%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>EXELDERM CRE 1%</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>EXELDERM SOL 1%</td>
<td>Non-Preferred Brand</td>
<td>ST; PA**</td>
</tr>
<tr>
<td>JUBLIA SOL 10%</td>
<td>Non-Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>ketoconazole cream 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ketoconazole foam 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>MENTAX CRE 1%</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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</tr>
<tr>
<td>nyamyc pow 100000</td>
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<tr>
<td>nystatin cream 100000 unit/gm</td>
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<td></td>
</tr>
<tr>
<td>nystatin oint 100000 unit/gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
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<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nystop pow 100000</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>oxiconazole nitrate cream 1%</td>
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<td></td>
</tr>
<tr>
<td>OXISTAT LOT 1%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
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<tr>
<td><strong>DERMATOLOGY, ANTIPRURITIC</strong></td>
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<td></td>
</tr>
<tr>
<td>doxepin hcl cream 5%</td>
<td>Generic</td>
<td>QL (90 grams / 25 days), ST; PA**</td>
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<tr>
<td><strong>DERMATOLOGY, ANTIPSORIATICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin cap 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acitretin cap 17.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acitretin cap 25 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcipotriene cream 0.005%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>calcipotriene oint 0.005%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcitrene oin 0.005%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>calcitriol oint 3 mcg/gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>COSENTYX INJ 150MG/ML</td>
<td>Preferred Specialty</td>
<td>QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis; SP</td>
</tr>
<tr>
<td>COSENTYX PEN INJ 300DOSE</td>
<td>Preferred Specialty</td>
<td>QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis; SP</td>
</tr>
<tr>
<td>methoxsalen rapid cap 10 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tazarotene cream 0.1%</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>TAZORAC CRE 0.05%</td>
<td>Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>TAZORAC GEL 0.1%</td>
<td>Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td>TAZORAC GEL 0.05%</td>
<td>Preferred Brand</td>
<td>PA</td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTISEBORRHEICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketoconazole shampoo 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>selenium sulfide lotion 2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>DERMATOLOGY, CORTICOSTEROIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ala-cort cre 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>alclometasone dipropionate oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>alphatrex gel 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>amcinonide cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>amcinonide lotion 0.1%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>AMCINONIDE OIN 0.1%</td>
<td>Preferred Brand</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
</tbody>
</table>

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    MB - Medical Benefit
PA** - Applies if Step not met    OC - Oral Oncology Medication    SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betamethasone dipropionate augmented gel 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented lotion 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone valerate aerosol foam 0.12%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate cream 0.1% (base equivalent)</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>betamethasone valerate lotion 0.1% (base equivalent)</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>clobetasol propionate foam 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate gel 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>clobetasol propionate lotion 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>clobetasol propionate oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>clobetasol propionate shampoo 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate soln 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate spray 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clocortolone pivalate cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desonide cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desonide lotion 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desonide oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desoximetasone cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desoximetasone cream 0.25%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desoximetasone gel 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desoximetasone oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>desoximetasone oint 0.25%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>diflorasone diacetate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>diflorasone diacetate oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluocinolone acetonide cream 0.01%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide cream 0.025%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluocinolone acetonide oil 0.01% (body oil)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oil 0.01% (scalp oil)</td>
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<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oint 0.025%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluocinolone acetonide soln 0.01%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluocinonide cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</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>fluocinonide gel 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluocinonide oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluocinonide soln 0.05%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>flurandrenolide cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>flurandrenolide lotion 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>flurandrenolide oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluticasone propionate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>fluticasone propionate lotion 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>fluticasone propionate oint 0.005%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>halobetasol propionate cream 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>halobetasol propionate oint 0.05%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>HALOG CRE 0.1%</td>
<td>Non-Preferred Brand</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>HALOG OIN 0.1%</td>
<td>Non-Preferred Brand</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>hydrocortisone butyrate cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>hydrocortisone butyrate oint 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>hydrocortisone butyrate soln 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone cream 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone cream 2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone lotion 2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oint 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oint 2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone valerate cream 0.2%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>hydrocortisone valerate oint 0.2%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>lokara lot 0.05%</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>mometasone furoate cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>mometasone furoate oint 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>mometasone furoate solution 0.1% (lotion)</td>
<td>Generic</td>
<td>QL (120mL / 25 days)</td>
</tr>
<tr>
<td>prednicarbate cream 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>prednicarbate oint 0.1%</td>
<td>Generic</td>
<td>QL (120g / 25 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide aerosol soln 0.147 mg/gm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.025%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide lotion 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide lotion 0.025%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.025%</td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  MB - Medical Benefit  
PA** - Applies if Step not met  OC - Oral Oncology Medication  SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>triderm cre 0.1%</td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

**DERMATOLOGY, LOCAL ANESTHETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine hcl gel 2%</td>
<td>Generic</td>
<td>QL (30gm / 25 days)</td>
</tr>
<tr>
<td>lidocaine hcl soln 4%</td>
<td>Generic</td>
<td>QL (50mL / 25 days)</td>
</tr>
<tr>
<td>lidocaine oint 5%</td>
<td>Generic</td>
<td>QL (50gm / 25 days)</td>
</tr>
<tr>
<td>lidocaine patch 5%</td>
<td>Generic</td>
<td>QL (90 patches / 25 days), PA</td>
</tr>
<tr>
<td>lidocaine-prilocaine cream 2.5-2.5%</td>
<td>Generic</td>
<td>QL (30gm / 25 days)</td>
</tr>
<tr>
<td>lidocaine-prilocaine cream kit 2.5-2.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pramox gel 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SYNERA DIS 70-70MG</td>
<td>Non-Preferred Brand</td>
<td>QL (2 patches / 25 days)</td>
</tr>
<tr>
<td>7t lido gel 2%</td>
<td>Generic</td>
<td>QL (30 gm / 25 days)</td>
</tr>
</tbody>
</table>

**DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir oint 5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CONDYLOX GEL 0.5%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>DENAVIR CRE 1%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium gel 1%</td>
<td>Generic</td>
<td>QL (500g / 25 days)</td>
</tr>
<tr>
<td>ELIDEL CRE 1%</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>EUCRISA OIN 2%</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) cream 12%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) lotion 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) lotion 12%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>podofilox soln 0.5%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>RECTIV OIN 0.4%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>tacrolimus oint 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tacrolimus oint 0.03%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>TARGRETIN GEL 1%</td>
<td>Preferred Specialty</td>
<td>PA; OC; SP</td>
</tr>
<tr>
<td>VEREGEN OIN 15%</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY, ROSACEA**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelaic acid gel 15%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FINACEA AER 15%</td>
<td>Preferred Brand</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>FINACEA GEL 15%</td>
<td>Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>metronidazole cream 0.75%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>metronidazole gel 0.75%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>metronidazole gel 1%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>metronidazole lotion 0.75%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>MIRVASO GEL 0.33%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>rosadan cre 0.75%</em></td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

**DERMATOLOGY, SCABICIDES AND PEDICULULIDES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>crotan lot 10%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EURAX CRE 10%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>lindane shampoo 1%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>malathion lotion 0.5%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>permethrin cream 5%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>SKLICE LOT 0.5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>spinosad susp 0.9%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ULESFIA LOT 5%</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
</tbody>
</table>

**DERMATOLOGY, WOUND CARE AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGRANEX GEL 0.01%</td>
<td>Non-Preferred</td>
<td>PA</td>
</tr>
<tr>
<td>SANTYL OIN 250/GM</td>
<td>Non-Preferred</td>
<td>PA</td>
</tr>
<tr>
<td><em>sodium chloride irrigation soln 0.9%</em></td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
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**MOUTH/THROAT/DENTAL AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>cevimeline hcl cap 30 mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>chlorhexidine gluconate soln 0.12%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>clotrimazole troche 10 mg</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine hcl laryngotracheal soln 4%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine hcl viscous soln 2%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>nystatin susp 100000 unit/ml</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>oralone dent pst 0.1%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ORAVIG TAB 50MG</td>
<td>Non-Preferred</td>
<td>Brand</td>
</tr>
<tr>
<td><em>periogard sol 0.12%</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>pilocarpine hcl tab 5 mg</em></td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   MB - Medical Benefit   PA** - Applies if Step not met   OC - Oral Oncology Medication   SP - Specialty Medication
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>pilocarpine hcl tab 7.5 mg</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide dental paste 0.1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>OTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid 2% in aluminum acetate otic soln</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>acetic acid otic soln 2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CIPRO HC SUS OTIC</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX SUS 0.3-0.1%</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>COLY-MYCIN S SUS OTIC</td>
<td>Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide (otic) oil 0.01%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone w/ acetic acid otic soln 1-2%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic soln 1%</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</td>
<td>Generic</td>
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<tr>
<td>ofloxacin otic soln 0.3%</td>
<td>Generic</td>
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</tbody>
</table>
### Index

<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>7</td>
<td>7t lido gel 2% ........................................ 163</td>
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<tr>
<td>A</td>
<td>abacavir sulfate soln 20 mg/ml (base equiv) .............. 25</td>
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<td></td>
<td>abacavir sulfate tab 300 mg (base equiv) .................. 25</td>
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<td></td>
<td>abacavir sulfate-lamivudine tab 600-300 mg ................ 28</td>
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<td>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg ... 28</td>
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<td>abiraterone acetate tab 250 mg .................. 42</td>
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<td>ABRAXANE INJ 100MG .................................. 40</td>
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<td>betamethasone valerate aerosol foam 0.12%</td>
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<td>betamethasone valerate cream 0.1% (base equivalent)</td>
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<tr>
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<tr>
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<tr>
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<td>bumetanide inj 0.25 mg/ml</td>
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<td>buprenorphine hcl sl tab 8 mg (base equiv)</td>
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<td>ciprofloxacin iv soln 200 mg/20ml (1%)</td>
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<td>ciprofloxacin iv soln 400 mg/40ml (1%)</td>
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<td>clindamycin phosphate foam 1%</td>
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dicyclomine hcl tab 20 mg ........... 120
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<td>EZ FLU SHOT INJ 2018-19</td>
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<td>ezetimibe tab 10 mg</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-10 mg</td>
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<td>ezetimibe-simvastatin tab 10-80 mg</td>
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<td>FACTIVE TAB 320MG</td>
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<td>falmina tab</td>
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<tr>
<td>famciclovir tab 250 mg</td>
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<td>famciclovir tab 500 mg</td>
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<tr>
<td>famotidine for susp 40 mg/5ml</td>
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<tr>
<td>famotidine in nacl 0.9% iv soln 20 mg/50ml</td>
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<tr>
<td>famotidine inj 20 mg/2ml</td>
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<tr>
<td>famotidine inj 200 mg/20ml</td>
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<tr>
<td>famotidine inj 40 mg/4ml</td>
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<td>FARESTON TAB 60MG</td>
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<tr>
<td>FARXIGA TAB 10MG</td>
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<tr>
<td>FARXIGA TAB 5MG</td>
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<tr>
<td>FARYDAK CAP 10MG</td>
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<td>FARYDAK CAP 15MG</td>
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<td>FARYDAK CAP 20MG</td>
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<tr>
<td>FASLODEX INJ 250/5ML</td>
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<td>felbamate tab 600 mg</td>
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<td>felodipine tab er 24hr 10 mg</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 1600 mcg</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 800 mcg</td>
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<tr>
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<tr>
<td>fentanyl td patch 72hr 12 mcg/hr</td>
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<tr>
<td>fentanyl td patch 72hr 25 mcg/hr</td>
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<tr>
<td>fentanyl td patch 72hr 50 mcg/hr</td>
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<td>FERRIPROX TAB 500MG</td>
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<td>Quantity</td>
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<td>FIASP INJ 100/ML</td>
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<td>FINACEA AER 15%</td>
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<td>FINACEA GEL 15%</td>
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<td>FIRAZYR INJ 30MG/3ML</td>
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<td>FLAREX SUS 0.1% OP</td>
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<tr>
<td>flavoxate hcl tab 100 mg</td>
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<tr>
<td>flecainide acetate tab 100 mg</td>
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<tr>
<td>FLEXICHAMBER MIS MASK SM</td>
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<tr>
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<td>fluconazole for susp 40 mg/ml</td>
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<tr>
<td>fluconazole in dextrose inj 200 mg/100ml</td>
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<td>fluconazole in dextrose inj 400 mg/200ml</td>
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<tr>
<td>fluconazole in nacl 0.9% inj 200 mg/100ml</td>
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<tr>
<td>fluconazole in nacl 0.9% inj 400 mg/200ml</td>
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<td>FLUCONAZOLE/ INJ NACL 100</td>
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<td>fludarabine phosphate for inj 50 mg</td>
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<td>fludrocortisone acetate tab 0.1 mg</td>
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<tr>
<td>flunisolide nasal soln 25 mcg/act (0.025%)</td>
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<tr>
<td>flucinonide acetonide (otic) oil 0.01%</td>
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<tr>
<td>flucinolone acetonide cream 0.01%</td>
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<tr>
<td>flucinolone acetonide cream 0.025%</td>
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<tr>
<td>flucinolone acetonide oil 0.01% (body oil)</td>
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<tr>
<td>flucinolone acetonide oil 0.01% (scalp oil)</td>
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<tr>
<td>flucinolone acetonide oint 0.025%</td>
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<tr>
<td>flucinolone acetonide soln 0.01%</td>
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<tr>
<td>flucinonide cream 0.05%</td>
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<tr>
<td>flucinonide gel 0.05%</td>
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</tr>
<tr>
<td>flucinonide oint 0.05%</td>
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</tr>
<tr>
<td>flucinonide soln 0.05%</td>
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<tr>
<td>FUORABON DRO</td>
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<tr>
<td>fluor-a-day dro 0.125mg</td>
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<tr>
<td>fluoritab chw 0.25mg f</td>
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<tr>
<td>fluoritab chw 0.5mg f</td>
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<tr>
<td>fluoritab chw 2.2mg</td>
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<tr>
<td>fluorometholone ophth susp 0.1%</td>
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<tr>
<td>FLUOROPLEX CRE 1%</td>
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<tr>
<td>fluorouracil cream 0.5%</td>
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<td>fluorouracil cream 5%</td>
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<tr>
<td>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</td>
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<tr>
<td>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</td>
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<tr>
<td>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</td>
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<tr>
<td>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</td>
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<tr>
<td>fluorouracil soln 2%</td>
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<tr>
<td>fluorouracil soln 5%</td>
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<tr>
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<td>fluoxetine hcl tab 60 mg</td>
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<tr>
<td>fluphenazine decanoate inj 25 mg/ml</td>
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<tr>
<td>fluphenazine hcl elixir 2.5 mg/5ml</td>
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<tr>
<td>fluphenazine hcl inj 2.5 mg/ml</td>
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<tr>
<td>fluphenazine hcl oral conc 5 mg/ml</td>
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<tr>
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<tr>
<td>fluphenazine hcl tab 10 mg</td>
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<tr>
<td>fluphenazine hcl tab 2.5 mg</td>
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<td>fluphenazine hcl tab 5 mg</td>
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<tr>
<td>flura-drops dro 0.25mg f</td>
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<tr>
<td>flurandrenolide cream 0.05%</td>
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<tr>
<td>flurandrenolide lotion 0.05%</td>
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<tr>
<td>flurandrenolide oint 0.05%</td>
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<tr>
<td>flurbiprofen sodium ophth soln 0.03%</td>
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<tr>
<td>flurbiprofen tab 100 mg</td>
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<td>flurbiprofen tab 50 mg</td>
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<tr>
<td>Drug Name</td>
<td>Quantity</td>
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<tr>
<td>fluticasone propionate cream 0.05%</td>
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<tr>
<td>fluticasone propionate lotion 0.05%</td>
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<tr>
<td>fluticasone propionate nasal susp 50 mcg/act</td>
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<tr>
<td>fluticasone propionate oint 0.005%</td>
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<tr>
<td>fluvastatin sodium tab er 24 hr 80 mg</td>
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<tr>
<td>fluvoxamine maleate cap er 24hr 100 mg</td>
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<td>FLUZONE QUAD INJ 2018-19</td>
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<td>FML FORTE SUS 0.25% OP</td>
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<td>FML OIN 0.1% OP</td>
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<tr>
<td>folic acid tab 1 mg</td>
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<td>folic acid tab 400 mcg</td>
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<td>folic acid tab 800 mcg</td>
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<td>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</td>
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<td>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</td>
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<td>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</td>
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<td>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</td>
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<td>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</td>
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<td>FOSREXOL POW 1000MG</td>
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<td>FOSRENOL POW 750MG</td>
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<td>FYCOMPA TAB 10MG</td>
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<td>gabapentin cap 400 mg</td>
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<tr>
<td>gabapentin oral soln 250 mg/5ml</td>
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<td>GARDASIL INJ</td>
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<td>gatifloxacin ophth soln 0.5%</td>
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<td>gavilyte-c sol</td>
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<td>Drug Name</td>
<td>Quantity</td>
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<td>guanfacine hcl tab 2 mg</td>
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<tr>
<td>guanfacine hcl tab er 24 hr 1 mg (base equiv)</td>
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<tr>
<td>guanfacine hcl tab er 24 hr 2 mg (base equiv)</td>
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<td>guanfacine hcl tab er 24 hr 3 mg (base equiv)</td>
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<td>guanfacine hcl tab er 24 hr 4 mg (base equiv)</td>
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<td>GUANIDINE TAB 125MG</td>
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<td>GYNAZOLE-1 CRE 2%</td>
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<td>GYNOL II GEL 3%</td>
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<td>H halobetasol propionate cream 0.05%</td>
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<tr>
<td>halobetasol propionate oint 0.05%</td>
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<tr>
<td>HALOG CRE 0.1%</td>
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<tr>
<td>HALOG OIN 0.1%</td>
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<tr>
<td>haloperidol decanoate im soln 100 mg/ml</td>
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<tr>
<td>haloperidol decanoate im soln 50 mg/ml</td>
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<tr>
<td>haloperidol lactate inj 5 mg/ml</td>
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<td>haloperidol lactate oral conc 2 mg/ml</td>
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<td>haloperidol tab 0.5 mg</td>
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<td>haloperidol tab 5 mg</td>
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<tr>
<td>HARVONI TAB 90-400MG</td>
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<td>HAVRIX INJ 1440UNIT</td>
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<td>HAVRIX INJ 720UNIT</td>
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<td>heather tab 0.35mg</td>
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<td>HEMLIBRA INJ 105/0.7</td>
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<td>HEMLIBRA INJ 150/ML</td>
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<tr>
<td>HEMLIBRA INJ 30MG/ML</td>
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<td>HEMLIBRA INJ 60/0.4</td>
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<tr>
<td>heparin sodium (porcine) inj 1000 unit/ml</td>
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<tr>
<td>heparin sodium (porcine) inj 10000 unit/ml</td>
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<td>heparin sodium (porcine) inj 20000 unit/ml</td>
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<tr>
<td>heparin sodium (porcine) inj 5000 unit/ml</td>
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<td>heparin sodium (porcine) pf inj 5000</td>
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<td>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</td>
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<td>hydrocodone w/ homatropine tab 5-1.5 mg</td>
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<tr>
<td>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</td>
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<tr>
<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
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<tr>
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<tr>
<td>hydrocortisone butyrate soln 0.1%</td>
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<tr>
<td>hydrocortisone cream 1%</td>
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<tr>
<td>hydrocortisone cream 2.5%</td>
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<tr>
<td>hydrocortisone lotion 2.5%</td>
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<td>hydrocortisone oint 2.5%</td>
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<tr>
<td>hydrocortisone tab 20 mg</td>
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<td>hydrocortisone valerate cream 0.2%</td>
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<td>hydrocortisone valerate oint 0.2%</td>
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<td>hydrocortisone w/ acetic acid otic soln 1-2%</td>
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<td>hydroxyzine hcl tab 50 mg</td>
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<td>hydroxyzine pamoate cap 50 mg</td>
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<td>hyoscyamine sulfate tab er 12hr 0.375 mg</td>
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<td>HYQVIA INJ 10-800</td>
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<td>HYQVIA INJ 2.5-200</td>
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<td>HYQVIA INJ 20-1600</td>
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<td>HYQVIA INJ 30-2400</td>
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<td>HYQVIA INJ 5-400</td>
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<td>HYSINGLA ER TAB 80 MG</td>
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<td>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</td>
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<tr>
<td>ibandronate sodium tab 150 mg (base equivalent)</td>
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<td>IBRANCE CAP 100MG</td>
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<td>IBRANCE CAP 75MG</td>
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<td>ibuprofen susp 100 mg/5ml</td>
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<td>ibuprofen tab 600 mg</td>
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<td>ibuprofen tab 800 mg</td>
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<td>ICLUSIG TAB 15MG</td>
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<td>ICLUSIG TAB 45MG</td>
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<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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<tr>
<td>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</td>
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<tr>
<td>IDHIFA TAB 100MG</td>
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<tr>
<td>IDHIFA TAB 50MG</td>
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<td>ifosfamide for inj 1 gm</td>
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<tr>
<td>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</td>
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<tr>
<td>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</td>
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<tr>
<td>itraconazole oral soln 10 mg/ml</td>
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<td>IV PREP WIPE PAD</td>
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<td>ivermectin tab 3 mg</td>
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<td>JAKAFI TAB 10MG</td>
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<td>JAKAFI TAB 5MG</td>
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<td>JENTADUETO TAB XR</td>
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<td>jinteli tab 1mg-5mcg</td>
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<td>jolessa tab</td>
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<td>jolivette tab 0.35mg</td>
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<td>JUBLIA SOL 10%</td>
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<td>junel 1.5/30 tab</td>
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<tr>
<td>junel 1/20 tab</td>
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<tr>
<td>junel fe tab 1.5/30</td>
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<td>junel fe tab 1/20</td>
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<td>KADCYLA INJ 100MG</td>
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<tr>
<td>KALETRA TAB 200-50MG</td>
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<td>KALYDECO PAK 50MG</td>
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<td>KALYDECO PAK 75MG</td>
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<td>KALYDECO TAB 150MG</td>
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<td>kariva tab 28 day</td>
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<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.45% inj</td>
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<tr>
<td>kcl 40 meq/l (0.3%) in nacl 0.9% inj</td>
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<tr>
<td>k-effervesce tab 25meq ef</td>
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<td>kelnor tab 1/35</td>
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<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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<td>KETO-DIASTIX TES</td>
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<td>ketoprofen cap er 24hr 200 mg</td>
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<tr>
<td>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</td>
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<tr>
<td>ketorolac tromethamine inj 15 mg/ml</td>
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<td>ketorolac tromethamine inj 30 mg/ml</td>
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<td>ketorolac tromethamine ophth soln 0.4%</td>
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<td>ketorolac tromethamine tab 10 mg</td>
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<td>KEVZARA INJ 150/1.14</td>
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<td>KISQALI TAB 600DOSE</td>
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<td>klor-con 8 tab 8meq er</td>
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<td>KLOR-CON M15 TAB 15MEQ ER</td>
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<td>klor-con m20 tab 20meq er</td>
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<td>kurvelo tab 0.15/30</td>
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<td>KUVAN POW 100MG</td>
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<td>KUVAN POW 500MG</td>
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<td>KUVAN TAB 100MG</td>
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<td>KYLEENA IUD 19.5MG</td>
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<td>Labetalol hcl iv soln 5 mg/ml</td>
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<tr>
<td>labetalol hcl tab 300 mg</td>
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<td>LACRISERT MIS 5MG OP</td>
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<td>Lactic acid (ammonium lactate) cream 12%</td>
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<tr>
<td>Lactic acid (ammonium lactate) lotion 10%</td>
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<td>Lactic acid (ammonium lactate) lotion</td>
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<td>Medicine</td>
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<td>Lactulose solution 10 gm/15ml</td>
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<td>Lamivudine oral soln 10 mg/ml</td>
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<td>Lamivudine tab 100 mg (hbv)</td>
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<td>Lamivudine tab 150 mg</td>
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<td>Lamivudine tab 300 mg</td>
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<tr>
<td>Lamivudine-zidovudine tab 150-300 mg</td>
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<tr>
<td>Lamotrigine orally disintegrating tab 100 mg</td>
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<td>Lamotrigine orally disintegrating tab 200 mg</td>
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<td>Lamotrigine tab 25 mg</td>
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<td>Lamotrigine tab 25 mg (35) starter kit</td>
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<td>Lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</td>
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<td>Lamotrigine tab 25 mg (84) &amp; 100 mg (14) starter kit</td>
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<td>Lamotrigine tab chewable dispersible 25 mg</td>
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<td>Lamotrigine tab chewable dispersible 5 mg</td>
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<td>Lamotrigine tab er 24hr 100 mg</td>
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<td>Lamotrigine tab er 24hr 200 mg</td>
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<td>Lamotrigine tab er 24hr 25 mg</td>
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<td>Lamotrigine tab er 24hr 300 mg</td>
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<td>Lancing Devi Mis</td>
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<td>Lanoxin Ped inj 0.1mg/ml</td>
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<td>Lanoxin Tab 0.0625mg</td>
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<td>Lanoxin Tab 0.1875mg</td>
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<td>Lansoprazole cap delayed release 15 mg</td>
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<td>Lansoprazole cap delayed release 30 mg</td>
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<td>Lanthanum carbonate chew tab 1000 mg</td>
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<td>Lanthanum carbonate chew tab 500 mg (elemental)</td>
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<td>Lanthanum carbonate chew tab 750 mg (elemental)</td>
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<tr>
<td>Lanthanum carbonate chew tab 500 mg</td>
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<tr>
<td>Lanthanum carbonate chew tab 750 mg (elemental)</td>
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<td>Levaclid acetate inj kit 5 mg/ml</td>
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<td>Levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</td>
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<td>Levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</td>
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<td>Levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</td>
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<td>Levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</td>
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<td>Levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</td>
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<td>Levetiracetam in sodium chloride iv soln</td>
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<tr>
<td>Name</td>
<td>Concentration/Volume</td>
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<td>levetiracetam inj 500 mg/5ml (100 mg/ml)</td>
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<td>levetiracetam oral soln 100 mg/ml</td>
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<td>levetiracetam tab 750 mg</td>
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<td>levetiracetam tab er 24hr 750 mg</td>
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