Express Scripts Medicare (PDP)  
2018 Formulary (List of Covered Drugs)  

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN  

Formulary ID Number: 18037, v7  

This formulary was updated on 08/14/2017. For more recent information or other questions, please contact Express Scripts Medicare® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.  
You can also visit us on the Web at www.express-scripts.com.  

Note to current members: This formulary has changed since last year. Please review this document to understand your plan’s drug coverage.  

When this drug list (formulary) refers to “we,” “us” or “our,” it means Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.  

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 14, 2017. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.  

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2019. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.  

This information is available for free in other languages. Please call Express Scripts Medicare Customer Service at the numbers on the back of your member ID card for additional information. Customer Service is available 24 hours a day, 7 days a week.  

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente de Express Scripts Medicare a los números que figuran al dorso de su tarjeta de identificación de miembro para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.  

This document is available in braille. Please contact Customer Service if you need plan information in another format.  

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What is the Express Scripts Medicare formulary?
The list of drugs covered by the plan is also known as the “formulary.” It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare’s standard formulary rules. Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage. For more information on your plan’s specific drug coverage, please review your other plan materials, visit us on the Web at www.express-scripts.com or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?
Generally, if you are taking a drug covered by your plan in 2018, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2018 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan’s coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If Express Scripts Medicare removes drugs from your plan’s coverage, adds prior authorization, quantity limits, and/or step therapy restrictions on a drug, or moves a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective. If the Food and Drug Administration (FDA) determines that a drug we cover is unsafe, or if the drug’s manufacturer removes the drug from the market, we will immediately stop covering the drug and provide notice to members who are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. To get updated information about the drugs covered, please visit us on the Web or contact our Customer Service department using the information provided on the front and back covers of this formulary. If there are any additional changes made to this plan’s drug coverage that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

How do I use the formulary?
There are two ways to find your drug within the formulary:

Medical Condition
The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.”
Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?
Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don’t get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the formulary.

  Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with “ST” next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan’s specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at [www.express-scripts.com](http://www.express-scripts.com) or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section “How do I request an exception to the formulary?” on the following page for information about how to request an exception.
What if my drug is not listed on this formulary?
If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

How do I request an exception to the formulary?
You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug.

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

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.
How do I request an appeal?
If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

Can I get a temporary transition supply while I wait for an exception decision?
As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request an exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that has restrictions or limitations but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.
Other coverage that your plan may provide
Your plan may also cover categories of “excluded” drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs, such as CAVERJECT®, CIALIS®, EDEX®, LEVITRA®, MUSE® and VIAGRA®, when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan’s specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

**Formulary**
The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., atorvastatin). The information in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.

**Your Costs**
The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
Your other plan materials have more information about your plan’s coverage stages and list the specific cost-sharing amounts for each tier.

### Drug Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>Includes</th>
<th>Helpful tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Generic Drugs</td>
<td>This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.</td>
<td>Use Tier 1 drugs for the lowest cost-sharing amount.</td>
</tr>
<tr>
<td>Tier 2: Preferred Brand Drugs</td>
<td>This tier includes preferred brand-name drugs as well as some generic drugs.</td>
<td>Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.</td>
</tr>
<tr>
<td>Tier 3: Non-Preferred Drugs</td>
<td>This tier includes non-preferred brand-name drugs as well as some generic drugs.</td>
<td>Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.</td>
</tr>
</tbody>
</table>

### If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

### For more information

For more detailed information about your Medicare prescription drug coverage and your plan’s specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit https://www.medicare.gov.
Below is a list of abbreviations that may appear on the following pages in the “Requirements/Limits” column that tells you if there are any special requirements for coverage of your drug.

**Note:** The following drug list includes all possible restrictions and limitations. **Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at [www.express-scripts.com](http://www.express-scripts.com).

**List of abbreviations**

**LA:** Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

**MO:** Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

**PA:** Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don’t get approval, we may not cover this drug.

**QL:** Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTI - INFECTIVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTIFUNGAL AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABELCET</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>AMBISOME</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>amphotericin b</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ANCUBON</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CANCIDAS</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>clotrimazole mucous membrane</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CRESEMBA INTRAVENOUS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CRESEMBA ORAL</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIFLUCAN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ERAXIS(WATER DILUENT)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>flucytosine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin microsize</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>GRIS-PEG (ULTRAMICROSIZE)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>itraconazole</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ketoconazole oral</td>
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<td>MO</td>
</tr>
<tr>
<td>LAMISIL ORAL TABLET</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MYCAMINE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin oral suspension</td>
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<td>MO</td>
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<tr>
<td>nystatin oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>ONMEL</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ORAVIG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SPORANOX ORAL CAPSULE</td>
<td>3</td>
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</tr>
<tr>
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<tr>
<td>VFEND</td>
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<td>VFEND IV</td>
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<td>ANTIFUNGAL AGENTS</td>
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<td></td>
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<td>abacavir</td>
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<td>abacavir-lamivudine</td>
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<tr>
<td>abacavir-lamivudine-zidovudine</td>
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<td>MO</td>
</tr>
<tr>
<td>acyclovir oral capsule</td>
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<td>MO</td>
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</tbody>
</table>

Note: The drug list includes all possible restrictions and limitations. Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.
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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<td>RETROVIR ORAL CAPSULE</td>
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<td>MO</td>
<td>RETROVIR ORAL SYRUP</td>
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<td>lamivudine</td>
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<td>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</td>
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<td>MO</td>
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<td>lamivudine-zidovudine</td>
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<td>MO</td>
<td>REYATAZ ORAL POWDER IN PACKET</td>
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<td>LEXIVA</td>
<td>2</td>
<td>MO</td>
<td>ribosphere</td>
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<td>MO</td>
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<td>MO</td>
<td>ribosphere ribapak oral tablets,dose pack 200 mg (7)-400 mg (7)</td>
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<td>MO</td>
<td>ribavirin oral capsule</td>
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<td>MO</td>
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<tr>
<td>OLYSIO</td>
<td>3</td>
<td>PA; MO; QL (28 per 28 days)</td>
<td>SOVALDI</td>
<td>3</td>
<td>PA; MO; QL (28 per 28 days)</td>
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<tr>
<td>oseltamivir</td>
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<td>stavudine oral capsule</td>
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<td>PREZCOBIX</td>
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<td>STRIBILD</td>
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<td>MO</td>
<td></td>
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<tr>
<td>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</td>
<td>2</td>
<td>MO</td>
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<td>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</td>
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<td>cefazolin injection recon soln 10 gram</td>
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<thead>
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<th>Drug Name</th>
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<td>TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM</td>
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**PENICILLINS**

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<td>amoxicillin-sulbactam injection recon soln 1.5 gram, 3 gram</td>
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<td>adrucil intravenous solution 500 mg/10 ml</td>
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<tr>
<td>AFINITOR ORAL TABLET 10 MG</td>
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<tr>
<td>ALECENSA</td>
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<td>AROMASIN</td>
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<td>ARRANON</td>
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<td>CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML</td>
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<td>CAPRELSA ORAL TABLET 100 MG</td>
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<td>CAPRELSA ORAL TABLET 300 MG</td>
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<td>CLOLAR</td>
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<td>PA</td>
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<td>cyclosporine intravenous</td>
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<tr>
<td>ENVARSUS XR</td>
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</table>

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<tr>
<th>Drug Name</th>
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<tr>
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<tr>
<td>imatinib oral tablet 100 mg</td>
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<td>INLYTA ORAL TABLET 1 MG</td>
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<tr>
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<tr>
<td>LUPRON DEPOT (3 MONTH)</td>
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<tr>
<td>LUPRON DEPOT (6 MONTH)</td>
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<td>LYNPARZA</td>
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</table>

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<td>methotrexate sodium</td>
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</tr>
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<td>REVLIMID</td>
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<td>RITUXAN</td>
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<tr>
<td>RUBRACA ORAL TABLET 200 MG</td>
<td>2</td>
<td>PA; MO; LA; QL (180 per 30 days)</td>
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</table>

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<thead>
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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>RUBRACA ORAL TABLET 300 MG</td>
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<td>SANDOSTATIN INJECTION SOLUTION</td>
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<td>SIGNIFOR LAR</td>
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<td>SIMULECT INTRAVENOUS RECON SOLN</td>
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<td>STIVARGA</td>
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<td>TAFINLAR ORAL CAPSULE 75 MG</td>
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<td>PA; MO; QL (120 per 30 days)</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<td>TAGRISSO ORAL TABLET 40 MG</td>
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<td>TREANDA INTRAVENOUS RECON SOLN 100 MG</td>
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<td>TAGRISSO ORAL TABLET 80 MG</td>
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<td>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG</td>
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<td><strong>tamoxifen</strong></td>
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<td>TRELSTAR INTRAMUSCULAR SYRINGE</td>
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<tr>
<td>TARCEVA ORAL TABLET 100 MG, 25 MG</td>
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<td>tretinoin (chemotherapy)</td>
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<td>TARCEVA ORAL TABLET 150 MG</td>
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<td>TARGRETIN ORAL</td>
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<td>TRISENOX</td>
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<td>TYKERB</td>
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<tr>
<td>TASIGNA ORAL CAPSULE 150 MG</td>
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<td>PA; MO</td>
<td>VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)</td>
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<td>TASIGNA ORAL CAPSULE 200 MG</td>
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<th>Drug Name</th>
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<tr>
<td>vincasar pfs intravenous solution 1 mg/ml</td>
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<td>vincristine intravenous solution 1 mg/ml</td>
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<td>vinorelbine intravenous solution 50 mg/5 ml</td>
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<td>VOTRIENT</td>
<td>2</td>
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<td>XALKORI ORAL CAPSULE 200 MG</td>
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<tr>
<td>XALKORI ORAL CAPSULE 250 MG</td>
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<tr>
<td>XERMELO</td>
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</tr>
<tr>
<td>XTANDI</td>
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<td>PA; MO; QL (120 per 30 days)</td>
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<td>YEROYV INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)</td>
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<td>YONDELIS</td>
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<td>ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)</td>
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<td>ZORTRESS</td>
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<td>ZYTIGA ORAL TABLET 250 MG</td>
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**AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCHANTICONVULSANTS**

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<td>carbamazepine oral suspension 100 mg/5 ml</td>
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</tr>
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<td>carbamazepine oral tablet</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements /Limits</td>
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<tr>
<td>carbamazepine oral tablet extended release 12 hr</td>
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<td>carbamazepine oral tablet,chewable</td>
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<tr>
<td>gabapentin oral capsule 100 mg</td>
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<td>gabapentin oral solution 250 mg/5 ml</td>
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<td>MO; QL (2160 per 30 days)</td>
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<tr>
<td>GRALISE 30-DAY STARTER PACK</td>
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<td>PA; MO; QL (78 per 180 days)</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</td>
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<tr>
<td>LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG</td>
<td>3</td>
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</tr>
<tr>
<td>LAMICTAL STARTER (BLUE) KIT</td>
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<tr>
<td>LAMICTAL STARTER (GREEN) KIT</td>
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<tr>
<td>LAMICTAL STARTER (ORANGE) KIT</td>
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<tr>
<td>LAMICTAL XR</td>
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<tr>
<td>LAMICTAL XR STARTER (BLUE)</td>
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</tr>
<tr>
<td>LAMICTAL XR STARTER (GREEN)</td>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>LAMICTAL XR STARTER (ORANGE)</td>
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<tr>
<td>LAMICTAL XR STARTER</td>
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<tr>
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<tr>
<td>lamotrigine oral tablet extended release 24hr</td>
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</tr>
<tr>
<td>lamotrigine oral tablet, chewable dispersible</td>
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</tr>
<tr>
<td>lamotrigine oral tablet, disintegrating</td>
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<tr>
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</tr>
<tr>
<td>levetiracetam oral solution 100 mg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>levetiracetam oral tablet</td>
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<tr>
<td>levetiracetam oral tablet extended release 24 hr</td>
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</tr>
<tr>
<td>LYRICA ORAL CAPSULE 100 MG</td>
<td>2</td>
<td>PA; MO; QL (180 per 30 days)</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>LYRICA ORAL CAPSULE 150 MG</td>
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<tr>
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<td>LYRICA ORAL CAPSULE 75 MG</td>
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<tr>
<td>MYSOLINE</td>
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<tr>
<td>NEURONTIN ORAL CAPSULE 100 MG</td>
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<td>PA; MO; QL (2160 per 30 days)</td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<td>NEURONTIN ORAL TABLET 800 MG</td>
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<td>PA; MO; QL (135 per 30 days)</td>
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<tr>
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<td>QUDEXY XR</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<th>Drug Name</th>
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<th>Drug Name</th>
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<td>PA; MO</td>
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<th>Drug Name</th>
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<td>TASMAR ORAL TABLET 100 MG</td>
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<td>tolcapone</td>
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**MIGRAINE / CLUSTER HEADACHE THERAPY**

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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>almotriptan malate oral tablet 12.5 mg</td>
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<td>MO; QL (24 per 28 days)</td>
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<tr>
<td>almotriptan malate oral tablet 6.25 mg</td>
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<td>MO; QL (18 per 28 days)</td>
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<td>AMERGE</td>
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<td>AXERT ORAL TABLET 12.5 MG</td>
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<td>AXERT ORAL TABLET 6.25 MG</td>
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<td>CAFE_GOT</td>
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<tr>
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<table>
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<th>Drug Name</th>
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<td>IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTION</td>
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<td>MO; QL (36 per 28 days)</td>
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<tr>
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<td>MO; QL (18 per 28 days)</td>
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<td>IMITREX STATDOSE KIT REFILL</td>
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<tr>
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<td>ONZETRA XSAIL</td>
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<td>MO; QL (36 per 28 days)</td>
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<tr>
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<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sumatriptan nasal spray,non-aerosol 20 mg/actuation</td>
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<td>MO; QL (18 per 28 days)</td>
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<tr>
<td>sumatriptan nasal spray,non-aerosol 5 mg/actuation</td>
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<td>MO; QL (36 per 28 days)</td>
</tr>
<tr>
<td>sumatriptan succinate oral</td>
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<tr>
<td>sumatriptan succinate subcutaneous cartridge</td>
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<td>sumatriptan succinate subcutaneous pen injector</td>
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<td>sumatriptan succinate subcutaneous solution</td>
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<td>ZEMBRACE SYMTOUCH</td>
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</tr>
<tr>
<td>zolmitriptan</td>
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<td>MO; QL (18 per 28 days)</td>
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</tbody>
</table>

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<tr>
<th>Drug Name</th>
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<td>HORIZANT ORAL TABLET</td>
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<td>HORIZANT ORAL TABLET</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>EXTENDED RELEASE 600 MG</td>
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<tr>
<td>INGREZZA</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
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<td>KEVEYIS</td>
<td>3</td>
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<tr>
<td>memantine oral solution</td>
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<td>3</td>
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<td>NAMENDA TITRATION PAK</td>
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<td>NAMENDA XR</td>
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<td>NAMZARIC</td>
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<tr>
<td>NUDEXTA</td>
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<tr>
<td>RAZADYNE ER</td>
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<td>RAZADYNE ORAL TABLET</td>
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<tr>
<td>rivastigmine</td>
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<td>rivastigmine tartrate</td>
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<td>MO</td>
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<tr>
<td>TECFIDERA</td>
<td>2</td>
<td>PA; MO; LA</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>tetrabenazine oral tablet 12.5 mg</td>
<td>1</td>
<td>PA; MO; QL (240 per 30 days)</td>
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<tr>
<td>tetrabenazine oral tablet 25 mg</td>
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<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>TYSABRI</td>
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<td>PA; MO; LA</td>
</tr>
<tr>
<td>XENAZINE ORAL TABLET 12.5 MG</td>
<td>3</td>
<td>PA; MO; LA; QL (240 per 30 days)</td>
</tr>
<tr>
<td>XENAZINE ORAL TABLET 25 MG</td>
<td>3</td>
<td>PA; MO; LA; QL (120 per 30 days)</td>
</tr>
<tr>
<td>ZINBRYTA</td>
<td>3</td>
<td>PA; MO; LA; QL (1 per 28 days)</td>
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**MUSCLE RELAXANTS / ANTISPASMODIC THERAPY**

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<thead>
<tr>
<th>Drug Name</th>
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<td>baclofen</td>
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<tr>
<td>cyclobenzaprine oral tablet</td>
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<tr>
<td>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</td>
<td>3</td>
<td>MO</td>
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<td>dantrolene</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>FEXMID</td>
<td>3</td>
<td>PA; MO</td>
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<tr>
<td>GABLOFEN INTRATHecal SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)</td>
<td>3</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIORESAL INTRATHecal SOLUTION 2,000 MCG/ML, 500 MCG/ML</td>
<td>2</td>
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<tr>
<td>LIORESAL INTRATHecal SOLUTION 50 MCG/ML</td>
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<td>MESTINON ORAL SYRUP</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>MESTINON ORAL TABLET</td>
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<td>MO</td>
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<td>MESTINON TIMESPAN</td>
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<tr>
<td><em>pyridostigmine bromide</em></td>
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<tr>
<td><em>tizanidine</em></td>
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<tr>
<td>ZANAFLEX</td>
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<td><strong>NARCOTIC ANALGESICS</strong></td>
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<tr>
<td>ABSTRAL</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
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<tr>
<td><em>acetaminophen-codeine oral solution 120-12 mg/5 ml</em></td>
<td>1</td>
<td>PA; MO; QL (4500 per 30 days)</td>
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<tr>
<td><em>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</em></td>
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<td>PA; MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td><em>acetaminophen-codeine oral tablet 300-60 mg</em></td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<td>ACTIQ</td>
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<td>PA; MO; QL (120 per 30 days)</td>
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<tr>
<td>BELBUCA</td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>BUPRENEX</td>
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<tr>
<td><em>buprenorphine hcl injection solution</em></td>
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<td>MO; QL (266 per 30 days)</td>
</tr>
<tr>
<td><em>buprenorphine hcl injection syringe</em></td>
<td>1</td>
<td>QL (266 per 30 days)</td>
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<tr>
<td><em>buprenorphine hcl sublingual tablet 2 mg</em></td>
<td>1</td>
<td>MO; QL (100 per 30 days)</td>
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<tr>
<td><em>buprenorphine hcl sublingual tablet 8 mg</em></td>
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<td>BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR</td>
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<td>PA; QL (4 per 28 days)</td>
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<td>BUTrans</td>
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<tr>
<td><em>codeine sulfate oral tablet</em></td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<td>DILAUDID ORAL LIQUID</td>
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<td>PA; MO; QL (2400 per 30 days)</td>
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<tr>
<td>DILAUDID ORAL TABLET</td>
<td>3</td>
<td>PA; MO; QL (180 per 30 days)</td>
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</tbody>
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<tr>
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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>DOLOPHINE ORAL TABLET 10 MG</td>
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<td>PA; MO; QL (120 per 30 days)</td>
<td>FENTANYL TRANSDERMAL PATCH 72 HOUR</td>
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<td>PA; MO; QL (10 per 30 days)</td>
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<tr>
<td>DOLOPHINE ORAL TABLET 5 MG</td>
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<td>PA; MO; QL (240 per 30 days)</td>
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<tr>
<td>DURAGESIC</td>
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<tr>
<td>duramorph (pf) injection solution 0.5 mg/ml</td>
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<td>MO; QL (4000 per 30 days)</td>
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<td>duramorph (pf) injection solution 1 mg/ml</td>
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<tr>
<td>EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL</td>
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<td>PA; MO; QL (90 per 30 days)</td>
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<td>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>PA; MO; QL (360 per 30 days)</td>
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<td>EXALGO ER</td>
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<td>FENTORA</td>
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<td>PA; MO; QL (120 per 30 days)</td>
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<td>HYCET</td>
<td>3</td>
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<td>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</td>
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<td>PA; MO; QL (5550 per 30 days)</td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>hydromorphone oral tablet extended release 24 hr</td>
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<td>HYSINGLA ER</td>
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<td>IBUDONE ORAL TABLET 10-200 MG</td>
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<td>ibuprofen-oxycodone</td>
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<tr>
<td>KADIAN ORAL CAPSULE,EXTENDED RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG</td>
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<tr>
<td>LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/Spray</td>
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<td>LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/Spray</td>
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<td>levorphanol tartrate</td>
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<td>lorcaenhd</td>
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</tr>
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<td>lortab 7.5-325</td>
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<tr>
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<td>methadone oral tablet 10 mg</td>
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<tr>
<td>methadone oral tablet 5 mg</td>
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<tr>
<td>morphine concentrate oral solution</td>
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<tr>
<td>MORPHINE INTRAVENOUS SYRINGE 10 MG/ML</td>
<td>3</td>
<td>QL (200 per 30 days)</td>
</tr>
<tr>
<td>morphine intravenous syringe 2 mg/ml</td>
<td>1</td>
<td>QL (1000 per 30 days)</td>
</tr>
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<tbody>
<tr>
<td><strong>morphine intravenous syringe 4 mg/ml</strong></td>
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<td><strong>MORPHINE INTRAVENOUS SYRINGE 8 MG/ML</strong></td>
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<td>QL (250 per 30 days)</td>
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<tr>
<td><strong>morphine oral capsule, er multiphase 24 hr</strong></td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td><strong>morphine oral capsule, extend. release pellets</strong></td>
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<tr>
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<td>PA; MO; QL (900 per 30 days)</td>
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<tr>
<td><strong>morphine oral tablet</strong></td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<td><strong>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</strong></td>
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<td>PA; MO; QL (120 per 30 days)</td>
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<tr>
<td><strong>MS CONTIN</strong></td>
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<td>QL (120 per 30 days)</td>
</tr>
<tr>
<td><strong>NORCO</strong></td>
<td>3</td>
<td>QL (360 per 30 days)</td>
</tr>
<tr>
<td><strong>OPANA ER ORAL TABLET, ORAL ONLY, EXT.REL.12 HR</strong></td>
<td>3</td>
<td>QL (90 per 30 days)</td>
</tr>
<tr>
<td><strong>OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG</strong></td>
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<td>PA; QL (90 per 30 days)</td>
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<tr>
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<tr>
<td><strong>OXYCODONE ORAL TABLET 10 MG</strong></td>
<td>3</td>
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</tr>
<tr>
<td><strong>OXYCODONE ORAL TABLET 5 MG</strong></td>
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</tr>
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<td><strong>oxycodone oral capsule</strong></td>
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<tr>
<td><strong>oxycodone oral concentrate</strong></td>
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<tr>
<td><strong>oxycodone oral solution</strong></td>
<td>1</td>
<td>PA; MO; QL (1200 per 30 days)</td>
</tr>
<tr>
<td><strong>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</strong></td>
<td>1</td>
<td>PA; MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td><strong>oxycodone oral tablet 5 mg</strong></td>
<td>1</td>
<td>PA; MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td><strong>OPANA ORAL TABLET 10 MG</strong></td>
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<td>PA; MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td><strong>OPANA ORAL TABLET 5 MG</strong></td>
<td>3</td>
<td>PA; MO; QL (180 per 30 days)</td>
</tr>
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</thead>
<tbody>
<tr>
<td>OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 80 MG</td>
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<td>oxycodone-acetaminophen oral solution</td>
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<td>PA; QL (1860 per 30 days)</td>
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<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>PA; MO; QL (360 per 30 days)</td>
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<tr>
<td>oxycodone-aspirin</td>
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<td>PA; MO; QL (360 per 30 days)</td>
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<tr>
<td>OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</td>
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<tr>
<td>oxymorphone oral tablet 10 mg</td>
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<td>oxymorphone oral tablet 5 mg</td>
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<td>oxymorphone oral tablet extended release 12 hr</td>
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<table>
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<tbody>
<tr>
<td>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</td>
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<td>PRIMLEV</td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<tr>
<td>ROXICODONE ORAL TABLET 5 MG</td>
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<td>PA; QL (360 per 30 days)</td>
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<td>SYNALGOS-DC</td>
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<td>TREZIX ORAL CAPSULE 320.5-30-16 MG</td>
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<td>vicodin</td>
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<td>vicodin es</td>
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<td>XODOL 10/300</td>
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<td>XODOL 5/300</td>
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<td>XODOL 7.5/300</td>
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<td>XTAMPZA ER</td>
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<td>zamicyt</td>
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**NON-NARCOTIC ANALGESICS**

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<tr>
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<td>ARTHROTEC 50</td>
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<td>ARTHROTEC 75</td>
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<tr>
<td>BUNAVAIL BUCCAL FILM 2.1-0.3 MG</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>buprenorphine-naloxone sublingual tablet 2-0.5 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
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<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>buprenorphine-naloxone sublingual tablet 8-2 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>butorphanol tartrate injection solution 1 mg/ml</td>
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<td>MO; QL (857 per 30 days)</td>
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<td>butorphanol tartrate injection solution 2 mg/ml</td>
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<tr>
<td>butorphanol tartrate nasal</td>
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<td>CAMBIA</td>
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<td>DAYPRO</td>
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<td>diclofenac sodium oral</td>
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</tr>
<tr>
<td>diclofenac sodium topical drops</td>
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<td>diclofenac sodium topical gel 1 %</td>
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<td>diclofenac-misoprostol</td>
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<td>DUEXIS</td>
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<td>EC-NAPROSYN</td>
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<tr>
<td>etodolac</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>EVZIO</td>
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<td>FELDENE</td>
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<tr>
<td>FENOPROFEN ORAL CAPSULE 400 MG</td>
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<td>fenoprofen oral tablet</td>
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<td>MO</td>
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<tr>
<td>FLECTOR</td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<td>flurbiprofen</td>
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<td>ibuprofen oral suspension</td>
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<td>MO</td>
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<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
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<tr>
<td>ketoprofen oral capsule</td>
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<tr>
<td>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</td>
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<tr>
<td>LODINE ORAL TABLET</td>
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<tr>
<td>meloxicam oral tablet 15 mg</td>
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<td>meloxicam oral tablet 7.5 mg</td>
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<td>ST; MO</td>
</tr>
<tr>
<td>MOBIC ORAL TABLET 7.5 MG</td>
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<td>NAPROSYN ORAL TABLET 500 MG</td>
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<td>naproxen</td>
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<td>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</td>
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<td>NUCYNTA ORAL TABLET 100 MG</td>
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<td>PA; MO; QL (181 per 30 days)</td>
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</tbody>
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### Drug Name | Drug Tier | Requirements /Limits |
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<tbody>
<tr>
<td>NUCYNTA ORAL TABLET 50 MG</td>
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<td>NUCYNTA ORAL TABLET 75 MG</td>
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<td>oxaprozin</td>
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<tr>
<td>SUBOXONE SUBLINGUAL FILM 12-3 MG</td>
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<td>SUBOXONE SUBLINGUAL FILM 2-0.5 MG</td>
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<td>MO; QL (360 per 30 days)</td>
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<td>SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG</td>
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<td>tolmelin oral tablet 600 mg</td>
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<td>TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83</td>
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<tr>
<td>TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG</td>
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<tr>
<td>TRAMADOL oral tablet</td>
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<td>TRAMADOL oral tablet extended release 24 hr 100 mg, 200 mg</td>
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<td>TRAMADOL oral tablet, er multiphase 24 hr 300 mg</td>
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<td>tramadol-acetaminophen</td>
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</table>

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<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</td>
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<tr>
<td>ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG</td>
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**PSYCHOTHERAPEUTIC DRUGS**

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<tr>
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<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ABILIFY ORAL TABLET 15 MG, 20 MG</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ABILIFY ORAL TABLET 2 MG</td>
<td>3</td>
<td>MO; QL (450 per 30 days)</td>
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<tr>
<td>ABILIFY ORAL TABLET 30 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>ABILIFY ORAL TABLET 5 MG</td>
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<td>MO; QL (180 per 30 days)</td>
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<td>ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG</td>
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<td>ADDERALL XR</td>
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<table>
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<td>ANAFRANIL</td>
<td>3</td>
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<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG</td>
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<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG</td>
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<tr>
<td>aripiprazole oral tablet 10 mg</td>
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<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>aripiprazole oral tablet 15 mg, 20 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>aripiprazole oral tablet 2 mg</td>
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<tr>
<td>aripiprazole oral tablet 30 mg</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole oral tablet 5 mg</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole oral tablet,disintegrating 10 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
</tbody>
</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>aripiprazole oral tablet, disintegrating 15 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML</td>
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<td>MO</td>
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<td>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML</td>
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<td>armodafinil</td>
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<tr>
<td>atomoxetine</td>
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</tr>
<tr>
<td>BELSOMRA</td>
<td>3</td>
<td>ST; MO; QL (30 per 30 days)</td>
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<tr>
<td>BRISDELLE</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>bupropion hcl oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>bupropion hcl oral tablet extended release 12 hr 100 mg</td>
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</tr>
<tr>
<td>bupropion hcl oral tablet extended release 12 hr 150 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</td>
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<tr>
<td>CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG</td>
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<td>CLOZARIL</td>
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<td>MO</td>
</tr>
<tr>
<td>CONCERTA</td>
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<td>MO</td>
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<tr>
<td>CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG</td>
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<td>MO; QL (180 per 30 days)</td>
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<tr>
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<td>MO; QL (120 per 30 days)</td>
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<tr>
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<td>3</td>
<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>DAYTRANA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>desipramine</td>
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<td>DESOXYN</td>
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<tr>
<td>DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</td>
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</table>

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<th>Drug Name</th>
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<tr>
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<td>duloxetine oral capsule,delayed release(dr/ec) 60 mg</td>
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<tr>
<td>EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG</td>
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<td>EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG</td>
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<td>escitalopram oxalate oral tablet 20 mg</td>
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<td>escitalopram oxalate oral tablet 5 mg</td>
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<td>eszopiclone</td>
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<td>MO; QL (360 per 30 days)</td>
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<td>FANAPT ORAL TABLET 4 MG</td>
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<tr>
<td>FANAPT ORAL TABLET 6 MG</td>
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<td>FANAPT ORAL TABLETS,DOSE PACK</td>
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<tr>
<td>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG</td>
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<td>MO; QL (180 per 30 days)</td>
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<td>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR 40 MG</td>
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<td>MO; QL (90 per 30 days)</td>
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</tbody>
</table>

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<td>fluvoxamine oral tablet 50 mg</td>
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<tr>
<td>fluoxetine oral capsule 10 mg</td>
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<td>MO; QL (240 per 30 days)</td>
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<td>MO</td>
<td>FOCALIN XR</td>
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<td>MO</td>
</tr>
<tr>
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<td>MO; QL (60 per 30 days)</td>
<td>FORFIVO XL</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>fluoxetine oral capsule,delayed release(dr/ec)</td>
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<td>MO; QL (4 per 28 days)</td>
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<td>MO</td>
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<td>GEODON ORAL CAPSULE 20 MG</td>
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<td>GEODON ORAL CAPSULE 40 MG</td>
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<tr>
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<td>MO; QL (90 per 30 days)</td>
<td>HALDOL DECANOATE</td>
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<td>MO</td>
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<tr>
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<td>MO</td>
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<tr>
<td>fluvoxamine oral tablet 25 mg</td>
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<td>MO; QL (360 per 30 days)</td>
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</table>

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<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
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<td>INVEGA ORAL TABLET</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>EXTENDED RELEASE 24HR 6 MG</td>
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<tr>
<td>INVEGA ORAL TABLET</td>
<td>3</td>
<td>MO; QL (41 per 30 days)</td>
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<tr>
<td>EXTENDED RELEASE 24HR 9 MG</td>
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<tr>
<td>INVEGA SUSTENNA</td>
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<td>MO</td>
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<td>INVEGA TRINZA</td>
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<tr>
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<tr>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>paroxetine hcl oral tablet 10 mg</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 20 mg</td>
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<tr>
<td>paroxetine hcl oral tablet 30 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<td>paroxetine hcl oral tablet 40 mg</td>
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<td>MO; QL (45 per 30 days)</td>
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<td>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</td>
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<td>MO; QL (180 per 30 days)</td>
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<tr>
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<td>MO; QL (180 per 30 days)</td>
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**CARDIOVASCULAR, HYPERTENSION / LIPIDS**

**ANTIARRHYTHMIC AGENTS**

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<thead>
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<th>Drug Name</th>
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**MISCELLANEOUS CARDIOVASCULAR AGENTS**

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**NITRATES**

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<tr>
<td>Isosorbide mononitrate</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
</tr>
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<tbody>
<tr>
<td>MINITRAN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>nitro-bid</td>
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</tr>
<tr>
<td>NITRO-DUR</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin intravenous</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>nitroglycerin sublingual</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin transdermal patch 24 hour</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin translingual spray, non-aerosol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NITROMIST</td>
<td>3</td>
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</tr>
<tr>
<td>NITROSTAT</td>
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**DERMATOLOGICALS/TOPICAL THERAPY**

**ANTIPSORIATIC / ANTISEBORRHEIC**

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>acitretin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene-betamethasone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>calcitriol topical</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>COSENTYX (2 SYRINGES)</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>COSENTYX PEN (2 PENS)</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DOVONEX TOPICAL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ENSTILAR</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>selenium sulfide topical lotion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SILIQ</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SORILUX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>STELARA INTRAVENOUS 2</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SYRINGE</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TACLONEX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>TALTZ SYRINGE</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>VECTICAL</td>
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**BURN THERAPY**

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<tbody>
<tr>
<td>SILVADENE</td>
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<tr>
<td>silver sulfadiazine</td>
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<tr>
<td>ssd</td>
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**MISCELLANEOUS DERMATOLOGICALS**

<table>
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<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDARA</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>ammonium lactate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CARAC</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CONDYLOX TOPICAL GEL</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium topical gel 3 %</td>
<td>1</td>
<td>PA; MO; QL (100 per 28 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxepin topical</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>DUPIXENT</td>
<td>2</td>
<td>PA; MO</td>
<td></td>
</tr>
<tr>
<td>EFUDEX TOPICAL CREAM</td>
<td>3</td>
<td>ST; MO</td>
<td></td>
</tr>
<tr>
<td>ELIDEL</td>
<td>3</td>
<td>PA; MO; QL (100 per 30 days)</td>
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<tr>
<td>EUCRISA</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
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<tr>
<td>FLUOROURACIL TOPICAL CREAM 0.5 %</td>
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<td>ST; MO</td>
<td></td>
</tr>
<tr>
<td>fluorouracil topical cream 5 %</td>
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<td>MO</td>
<td></td>
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<tr>
<td>fluorouracil topical solution</td>
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</tr>
<tr>
<td>imiquimod</td>
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<tr>
<td>methoxsalen</td>
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<td>OXSORALEN ULTRA</td>
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<td>PANRETIN</td>
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<tr>
<td>PICATO</td>
<td>2</td>
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<tr>
<td>podofilox</td>
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<td>MO</td>
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<tr>
<td>PROTOPIC</td>
<td>3</td>
<td>PA; MO; QL (100 per 30 days)</td>
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<tr>
<td>SOLARAZE</td>
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<td>TOLAK</td>
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<td>VALCHLOR</td>
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<td>VEREGEN</td>
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<td>3</td>
<td>MO</td>
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<tr>
<td>ZYCLARA</td>
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<td>ST; MO</td>
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<td><strong>THERAPY FOR ACNE</strong></td>
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<td></td>
</tr>
<tr>
<td>ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 35 MG, 40 MG</td>
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<td>MO</td>
<td></td>
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<tr>
<td>ABSORICA ORAL CAPSULE 25 MG</td>
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<tr>
<td>ACANYA TOPICAL GEL WITH PUMP</td>
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<td></td>
</tr>
<tr>
<td>ACZONE TOPICAL GEL</td>
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<td>MO</td>
<td></td>
</tr>
<tr>
<td>adapalene topical cream</td>
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<td>PA; MO</td>
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<tr>
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<tr>
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</table>

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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>CLEOCIN T</td>
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<tr>
<td>clindacin p</td>
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<td>MO</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate topical</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin-benzoyl peroxide topical gel</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin-tretinoin</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DIFFERIN TOPICAL CREAM</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DIFFERIN TOPICAL GEL 0.1 %</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DIFFERIN TOPICAL GEL WITH PUMP</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>DIFFERIN TOPICAL LOTION</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DUAC</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>EPIDUO FORTE</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>EPIDUO TOPICAL GEL WITH PUMP</td>
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<td>PA; MO</td>
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<td>ery pads</td>
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<td>erygel</td>
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</tr>
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</tr>
<tr>
<td>erythromycin with ethanol topical solution</td>
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<td>MO</td>
</tr>
<tr>
<td>erythromycin-benzoyl peroxide</td>
<td>1</td>
<td>MO</td>
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<thead>
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<tr>
<td>FABIOR</td>
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<td>FINACEA</td>
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<tr>
<td>METROCREAM</td>
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<td>METROGEL TOPICAL GEL 1 %</td>
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<td>ST; MO</td>
</tr>
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<td>METROLOTOPE TOPICAL GEL</td>
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<td>ST; MO</td>
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<tr>
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<td>MO</td>
</tr>
<tr>
<td>metronidazole topical gel</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>metronidazole topical lotion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MIRVASO TOPICAL GEL</td>
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</tr>
<tr>
<td>myorisan oral capsule 10 mg, 20 mg, 40 mg</td>
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<tr>
<td>myorisan oral capsule 30 mg</td>
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<tr>
<td>neuac</td>
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<tr>
<td>NORITATE</td>
<td>3</td>
<td>ST; MO</td>
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<tr>
<td>ONEXTON TOPICAL GEL</td>
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<td>MO</td>
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<tr>
<td>RETIN-A</td>
<td>3</td>
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</tr>
<tr>
<td>RETIN-A MICRO</td>
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<td>ST; MO</td>
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<tr>
<td>tazarotene</td>
<td>1</td>
<td>PA; MO</td>
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</table>

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### Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAZORAC TOPICAL CREAM 0.05 %</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>TAZORAC TOPICAL CREAM 0.1 %</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TAZORAC TOPICAL GEL</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>tretinoin microspheres topical gel</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>tretinoin topical</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>zinetane</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ZIANA</td>
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<td>PA; MO</td>
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#### TOPICAL ANESTHETICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</td>
<td>1</td>
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</tr>
<tr>
<td>lidocaine hcl injection solution 20 mg/ml (2 %)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine hcl mucous membrane jelly</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine topical adhesive patch, medicated</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>lidocaine topical ointment</td>
<td>1</td>
<td>MO; QL (36 per 30 days)</td>
</tr>
<tr>
<td>lidocaine viscous</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine-prilocaine topical cream</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

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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>LOPROX (AS OLAMINE) TOPICAL CREAM</td>
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<tr>
<td>LOPROX TOPICAL SHAMPOO</td>
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<td>MO</td>
</tr>
<tr>
<td>LOTRISONE TOPICAL CREAM</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>LUZU</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MENTAX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>naftifine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NAFTIN TOPICAL CREAM 2 %</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NAFTIN TOPICAL GEL</td>
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<td>MO</td>
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</tr>
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<td>nyamyc</td>
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<tr>
<td>nystatin topical</td>
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<td><strong>TOPICAL ANTIVIRALS</strong></td>
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<tr>
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<td>MO</td>
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<td>XERESE</td>
<td>3</td>
<td>MO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZOVIRAX TOPICAL CREAM</td>
<td>3</td>
<td>PA; MO; QL (5 per 30 days)</td>
</tr>
<tr>
<td>ZOVIRAX TOPICAL OINTMENT</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

**TOPICAL CORTICOSTEROIDS**

- **ala-cort topical cream**
  - 1
  - MO

- **ALA-SCALP**
  - 3
  - ST; MO

- **alclometasone**
  - 1
  - MO

- **amcinonide**
  - 1
  - MO

- **apexicon e**
  - 1
  - MO

- **betamethasone dipropionate**
  - 1
  - MO

- **betamethasone valerate**
  - 1
  - MO

- **betamethasone, augmented**
  - 1
  - MO

- **CAPEX**
  - 2
  - ST; MO

- **clobetasol scalp**
  - 1
  - MO; QL (100 per 28 days)

- **clobetasol topical foam**
  - 1
  - MO; QL (100 per 28 days)

- **clobetasol topical gel**
  - 1
  - MO; QL (120 per 28 days)

- **clobetasol topical lotion**
  - 1
  - MO; QL (118 per 28 days)

- **clobetasol topical ointment**
  - 1
  - MO; QL (120 per 28 days)

- **clobetasol topical shampoo**
  - 1
  - MO; QL (236 per 28 days)

- **clobetasol topical spray, non-aerosol**
  - 1
  - MO; QL (125 per 28 days)

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>clobetasol-emollient topical cream</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>CLOBEX TOPICAL LOTION</td>
<td>3</td>
<td>ST; MO; QL (118 per 28 days)</td>
</tr>
<tr>
<td>CLOBEX TOPICAL SHAMPOO</td>
<td>3</td>
<td>ST; MO; QL (236 per 28 days)</td>
</tr>
<tr>
<td>CLOBEX TOPICAL SPRAY, NON-AEROSOL</td>
<td>3</td>
<td>ST; MO; QL (125 per 28 days)</td>
</tr>
<tr>
<td>clotapocan</td>
<td>1</td>
<td>MO; QL (236 per 28 days)</td>
</tr>
<tr>
<td>CLODERM</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>CORDRAN TAPE LARGE ROLL</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>cortomax scalp</td>
<td>1</td>
<td>QL (100 per 28 days)</td>
</tr>
<tr>
<td>CUTIVATE TOPICAL LOTION</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>DERMATOP TOPICAL CREAM</td>
<td>3</td>
<td>ST; MO</td>
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<tr>
<td>DESONATE</td>
<td>3</td>
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<tr>
<td>desonide</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>DESOWEN</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>desoximetasone</td>
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<tr>
<td>diflorasone</td>
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<tr>
<td>DIPROLENE AF</td>
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<td>ST; MO</td>
</tr>
<tr>
<td>DIPROLENE TOPICAL OINTMENT</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>ELOCON TOPICAL CREAM</td>
<td>3</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>
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<tr>
<td>fluocinolone</td>
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<tr>
<td>fluocinonide topical cream 0.1 %</td>
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<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical gel</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical ointment</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical solution</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>flucinonide-e</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>flurandrenolide</td>
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</tr>
<tr>
<td>fluticasone topical</td>
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<tr>
<td>halobetasol propionate</td>
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<td>HALOG</td>
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<tr>
<td>hydrocortisone butyrate topical ointment</td>
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</tr>
<tr>
<td>hydrocortisone butyrate topical solution</td>
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<td>MO</td>
</tr>
<tr>
<td>hydrocortisone butyr-emollient</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical cream 1 %, 2.5 %</td>
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<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical lotion 2.5 %</td>
<td>1</td>
<td>MO</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>hydrocortisone topical ointment 1 %, 2.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone valerate</td>
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<td>MO</td>
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<tr>
<td>KENALOG TOPICAL</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>LOCODIOD TOPICAL CREAM</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>LOCODIOD TOPICAL LOTION</td>
<td>2</td>
<td>ST; MO</td>
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<tr>
<td>LOCODIOD TOPICAL OINTMENT</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>LOCODIOD TOPICAL SOLUTION</td>
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<tr>
<td>mometasone topical</td>
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<td>MO</td>
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<tr>
<td>nolix</td>
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<tr>
<td>OLUX</td>
<td>3</td>
<td>ST; MO; QL (100 per 28 days)</td>
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<tr>
<td>PANDEL</td>
<td>3</td>
<td>ST; MO</td>
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<tr>
<td>prednicarbate</td>
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<td>MO</td>
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<tr>
<td>PSORCON</td>
<td>3</td>
<td>ST</td>
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<tr>
<td>SERNIVO</td>
<td>3</td>
<td>ST; MO</td>
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<tr>
<td>SYNALAR TOPICAL CREAM</td>
<td>3</td>
<td>ST; MO</td>
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<tr>
<td>TOPICORT</td>
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<td>ST; MO</td>
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<tr>
<td>triamcinolone acetonide topical aerosol</td>
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<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical cream</td>
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<td>MO</td>
</tr>
<tr>
<td>trianex</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triderm topical</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>TRIDESILON</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>ULTRAVATE</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>VANOS</td>
<td>3</td>
<td>ST; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>TOPICAL ENZYMES</td>
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<td></td>
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<tr>
<td>SANTYL</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>TOPICAL SCABICIDES / PEDICULICIDES</td>
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<td>ELIMEITE</td>
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<tr>
<td>EURAX</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>lindane topical shampoo</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>malathion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>OVIDE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>permethrin topical</td>
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<td>MO</td>
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<tr>
<td>SKLICE</td>
<td>2</td>
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<td>DIAGNOSTICS / MISCELLANEOUS AGENTS</td>
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<tr>
<td>IRRIGATING SOLUTIONS</td>
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</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>lactated ringers irrigation</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin-polymyxin b gu</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>PHYSIOLYTE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHYSIOSOL IRRIGATION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ringer's irrigation</td>
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<td>MO</td>
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</table>

**MISCELLANEOUS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ACTONEL ORAL TABLET 30 MG</td>
<td>3</td>
<td>ST; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ADAGEN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>AGRYLIN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>alendronate oral tablet 40 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>anagrelide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ANTABUSE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ARALAST NP INTRAVENOUS RECON SOLN 500 MG</td>
<td>2</td>
<td>MO; LA</td>
</tr>
<tr>
<td>AURYXIA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>BUPHENYL ORAL POWDER</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>BUPHENYL ORAL TABLET</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAGLU</td>
<td>2</td>
<td>MO; LA</td>
</tr>
<tr>
<td>CARNITOR</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>cevimeline</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CHEMET</td>
<td>2</td>
<td>PA; MO</td>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIMIX 4.25%/D5W SULFIT FREE</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CLINIMIX E 2.75%/D10W SUL FREE</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CLINIMIX E 2.75%/D5W SUL FREE</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>d10 %-0.45 % sodium chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d2.5 %-0.45 % sodium chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d5 % and 0.9 % sodium chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>d5 %-0.45 % sodium chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 10 % and 0.2 % nacl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dextrose 10 % in water (d10w)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5 % in water (d5w) intravenous parenteral solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5 %-lactated ringers</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5%-0.2 % sod chloride</td>
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</tr>
<tr>
<td>dextrose 5%-0.3 % sod chloride</td>
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<td></td>
</tr>
<tr>
<td>dextrose with sodium chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram</td>
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<td>MO</td>
</tr>
<tr>
<td>etidronate disodium</td>
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<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Requirements /Limits</td>
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<tr>
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<tr>
<td>EVOXAC</td>
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</tr>
<tr>
<td>EXJADE</td>
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<tr>
<td>GLASSIA</td>
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<td>MO; LA</td>
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<tr>
<td>INCRELEX</td>
<td>2</td>
<td>MO; LA</td>
</tr>
<tr>
<td>JADENU</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>JADENU SPRINKLE</td>
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<tr>
<td>KAYEXALATE</td>
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<tr>
<td>kionex</td>
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</tr>
<tr>
<td>levocarnitine (with sugar)</td>
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</tr>
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<td>levocarnitine oral tablet</td>
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<td>MO</td>
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<tr>
<td>LITHOSTAT</td>
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</tr>
<tr>
<td>NORTHERA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>NUTRESTORE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG</td>
<td>2</td>
<td>LA</td>
</tr>
<tr>
<td>ORFADIN ORAL SUSPENSION</td>
<td>2</td>
<td>MO; LA</td>
</tr>
<tr>
<td>pilocarpine hcl oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>PROLASTIN-C</td>
<td>2</td>
<td>LA</td>
</tr>
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<td>MO</td>
</tr>
<tr>
<td>RECLAST</td>
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<td>PA; MO</td>
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</tbody>
</table>

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<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>zoledronic acid-mannitol-water</td>
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<td>PA; MO</td>
</tr>
<tr>
<td><strong>SMOKING DETERRENTS</strong></td>
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</tr>
<tr>
<td>bupropion hcl (smoking deter)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH BOX</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH BOX</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>NICOTROL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NICOTROL NS</td>
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<td>MO</td>
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<td>ZYBAN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td><strong>EAR, NOSE / THROAT MEDICATIONS</strong></td>
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<td></td>
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<tr>
<td><strong>MISCELLANEOUS AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTEPRO NASAL SPRAY, NON-AEROSOL</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>azelastine nasal</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>BACTROBAN NASAL</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>chlorhexidine gluconate mucous membrane</td>
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<td>MO</td>
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<tr>
<td>ipratropium bromide nasal</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>olopatadine nasal</td>
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<td>MO; QL (30.5 per 30 days)</td>
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<tr>
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<td>dexamethasone intensol</td>
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<thead>
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<th>Drug Name</th>
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<td>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
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<td>RAYOS</td>
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<td>SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML</td>
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<td>SOLU-MEDROL (PF) INJECTION</td>
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<td>SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM</td>
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<tr>
<td><strong>ANTITHYROID AGENTS</strong></td>
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<tr>
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<td>propylthiouracil</td>
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<td>TAPAZOLE</td>
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<tr>
<td><strong>DIABETES THERAPY</strong></td>
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<tr>
<td>acarbose oral tablet 100 mg</td>
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<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>acarbose oral tablet 25 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
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<tr>
<td>acarbose oral tablet 50 mg</td>
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<td>MO; QL (180 per 30 days)</td>
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<td>ACTOPLUS MET</td>
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<tr>
<td>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>ACTOS</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML</td>
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<td>PA; MO; QL (6 per 180 days)</td>
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<tr>
<td>ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML</td>
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<td>PA; MO; QL (6 per 30 days)</td>
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<tr>
<td><strong>Drug Name</strong></td>
<td><strong>Drug Tier</strong></td>
<td><strong>Requirements /Limits</strong></td>
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<tr>
<td>AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT</td>
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<td>AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/8 UNIT (60), 4 UNIT (60)/8 UNIT (30), 4 UNIT (90)/8 UNIT (90), 4 UNIT/8 UNIT/12 UNIT (60), 8 UNIT/12 UNIT (30)</td>
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<tr>
<td>ALCOHOL PADS</td>
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<tr>
<td>ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG</td>
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<td>ALOGLIPTIN ORAL TABLET 6.25 MG</td>
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<td>ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-45 MG</td>
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<td>ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25-15 MG, 25-30 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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</tbody>
</table>

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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>AMARYL ORAL TABLET 1 MG</td>
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<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>AMARYL ORAL TABLET 2 MG</td>
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<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>AMARYL ORAL TABLET 4 MG</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>APIDRA</td>
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<td>ST; MO</td>
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<tr>
<td>APIDRA SOLOSTAR</td>
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<td>ST; MO</td>
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<tr>
<td>AVANDIA ORAL TABLET 2 MG, 4 MG</td>
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<tr>
<td>BASAGLAR KWIKPEN</td>
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<tr>
<td>BYDUREON</td>
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<tr>
<td>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML</td>
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<tr>
<td>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</td>
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<td>CYCLOSET</td>
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<td>DUETACT</td>
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<tbody>
<tr>
<td>FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG</td>
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<tr>
<td>FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG</td>
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<td>MO; QL (75 per 30 days)</td>
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<tr>
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<tr>
<td>glimepiride oral tablet 4 mg</td>
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<tr>
<td>glipizide oral tablet 10 mg</td>
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<td>glipizide oral tablet 5 mg</td>
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<td>glipizide-metformin oral tablet 2.5-250 mg</td>
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<tbody>
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<tr>
<td>GLUCAGON EMERGENCY KIT (HUMAN)</td>
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<td>GLUCOPHAGE ORAL TABLET 1,000 MG</td>
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<td>GLUCOPHAGE ORAL TABLET 500 MG</td>
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<td>GLUCOPHAGE ORAL TABLET 850 MG</td>
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<tr>
<td>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG</td>
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<td>INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML</td>
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<td>INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG</td>
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<td>MO; QL (120 per 30 days)</td>
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<tr>
<td>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</td>
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<thead>
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**MISCELLANEOUS HORMONES**

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<tr>
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<td>THYROLAR-1</td>
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<tr>
<td>THYROLAR-1/2</td>
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<td>THYROLAR-1/4</td>
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<td>MO</td>
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<td>TIROSINT</td>
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<tr>
<td>TRIOSTAT</td>
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<tr>
<td>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</td>
<td>1</td>
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**GASTROENTEROLOGY**

**ANTIDIARRHEALS / ANTISPASMODICS**

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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>atropine injection syringe 0.05 mg/ml</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>BENTYL INTRAMUSCULAR</td>
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</tr>
<tr>
<td>BENTYL ORAL CAPSULE</td>
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<td></td>
</tr>
<tr>
<td>CUVPOSA</td>
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<td></td>
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<tr>
<td>dicyclomine intramuscular</td>
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<tr>
<td>dicyclomine oral capsule</td>
<td>1 MO</td>
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</tr>
<tr>
<td>dicyclomine oral solution</td>
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</tr>
<tr>
<td>diphenoxylate-atropine</td>
<td>1 MO</td>
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<td>glycopyrrolate injection</td>
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<tr>
<td>LOMOTIL</td>
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<tr>
<td>loperamide oral capsule</td>
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<tr>
<td>methscopolamine</td>
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<tr>
<td>MYTESI</td>
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<td></td>
</tr>
<tr>
<td>ROBINUL FORTE</td>
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<td></td>
</tr>
<tr>
<td>ROBINUL ORAL</td>
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<tr>
<td><strong>MISCELLANEOUS GASTROINTESTINAL AGENTS</strong></td>
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<tr>
<td>ACTIGALL</td>
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<td>alosetron</td>
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<tr>
<td>ALOXI</td>
<td>2 MO</td>
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</tr>
<tr>
<td>AMITIZA</td>
<td>2 MO</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ANUSOL-HC TOPICAL CREAM</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>WITH PERINEAL APPLICATOR</td>
<td></td>
<td></td>
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<tr>
<td>ANZEMET ORAL</td>
<td>3 PA; MO</td>
<td></td>
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<tr>
<td>aprepitant</td>
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<tr>
<td>APRISO</td>
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<tr>
<td>ASACOL HD</td>
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<tr>
<td>AZULFIDINE</td>
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<td></td>
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<tr>
<td>AZULFIDINE EN-TABS</td>
<td>3 MO</td>
<td></td>
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<tr>
<td>balsalazide</td>
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<tr>
<td>budesonide oral</td>
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<tr>
<td>CANASA</td>
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<tr>
<td>CESAMET</td>
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<tr>
<td>CHENODAL</td>
<td>2 PA; LA</td>
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<td>CHOLBAM ORAL CAPSULE 250 MG</td>
<td>2 PA; MO</td>
<td></td>
</tr>
<tr>
<td>CHOLBAM ORAL CAPSULE 50 MG</td>
<td>2 PA; MO</td>
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<tr>
<td>CHOLBAM ORAL POWDER FOR RECONST</td>
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<td></td>
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<tr>
<td>CIMZIA</td>
<td>3 PA; MO</td>
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<tr>
<td>CIMZIA POWDER FOR RECONST</td>
<td>3 PA; MO</td>
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</tr>
<tr>
<td>COLAZAL</td>
<td>3 MO</td>
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</tr>
<tr>
<td>colocort</td>
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<tr>
<td>COLYTE WITH FLAVOR PACKS</td>
<td>3 ST; MO</td>
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<tr>
<td>ORAL RECON SOLN 240-22.72-6.72-5.84 GRAM</td>
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</tr>
<tr>
<td>compro</td>
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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>constulose</td>
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<tr>
<td>CREON</td>
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<td>MO</td>
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<tr>
<td>cromolyn oral</td>
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<td>MO</td>
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<tr>
<td>CYSTADANE</td>
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<td>MO</td>
</tr>
<tr>
<td>DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIPENTUM</td>
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<td>MO</td>
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<tr>
<td>dronabinol</td>
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<td>PA; MO</td>
</tr>
<tr>
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<td>MO</td>
</tr>
<tr>
<td>EMEND ORAL CAPSULE</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>EMEND ORAL CAPSULE,DOSE PACK</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>EMEND ORAL SUSPENSION FOR RECONSTITUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>ENTOCORT EC</td>
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<td>MO</td>
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<tr>
<td>enulose</td>
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<tr>
<td>GASTROCROM</td>
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<td>GATTEX 30-VIAL</td>
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<td>MO</td>
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<tr>
<td>gavilyte-c</td>
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<td>MO</td>
</tr>
<tr>
<td>gavilyte-g</td>
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<td>MO</td>
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<tr>
<td>gavilyte-h and bisacodyl</td>
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<td>MO</td>
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<tr>
<td>gavilyte-n</td>
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<tr>
<td>generlac</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>GIAZO</td>
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<td>MO</td>
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<tr>
<td>GOLYTELY</td>
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<tr>
<td>granisetron (pf) intravenous solution 100 mcg/ml</td>
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<tr>
<td>granisetron hcl intravenous</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>granisetron hcl oral</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>hydrocortisone rectal</td>
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<td>MO</td>
</tr>
<tr>
<td>INFLECTRA</td>
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<td>PA; MO</td>
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<tr>
<td>KRISTALOSE</td>
<td>3</td>
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<tr>
<td>lactulose oral solution 10 gram/15 ml</td>
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<tr>
<td>LIALDA</td>
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<td>MO</td>
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<tr>
<td>LINZESS</td>
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<td>LOTRONEX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MARINOL</td>
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<td>PA; MO</td>
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<tr>
<td>meclizine oral tablet 12.5 mg, 25 mg</td>
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<tr>
<td>MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG</td>
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<tr>
<td>mesalamine with cleansing wipe</td>
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<tr>
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</tr>
<tr>
<td>metoclopramide hcl oral</td>
<td>1</td>
<td>MO</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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</thead>
<tbody>
<tr>
<td>MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %</td>
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<td>ST; MO</td>
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<tr>
<td>MOVANTIK</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MOVIPREP</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NULYTELY WITH FLAVOR PACKS</td>
<td>3</td>
<td>ST; MO</td>
</tr>
<tr>
<td>OCALIVA</td>
<td>2</td>
<td>PA; MO; LA; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ondansetron</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ondansetron hcl (pf)</td>
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</tr>
<tr>
<td>ondansetron hcl oral solution</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ondansetron hcl oral tablet 24 mg</td>
<td>1</td>
<td>PA</td>
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<tr>
<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<td>PA; MO</td>
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<tr>
<td>OSMOPREP</td>
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<td>MO</td>
</tr>
<tr>
<td>PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200-10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200-24,600 UNIT</td>
<td>3</td>
<td>ST; MO</td>
</tr>
</tbody>
</table>

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<tr>
<td>REGLAN ORAL</td>
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<tr>
<td>RELISTOR ORAL</td>
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<td>ST; MO</td>
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<tr>
<td>RELISTOR SUBCUTANEOUS SOLUTION</td>
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<td>ST; MO</td>
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<td>RELISTOR SUBCUTANEOUS SYRINGE</td>
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<td>ST; MO</td>
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<td>PA; MO</td>
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<tr>
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<tr>
<td>SFROWASA</td>
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<tr>
<td>SUCRAID</td>
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<td>MO</td>
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<td>PA</td>
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<td>TRANSDERM-SCOP</td>
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<td>ZOFRAN ODT</td>
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<tr>
<td>cimetidine</td>
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<tr>
<td>cimetidine hcl oral</td>
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<td>MO</td>
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<tr>
<td>CYTOTEC</td>
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<td>MO</td>
</tr>
<tr>
<td>DEXILANT ORAL CAPSULE,BIPHASED DELAYED RELEASE 30 MG</td>
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<tr>
<td>DEXILANT ORAL CAPSULE,BIPHASED DELAYED RELEASE 60 MG</td>
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<td>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</td>
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<tr>
<td>esomeprazole sodium</td>
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### Drug List

<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>famotidine (pf)</td>
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<td>MO</td>
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<tr>
<td>famotidine (pf)-nacl(iso-os)</td>
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<tr>
<td>famotidine oral suspension</td>
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</tr>
<tr>
<td>famotidine oral tablet 20 mg, 40 mg</td>
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<tr>
<td>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</td>
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<tr>
<td>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</td>
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<td>misoprostol</td>
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<td>NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG</td>
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<td>NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>nizatidine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
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<th>Drug Name</th>
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<td>NEULASTA SUBCUTANEOUS SYRINGE</td>
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<td>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML</td>
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<td>REBIF (WITH ALBUMIN)</td>
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<td>NUTROPIN AQ NUSPIN</td>
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<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</td>
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<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)</td>
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<td>MO; QL (2 per 28 days)</td>
<td>REBIF TITRATION PACK</td>
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<td>MO; QL (2 per 28 days)</td>
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<th>Requirements /Limits</th>
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**MUSCULOSKELETAL / RHEUMATOLOGY**

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**OSTEOPOROSIS THERAPY**

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<td>ST; MO; QL (4 per 28 days)</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>BINOSTO</td>
<td>3</td>
<td>ST; MO; QL (4 per 28 days)</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>BONIVA INTRAVENOUS</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>BONIVA ORAL</td>
<td>3</td>
<td>ST; MO; QL (1 per 30 days)</td>
</tr>
<tr>
<td>EVISTA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>FORTEO</td>
<td>2</td>
<td>PA; MO; QL (2.4 per 28 days)</td>
</tr>
<tr>
<td>FOSAMAX ORAL TABLET 70 MG</td>
<td>3</td>
<td>ST; MO; QL (4 per 28 days)</td>
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<tr>
<td>FOSAMAX PLUS D</td>
<td>3</td>
<td>ST; MO; QL (4 per 28 days)</td>
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<tr>
<td>ibandronate intravenous solution</td>
<td>1</td>
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</tr>
<tr>
<td>ibandronate oral</td>
<td>1</td>
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<tr>
<td>PROLIA</td>
<td>2</td>
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</tr>
<tr>
<td>raloxifene</td>
<td>1</td>
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<tr>
<td>risedronate oral tablet 150 mg</td>
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<tr>
<td>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</td>
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<tr>
<td>risedronate oral tablet 5 mg</td>
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<td>risedronate oral tablet, delayed release (dr/ec)</td>
<td>1</td>
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<tr>
<td>TYMLOS</td>
<td>2</td>
<td>PA; MO; QL (1.56 per 30 days)</td>
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**OTHER RHEUMATOLOGICALS**

<table>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>ACTEMRA</td>
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**Drug Name**

<table>
<thead>
<tr>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>ARAVA</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>BENLYSTA INTRAVENOUS</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CUPRIMINE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DEPEN TITRATABS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ENBREL</td>
<td>2</td>
<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>ENBREL SURECLICK</td>
<td>2</td>
<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</td>
<td>2</td>
<td>PA; MO; QL (3 per 180 days)</td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)</td>
<td>2</td>
<td>PA; MO; QL (6 per 180 days)</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
<td>2</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN CROHN'S-UC-HS START</td>
<td>2</td>
<td>PA; MO; QL (6 per 180 days)</td>
</tr>
<tr>
<td>HUMIRA PEN PSORIASIS-UVEITIS</td>
<td>2</td>
<td>PA; MO; QL (4 per 180 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML</td>
<td>2</td>
<td>PA; MO; QL (2 per 28 days)</td>
</tr>
</tbody>
</table>

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<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</td>
<td>2</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>KEVZARA</td>
<td>3</td>
<td>PA; MO; QL (2.28 per 28 days)</td>
</tr>
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<td>KINERET</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>leflunomide</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ORENCIA</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ORENCIA (WITH MALTOSE)</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ORENCIA CLICKJECT</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)</td>
<td>2</td>
<td>PA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RASUVO (PF)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RIDAURA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SAVELLA ORAL TABLET</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>SAVELLA ORAL TABLETS,DOSE PACK</td>
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<td>MO; QL (55 per 30 days)</td>
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<tr>
<td>SIMPONI</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SIMPONI ARIA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>XELJANZ</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>XELJANZ XR</td>
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<td>PA; MO</td>
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**OBSTETRICS / GYNECOLOGY**

**ESTROGENS / PROGESTINS**

<table>
<thead>
<tr>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>ACTIVELLA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ALORA</td>
<td>3</td>
<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>amabelz</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ANGELIQ</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>AYGESTIN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>camila</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CLIMARA</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>CLIMARA PRO</td>
<td>3</td>
<td>PA; MO</td>
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</tbody>
</table>
### Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBIPATCH</td>
<td>3</td>
<td>PA; MO</td>
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<tr>
<td>CRINONE VAGINAL GEL 4 %</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CRINONE VAGINAL GEL 8 %</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>deblitane</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>DELESTROGEN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>DEPO-ESTRADIOL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>DEPO-PROVERA INTRAMUSCULAR SOLUTION</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DEPO-PROVERA INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>DEPO-SUBQ PROVERA 104</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>DUAVEE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ELESTRIN</td>
<td>3</td>
<td>PA; MO; QL (52 per 30 days)</td>
</tr>
<tr>
<td>errin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ESTRACE ORAL</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ESTRACE VAGINAL</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>estradiol oral</td>
<td>1</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

### Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>estradiol transdermal patch weekly</td>
<td>1</td>
<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>estradiol transdermal patch weekly</td>
<td>1</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>estradiol-norethindrone acet</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ESTRING</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>estropipate</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>EVAMIST</td>
<td>3</td>
<td>PA; MO; QL (16.2 per 30 days)</td>
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<tr>
<td>FEMHRT LOW DOSE</td>
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<tr>
<td>FEMRING</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>fyavolv</td>
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<td>PA; MO</td>
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<tr>
<td>hydroxyprogesterone caproate</td>
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<td>MO</td>
</tr>
<tr>
<td>jinteli</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>jolivette</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lyza</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)</td>
<td>2</td>
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</tr>
<tr>
<td>medroxyprogesterone intramuscular suspension</td>
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<td>MO</td>
</tr>
<tr>
<td>medroxyprogesterone oral</td>
<td>1</td>
<td>MO</td>
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</table>

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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</td>
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</tr>
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<td>MENOSTAR</td>
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<tr>
<td>mimvey</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>mimvey lo</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>MINIVELLE</td>
<td>3</td>
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<td>nora-be</td>
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<td>MO</td>
</tr>
<tr>
<td>norethindrone (contraceptive)</td>
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</tr>
<tr>
<td>norethindrone acetate</td>
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<tr>
<td>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>norlyroc</td>
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<td>ORTHO MICRONOR</td>
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<tr>
<td>PREFEST</td>
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<td>PA; MO</td>
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<tr>
<td>PREMARIN INJECTION</td>
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<td>AVC VAGINAL</td>
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<td>CLEOCIN VAGINAL CREAM</td>
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<td>clindamycin phosphate vaginal</td>
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<td>CLINDESSE</td>
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<td>GYNAZOLE-1</td>
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<tr>
<td>LUPANETA PACK (1 MONTH)</td>
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<td>LYSTEDA</td>
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<td>NUVARING</td>
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<td>NUVESSA</td>
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<tr>
<td>tranexamic acid oral</td>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>vandazole</td>
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<td>xulane</td>
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<tr>
<td><strong>ORAL CONTRACEPTIVES / RELATED AGENTS</strong></td>
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<td>alyacen 1/35 (28)</td>
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<td>MO</td>
</tr>
<tr>
<td>amethia</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>amethia lo</td>
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<td>MO</td>
</tr>
<tr>
<td>apri</td>
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<td>MO</td>
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<tr>
<td>aranelle (28)</td>
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<tr>
<td>aviane</td>
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<td>balziva (28)</td>
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<td>BEYAZ</td>
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<td>blisovi 24 fe</td>
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**CHOLINESTERASE INHIBITOR MIOTICS**

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**MISCELLANEOUS OPHTHALMOLOGICS**

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<tr>
<th>Drug Name</th>
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<td>OMNIPRED</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
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<tr>
<td>promethazine injection solution</td>
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<tr>
<td>promethazine oral</td>
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<td>SEMPREX-D</td>
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**PULMONARY AGENTS**

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<td>ADEMPAS</td>
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<tr>
<td>ADVAIR DISKUS</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>ADVAIR HFA</td>
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<td>MO; QL (12 per 30 days)</td>
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<tr>
<td>AEROSPAN</td>
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<td>AIRDUO RESPICLICK</td>
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</tbody>
</table>

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<thead>
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<th>Drug Name</th>
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<tr>
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<td>ESBRIET ORAL TABLET 801 MG</td>
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<td>FIRAZYR</td>
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<td>PA; MO</td>
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<td>BERNERT INTRAVENOUS KIT</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
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<td>theophylline oral tablet extended release 24 hr</td>
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<td>TRACLEER</td>
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<td>PA; MO; LA</td>
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### VITAMINS, HEMATINICS / ELECTROLYTES

#### ELECTROLYTES

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### MISCELLANEOUS NUTRITION PRODUCTS

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| AMINOSYN II 15 % | ANZEMET | atenolol |
| AMINOSYN II 7 % | apixaban e | atenolol-chlorothalidone |
| AMINOSYN II 8.5 % | APIDRA | ATGAM |
| AMINOSYN II 8.5 % - ELECTROLYTES | APLENZIN | ATIVAN |
| AMINOSYN-HBC 7 % | APOKYN | atomoxetine |
| AMINOSYN-PF 10 % | apraclonidine | atorvastatin |
| AMINOSYN-PF 7 % (SULFITE-FREE) | aprepitant | atovaquone |
| AMINOSYN-RF 5.2 % | ARAVAN | ATRIALIN |
| amidarone | ARISTADA | ATRIPLA |
| AMITIZA | aprosine | atropine |
| amitriptyline | ARALAST NP | AUBAGIO |
| amloidipine | aranelle (28) | aubra |
| amloidipine-atorvastatin | ARGATROBAN | AUGMENTIN |
| amloidipine-benzapril | ARGATROBAN IN 0.9 % | AURIXIA |
| amloidipine-olmesartan | ARANESP (IN POLYSORBATE) | AUSTEDO |
| amloidipine-valsratan | ARAVA | AVI-Q |
| amloidipine-valsratan-hehtiazid | ARCALYST | AVALIDE |
| ammonium lactate | ARCAPTA NEOHALER 101 | AVANDIA |
| amoxicillin | ARGATROBAN | AVAPRO |
| amoxicillin-clarithromycin-lansoprazole | ARAXITRA | AVASTIN |
| amoxicillin-in-pot clavulanate | ARNOCTX | AVC VAGINAL |
| amphotericin b | ARSITADA | AVEED |
| ampicillin | ARIXTRA | AVELOX |
| ampicillin sodium | armodafinil | AVELOX IN NACL (ISO-Osmotic) |
| ampicillin-sulbactam | ARNUNITY ELLIPTA 101 | aviane |
| AMPYRA | AROMASIN | ativo |
| ANADROL-50 | ARRANON | AVITA |
| ANAFRANIL | ARTROTEC 50 | AVODART |
| anagrelide | ARTROTEC 75 | AVONEX |
| ANAPROX DS | ASACOL HD | AVONEX (WITH ALBUMIN) |
| anastrozole | ashlyna | AVYCAZ |
| ANCOBON | ASMAMEX HFA | AXERT |
| ANDRODERM | ASMANEX TWISTHALER | AXIRON |
| ANDROGEL | AZAAGIN | AYGESTIN |
| ANDROID | aspirin-dipyridamole | azacitidine |
| ANGELIQ | ASTAGRAF XL | AZACTAM IN DEXTROSE |
| ANORO ELLIPTA | ASTEPRO | (ISO-OSM) |
| ANTABUSE | ATACAND | AZASAN |
| ANTARA | ATACAND HCT | AZASITE |
| ANUSOL-HC | ATELVIA | azathioprine |

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Note: The drug list includes all possible restrictions and limitations. Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.
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With Express Scripts Medicare, you will have access to over 68,000 network pharmacies nationally. You may fill your prescriptions at a retail, home infusion, long-term care or Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacy, or through our convenient home delivery service.

You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/14/2017. For more recent information or other questions, please contact Express Scripts Medicare Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at www.express-scripts.com.

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