PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 10/2020

For more recent information or other questions, please contact CareSource Advantage Zero Premium / CareSource Advantage Member Services at 1-844-607-2827 or TTY 711, 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Mar. 31, the same hours seven days a week, or visit CareSource.com/Medicare.
Formulary ID: 00020191, Version #: 16
CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Advantage Zero Premium or CareSource Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of 10/2020 For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

**What is the CareSource Advantage Zero Premium / CareSource Advantage Formulary?**

A formulary is a list of covered drugs selected by CareSource 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.
Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

  o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareSource Advantage Zero Premium / CareSource Advantage?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 10/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.
How do I use the Formulary?

There are two ways to find your drug within the formulary:

**Medical Condition**

The formulary begins on page 2. 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”. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

**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 83. 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 first column of the list.

**What are generic drugs?**

CareSource covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareSource before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, CareSource provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CareSource requires you 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, our plan will then cover Drug B.
You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CareSource Advantage Zero Premium / CareSource Advantage formulary?" on page iv for information about how to request an exception.

**What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareSource Advantage Zero Premium / CareSource Advantage.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

**How do I request an exception to the CareSource Advantage Zero Premium / CareSource Advantage Formulary?**

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would 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 this drug is not on the specialty tier. 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
Generally, CareSource Advantage Zero Premium / CareSource Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction 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 believe 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.

**What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary 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 a formulary 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, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we’ll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In the event that an unplanned transition occurs in which a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 34-day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.
For more information

For more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareSource Advantage Zero Premium / CareSource Advantage, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 http://www.medicare.gov.

CareSource Advantage Zero Premium / CareSource Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., <warfarin>).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.
# CareSource Advantage Zero Premium Copayments

<table>
<thead>
<tr>
<th>Drug Tiers</th>
<th>30-day retail</th>
<th>90-day retail</th>
<th>90-day mail order</th>
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</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$5.00</td>
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<td>Tier 2 (Generic)</td>
<td>$15.00</td>
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<td>$30.00</td>
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<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$45.00</td>
<td>$135.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$100.00</td>
<td>$300.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Tier 5 (Specialty)</td>
<td>30% of the cost</td>
<td>Not covered</td>
<td>30% of the cost, 30-day supply only is covered</td>
</tr>
</tbody>
</table>

# CareSource Advantage Copayments

<table>
<thead>
<tr>
<th>Drug Tiers</th>
<th>30-day retail</th>
<th>90-day retail</th>
<th>90-day mail order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$4.00</td>
<td>$12.00</td>
<td>$8.00</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$10.00</td>
<td>$30.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$45.00</td>
<td>$135.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$100.00</td>
<td>$300.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Tier 5 (Specialty)</td>
<td>32% of the cost</td>
<td>Not covered</td>
<td>32% of the cost, 30-day supply only is covered</td>
</tr>
</tbody>
</table>
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.

**List of Abbreviations**

**B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order 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 physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don’t get approval, we may not cover the 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 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.

*Medications on tier 5, also called specialty medications, are limited to no more than a 30 day supply per fill.*
## Anti-Infectives

### Antifungal Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>ANTI-INFECTIVES</strong></td>
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<td></td>
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<tr>
<td><strong>ANTIFUNGAL AGENTS</strong></td>
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<tr>
<td>AMBISOME</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ABELCET</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>amphotericin b</td>
<td>4</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>caspofungin</td>
<td>5</td>
<td>B/D PA</td>
</tr>
<tr>
<td>clotrimazole mucous membrane</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CRESEMBA INTRAVENOUS</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>CRESEMBA ORAL</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm)</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>flucytosine</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin microsize</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize</td>
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<td>MO</td>
</tr>
<tr>
<td>itraconazole</td>
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<td>MO</td>
</tr>
<tr>
<td>ketoconazole oral</td>
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<td>MO</td>
</tr>
<tr>
<td>micafungin</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>MYCAMINE</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>NOXAFIL ORAL</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin oral suspension</td>
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<td>MO</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>BIKTARVY 5 MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cidofovir 5 B/D PA; MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIMDUO 5 MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPLERA 5 MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRIXIVAN ORAL Capsule 200 MG, 400 MG</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>DELSTRIGO 5 MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCOVY 5 MO</td>
<td></td>
<td></td>
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<tr>
<td>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</td>
<td>2 MO</td>
<td></td>
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<tr>
<td>DOVATO 5 MO</td>
<td></td>
<td></td>
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<tr>
<td>EDURANT 5 MO</td>
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<tr>
<td>efavirenz oral capsule 200 mg</td>
<td>5 MO</td>
<td></td>
</tr>
<tr>
<td>efavirenz oral capsule 50 mg</td>
<td>2 MO</td>
<td></td>
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<tr>
<td>efavirenz oral tablet 5 MO</td>
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<td></td>
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<tr>
<td>EMTRIVA 3 MO</td>
<td></td>
<td></td>
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<tr>
<td>entecavir 2 MO</td>
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<tr>
<td>EPCLUSA 5 PA; MO; QL (28 per 28 days)</td>
<td>5 MO</td>
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</tr>
<tr>
<td>EPIVIR HBV ORAL SOLUTION 3 MO</td>
<td></td>
<td></td>
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<tr>
<td>EVOTAZ 5 MO</td>
<td></td>
<td></td>
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<tr>
<td>famciclovir 2 MO</td>
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<tr>
<td>fosamprenavir 5 MO</td>
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<tr>
<td>FUZEON SUBCUTANEOUS RECON SOLN</td>
<td>5 MO</td>
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<td>ganciclovir sodium 2 B/D PA; MO</td>
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<tr>
<td>GENVOYA 5 MO</td>
<td></td>
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<tr>
<td>HARVONI ORAL TABLET 45-200 MG</td>
<td>5 PA; MO; QL (56 per 28 days)</td>
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<tr>
<td>HARVONI ORAL TABLET 90-400 MG</td>
<td>5 PA; MO; QL (28 per 28 days)</td>
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<tr>
<td>INTELENCE ORAL TABLET 100 MG, 200 MG</td>
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<tr>
<td>INTELENCE ORAL TABLET 25 MG</td>
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<tr>
<td>INVIRASE ORAL TABLET 5 MO</td>
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<td></td>
</tr>
<tr>
<td>ISENTRESS HD 5 MO</td>
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<tr>
<td>ISENTRESS ORAL POWDER IN PACKET</td>
<td>5 MO</td>
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<tr>
<td>ISENTRESS ORAL TABLET 5 MO</td>
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<td></td>
</tr>
<tr>
<td>ISENTRESS ORAL TABLET, CHEWABLE 100 MG</td>
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<tr>
<td>ISENTRESS ORAL TABLET, CHEWABLE 25 MG</td>
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<td></td>
</tr>
<tr>
<td>JULUCA 5 MO</td>
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<tr>
<td>KALETRA ORAL TABLET 100-25 MG</td>
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<tr>
<td>KALETRA ORAL TABLET 200-50 MG</td>
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<tr>
<td>lamivudine 2 MO</td>
<td></td>
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<tr>
<td>lamivudine-zidovudine 2 MO</td>
<td></td>
<td></td>
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<tr>
<td>LEXIVA ORAL SUSPENSION 3 MO</td>
<td></td>
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</tr>
<tr>
<td>lopinavir-ritonavir 2 MO</td>
<td></td>
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</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nevirapine oral suspension</td>
<td>2</td>
<td></td>
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<tr>
<td>nevirapine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nevirapine oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>NORVIR ORAL POWDER IN PACKET</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NORVIR ORAL SOLUTION</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ODEFSEY</td>
<td>5</td>
<td>MO</td>
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<tr>
<td>oseltamivir</td>
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<td>MO</td>
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<td>PIFELTRO</td>
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<td>PREVYMIS INTRAVENOUS</td>
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<tr>
<td>PREVYMIS ORAL</td>
<td>5</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>PREZCOBIX</td>
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<td>MO</td>
</tr>
<tr>
<td>PREZISTA ORAL SUSPENSION</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>PREZISTA ORAL TABLET 150 MG, 75 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PREZISTA ORAL TABLET 600 MG, 800 MG</td>
<td>5</td>
<td>MO</td>
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<tr>
<td>RELENZA DISKHALER</td>
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<td>MO</td>
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<tr>
<td>RETROVIR INTRAVENOUS</td>
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<td>MO</td>
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<td>REYATAZ ORAL POWDER IN PACKET</td>
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<tr>
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<td>tenofovir disoproxil fumarate</td>
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<td>TIVICAY ORAL TABLET 25 MG, 50 MG</td>
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<td>TIVICAY PD</td>
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<td>TRIUMEQ</td>
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<tr>
<td>TROGARZO</td>
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<td>MO; LA</td>
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<tr>
<td>TRUVADA</td>
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<tr>
<td>valacyclovir oral tablet 1 gram</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<thead>
<tr>
<th>Drug Name</th>
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<td>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</td>
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<td>valganciclovir</td>
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<td>MO</td>
<td>cefazolin injection recon soln 1 gram, 500 mg</td>
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<td>VEMLIDY</td>
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<td>VIRACEPT ORAL TABLET</td>
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<td>cefazolin intravenous</td>
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<td>cefdinir</td>
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<td>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</td>
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<td>MO</td>
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<td>XOFLUZA</td>
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<td>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</td>
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<td>zidovudine</td>
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<td>cefepime injection</td>
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<td>cefotetan</td>
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<td>cefaclor oral suspension for reconstitution 125 mg/5 ml</td>
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<td>MO</td>
<td>cefoxitin in dextrose, iso-osm</td>
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<tr>
<td>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</td>
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<td>MO</td>
<td>cefoxitin intravenous recon soln 1 gram, 2 gram</td>
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<tr>
<td>cefaclor oral tablet extended release 12 hr</td>
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<td>cefoxitin intravenous recon soln 10 gram</td>
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<td>cefpodoxime</td>
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<tbody>
<tr>
<td>ceftazidime injection recon soln 6 gram</td>
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<td>ceftriaxone in dextrose,iso-os</td>
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<td>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</td>
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<td>MO</td>
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<tr>
<td>ceftriaxone injection recon soln 10 gram</td>
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<td>ceftriaxone intravenous</td>
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<td>cefuroxime axetil oral tablet</td>
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<td>cefuroxime sodium injection recon soln 750 mg</td>
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<tr>
<td>cefuroxime sodium intravenous recon soln 1.5 gram</td>
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<td>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</td>
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<td>SUPRAX ORAL TABLET, CHEWABLE</td>
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<td>tazicef injection recon soln 1 gram</td>
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<tr>
<td>tazicef injection recon soln 2 gram, 6 gram</td>
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<td>tazicef intravenous</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</td>
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<td>Requirements /Limits</td>
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<td>vancomycin oral capsule 125 mg</td>
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<td>VIBATIV INTRAVENOUS RECON SOLN 750 MG</td>
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<td>XIFAXAN ORAL TABLET 200 MG</td>
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<td>XIFAXAN ORAL TABLET 550 MG</td>
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**PENICILLINS**

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<td>MO</td>
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<tr>
<td>amoxicillin oral suspension for reconstitution</td>
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</tr>
<tr>
<td>amoxicillin oral tablet</td>
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<td>MO</td>
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<tr>
<td>amoxicillin oral tablet, chewable 125 mg, 250 mg</td>
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<tr>
<td>amoxicillin-pot clavulanate</td>
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<td>amoxicillin oral capsule 500 mg</td>
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<td>MO</td>
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<tr>
<td>ampicillin oral capsule 500 mg</td>
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<td>MO</td>
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<td>ampicillin sodium injection</td>
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<tr>
<td>ampicillin sodium intravenous</td>
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<tr>
<td>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</td>
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<td>ampicillin-sulbactam injection recon soln 15 gram</td>
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<th>Requirements /Limits</th>
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<tr>
<td>BICILLIN L-A</td>
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<td>dicloxacillin</td>
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<td>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</td>
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<td>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</td>
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<td>MO</td>
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<tr>
<td>nafcillin injection recon soln 1 gram, 2 gram</td>
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<td>MO</td>
</tr>
<tr>
<td>nafcillin injection recon soln 10 gram</td>
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<td>MO</td>
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<tr>
<td>nafcillin intravenous</td>
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<td>MO</td>
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<td>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</td>
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<td>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</td>
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<td></td>
</tr>
<tr>
<td>oxacillin injection recon soln 1 gram</td>
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</tr>
<tr>
<td>oxacillin injection recon soln 10 gram</td>
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<td></td>
</tr>
<tr>
<td>oxacillin injection recon soln 2 gram</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>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML</td>
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<td>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML</td>
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<tr>
<td>penicillin g procaine</td>
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<td>MO</td>
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<tr>
<td>penicillin g sodium</td>
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<td>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</td>
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<td>tetracycline</td>
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<tr>
<td>ALIQOPA</td>
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<td>arsenic trioxide intravenous solution 2 mg/ml</td>
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<tr>
<td>carboplatin intravenous solution</td>
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<td>100 mg, 150 mg</td>
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<td>intravenous recon soln 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</td>
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<td>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</td>
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<td>HERCEPTIN INTRAVENOUS RECON SOLN 150 MG</td>
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<td>ICLUSIG ORAL TABLET 15 MG</td>
<td>5</td>
<td>PA; QL (60 per 30 days)</td>
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<tr>
<td>IDHIFA</td>
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<tr>
<td>ifosfamide intravenous recon soln</td>
<td>2</td>
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</tr>
<tr>
<td>ifosfamide intravenous solution 1 gram/20 ml</td>
<td>2</td>
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<tr>
<td>ifosfamide intravenous solution 3 gram/60 ml</td>
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<td>imatinib oral tablet 100 mg</td>
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<td>imatinib oral tablet 400 mg</td>
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<td>IMBRUVICA ORAL CAPSULE 140 MG</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>KEYTRUDA INTRAVENOUS SOLUTION</td>
<td>5</td>
<td>PA; MO</td>
<td>MARQIBO</td>
<td>3</td>
<td>B/D PA; MO</td>
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<tr>
<td>KISQALI</td>
<td>5</td>
<td>PA; MO</td>
<td>MATULANE</td>
<td>5</td>
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<tr>
<td>KISQALI FEMARA CO-PACK</td>
<td>5</td>
<td>PA; MO</td>
<td>megestrol oral suspension 400 mg/10 ml (10 ml)</td>
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<td>PA</td>
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<tr>
<td>KYPROLIS</td>
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<td>letrozole</td>
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<td>3</td>
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<td>MEKINIST ORAL TABLET 2 MG</td>
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<td>MEKTOVI</td>
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<td>mercaptopurine</td>
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<tr>
<td>LORBRENA ORAL TABLET 25 MG</td>
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<td>PA; MO; QL (90 per 30 days)</td>
<td>methotrexate sodium</td>
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<td>LUMOXITI</td>
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<td>methotrexate sodium (pf) injection recon soln</td>
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<tr>
<td>LUPRON DEPOT</td>
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<td>LUPRON DEPOT (3 MONTH)</td>
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<td>LUPRON DEPOT (4 MONTH)</td>
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<td>LUPRON DEPOT-PED (3 MONTH)</td>
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<tr>
<td>MVASI</td>
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<td>mycophenolate mofetil oral capsule</td>
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<td>mycophenolate mofetil oral suspension for reconstitution</td>
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<td>mycophenolate mofetil oral tablet</td>
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<tr>
<td>mycophenolate sodium</td>
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<td>MYLOTARG</td>
<td>5</td>
<td>B/D PA; MO; LA</td>
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<td>PA; MO; LA</td>
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<td>NEXAVAR</td>
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<td>nilutamide</td>
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<tr>
<td>NINLARO</td>
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<td>NUBEQA</td>
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<tr>
<td>NULOJIX</td>
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<td>B/D PA; MO</td>
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<td>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</td>
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<td>MO</td>
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<tr>
<td>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</td>
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<tr>
<td>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</td>
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<td>RETEVMO</td>
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<td>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON</td>
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<td>MO</td>
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<tr>
<td>SARCLISA</td>
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<td>PA; MO; LA</td>
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<tr>
<td>SIGNIFOR</td>
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<tr>
<td>SIKLOS</td>
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<td>SIMULECT INTRAVENOUS RECON SOLN 10 MG</td>
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<tr>
<td>SIMULECT INTRAVENOUS RECON SOLN 20 MG</td>
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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tr>
<td>sirolimus oral solution</td>
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<td>sirolimus oral tablet 0.5 mg, 1 mg</td>
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</tr>
<tr>
<td>sirolimus oral tablet 2 mg</td>
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<td>SOLTAMOX</td>
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<td>MO</td>
</tr>
<tr>
<td>SOMATULINE DEPOT</td>
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<td>MO</td>
</tr>
<tr>
<td>SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG</td>
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<td>SPRYCEL ORAL TABLET 20 MG, 70 MG</td>
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<td>STIVARGA</td>
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<tr>
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<td>TABRECTA</td>
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<tr>
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<td>TALZENNA ORAL CAPSULE 0.25 MG</td>
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<td>TALZENNA ORAL CAPSULE 1 MG</td>
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<td>TECENTRIQ</td>
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<th>Drug Tier</th>
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<tbody>
<tr>
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<td>vinorelbine</td>
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<td>ZEJULA</td>
<td>5</td>
<td>PA; MO; LA; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ZELBORAF</td>
<td>5</td>
<td>PA; MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>ZEPZELCA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ZIRABEV</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ZOLADEX</td>
<td>4</td>
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</tr>
<tr>
<td>ZOLINZA</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>ZORTRESS</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ZYDELIG</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ZYKADIA ORAL TABLET</td>
<td>5</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ZYTIGA ORAL TABLET 500 MG</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ANTICONVULSANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG</td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 600 MG</td>
</tr>
<tr>
<td>BANZEL</td>
</tr>
<tr>
<td>BRIVIACT INTRAVENOUS</td>
</tr>
<tr>
<td>BRIVIACT ORAL</td>
</tr>
<tr>
<td>Drug Name</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>carbamazepine oral capsule, er multiphase 12 hr</td>
</tr>
<tr>
<td>carbamazepine oral suspension 100 mg/5 ml</td>
</tr>
<tr>
<td>carbamazepine oral tablet</td>
</tr>
<tr>
<td>carbamazepine oral tablet extended release 12 hr</td>
</tr>
<tr>
<td>carbamazepine oral tablet,chewable</td>
</tr>
<tr>
<td>CELONTIN ORAL CAPSULE 300 MG</td>
</tr>
<tr>
<td>clobazam oral suspension</td>
</tr>
<tr>
<td>clobazam oral tablet 10 mg</td>
</tr>
<tr>
<td>clobazam oral tablet 20 mg</td>
</tr>
<tr>
<td>clonazepam oral tablet 0.5 mg, 1 mg</td>
</tr>
<tr>
<td>clonazepam oral tablet 2 mg</td>
</tr>
<tr>
<td>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</td>
</tr>
<tr>
<td>clonazepam oral tablet,disintegrating 2 mg</td>
</tr>
<tr>
<td>DIASTAT</td>
</tr>
<tr>
<td>DIASTAT ACUDIAL</td>
</tr>
<tr>
<td>diazepam rectal</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRALISE 30-DAY STARTER PACK</td>
<td>3</td>
<td>PA; QL (78 per 30 days)</td>
</tr>
<tr>
<td>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</td>
<td>3</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>lamotrigine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet disintegrating, dose pk</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet extended release 24hr</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet, chewable dispersible</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet,disintegrating</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablets,dose pack</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam oral solution 100 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenytoin sodium extended</td>
<td>2</td>
<td>MO</td>
<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>phenytoin sodium intravenous solution</td>
<td>2</td>
<td>MO</td>
<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</td>
<td>2</td>
<td>MO; QL (90 per 30 days)</td>
<td>VALTOCO</td>
<td>5</td>
<td>PA; MO; QL (10 per 30 days)</td>
</tr>
<tr>
<td>pregabalin oral capsule 225 mg, 300 mg</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
<td>vigabatrin</td>
<td>5</td>
<td>MO; LA</td>
</tr>
<tr>
<td>pregabalin oral solution</td>
<td>2</td>
<td>MO; QL (900 per 30 days)</td>
<td>vigadrone</td>
<td>5</td>
<td>MO; LA</td>
</tr>
<tr>
<td>primidone</td>
<td>2</td>
<td>MO</td>
<td>VIMPAT INTRAVENOUS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>roweepra</td>
<td>2</td>
<td>MO</td>
<td>VIMPAT ORAL SOLUTION</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>roweepra xr</td>
<td>2</td>
<td>MO</td>
<td>VIMPAT ORAL TABLET</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SPRITAM</td>
<td>4</td>
<td>MO</td>
<td>XCOPRI MAINTENANCE PACK</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>subvenite</td>
<td>1</td>
<td>MO</td>
<td>XCOPRI ORAL TABLET 100 MG, 150 MG</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>subvenite starter (blue) kit</td>
<td>2</td>
<td>MO</td>
<td>XCOPRI ORAL TABLET 200 MG</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>subvenite starter (green) kit</td>
<td>2</td>
<td>MO</td>
<td>XCOPRI TITRATION PACK</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>subvenite starter (orange) kit</td>
<td>2</td>
<td>MO</td>
<td>zonisamide</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SYMPAZAN ORAL FILM 10 MG, 20 MG</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
<td>APOKYN</td>
<td>5</td>
<td>MO; LA</td>
</tr>
<tr>
<td>SYMPAZAN ORAL FILM 5 MG</td>
<td>4</td>
<td>PA; MO; QL (60 per 30 days)</td>
<td>benztropine injection</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tiagabine</td>
<td>4</td>
<td>MO</td>
<td>benztropine oral</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>topiramate capsule, sprinkle</td>
<td>2</td>
<td>PA; MO</td>
<td>bromocriptine</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>topiramate oral tablet</td>
<td>1</td>
<td>PA; MO</td>
<td>carbidopa</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>valproate sodium</td>
<td>2</td>
<td>MO</td>
<td>carbidopa-levodopa</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>valproic acid</td>
<td>2</td>
<td>MO</td>
<td></td>
<td></td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>carbidopa-levodopa-entacapone</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>entacapone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>NEUPRO</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>pramipexole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rasagiline</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ropinirole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>selegiline hcl</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tolcapone</td>
<td>5</td>
<td>MO</td>
</tr>
</tbody>
</table>

**MIGRAINE / CLUSTER HEADACHE THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIMOVIG AUTOINJECTOR</td>
<td>3</td>
<td>PA; MO; QL (1 per 30 days)</td>
</tr>
<tr>
<td>dihydroergotamine injection</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dihydroergotamine nasal</td>
<td>2</td>
<td>MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>eletriptan</td>
<td>2</td>
<td>MO; QL (18 per 28 days)</td>
</tr>
<tr>
<td>EMGALITY PEN</td>
<td>3</td>
<td>PA; MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML</td>
<td>3</td>
<td>PA; MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</td>
<td>5</td>
<td>PA; MO; QL (3 per 30 days)</td>
</tr>
<tr>
<td>ergotamine-caffeine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>migergot</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>naratriptan</td>
<td>2</td>
<td>MO; QL (18 per 28 days)</td>
</tr>
<tr>
<td>NURTEC ODT</td>
<td>5</td>
<td>PA; MO; QL (16 per 30 days)</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</td>
<td>5</td>
<td>PA; MO; QL (12 per 28 days)</td>
</tr>
<tr>
<td>dalfampridine</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>dimethyl fumarate</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>donepezil oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>donepezil oral tablet 23 mg</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>donepezil oral tablet, disintegrating</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>FIRDAPSE</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>galantamine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GILENYA ORAL CAPSULE 0.5 MG</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>glatiramer subcutaneous syringe 20 mg/ml</td>
<td>5</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>glatiramer subcutaneous syringe 40 mg/ml</td>
<td>5</td>
<td>PA; MO; QL (12 per 28 days)</td>
</tr>
<tr>
<td>glatopa subcutaneous syringe 20 mg/ml</td>
<td>5</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>glatopa subcutaneous syringe 40 mg/ml</td>
<td>5</td>
<td>PA; MO; QL (12 per 28 days)</td>
</tr>
<tr>
<td>LEMTRADA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>memantine oral capsule, sprinkle, er 24hr</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>memantine oral solution</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>memantine oral tablet</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>NAMZARIC</td>
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<td>PA; MO</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>OCREVUS</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>RADICAVA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>rivastigmine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rivastigmine tartrate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TECFIDERA</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 12.5 mg</td>
<td>5</td>
<td>PA; MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 25 mg</td>
<td>5</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>TYSABRI</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>VUMERITY</td>
<td>5</td>
<td>PA; MO</td>
</tr>
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</table>

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>baclofen oral tablet 10 mg, 20 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cyclobenzaprine oral tablet</td>
<td>4</td>
<td>PA; MO</td>
</tr>
<tr>
<td>dantrolene intravenous</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dantrolene oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>LIORÉSAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML</td>
<td>3</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>LIORÉSAL INTRATHECAL SOLUTION 50 MCG/ML</td>
<td>3</td>
<td>B/D PA</td>
</tr>
<tr>
<td>neostigmine methylsulfate intravenous solution 0.5 mg/ml</td>
<td>2</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>neostigmine methylsulfate intravenous solution 1 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral syrup</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral tablet 60 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral tablet extended release</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>regonol</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>revonto</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tizanidine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td><strong>NARCOTIC ANALGESICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen-caff-dihydrocod oral capsule</td>
<td>2</td>
<td>MO;QL (300 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</td>
<td>2</td>
<td>QL (4500 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution 120-12 mg/5 ml</td>
<td>2</td>
<td>MO;QL (4500 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</td>
<td>2</td>
<td>MO;QL (360 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral tablet 300-60 mg</td>
<td>2</td>
<td>MO;QL (180 per 30 days)</td>
</tr>
<tr>
<td>BELBUCA</td>
<td>3</td>
<td>PA; MO;QL (60 per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl injection solution</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
### Drug Name | Drug Tier | Requirements /Limits
---|---|---
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | 2 | MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 2 | MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 2 | MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml | 2 | QL (1200 per 30 days)
hydromorphone injection solution 1 mg/ml | 2 | QL (2400 per 30 days)
hydromorphone injection solution 2 mg/ml | 2 | MO; QL (1200 per 30 days)
hydromorphone injection syringe 1 mg/ml | 2 | QL (1200 per 30 days)
hydromorphone injection syringe 2 mg/ml | 2 | MO; QL (2400 per 30 days)
hydromorphone injection syringe 4 mg/ml | 2 | MO; QL (600 per 30 days)
hydromorphone oral liquid | 2 | MO; QL (2400 per 30 days)
hydromorphone oral tablet | 2 | MO; QL (180 per 30 days)

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine (pf) injection solution 0.5 mg/ml</td>
<td>2</td>
<td>QL (4000 per 30 days)</td>
</tr>
<tr>
<td>morphine (pf) injection solution 1 mg/ml</td>
<td>2</td>
<td>MO; QL (2000 per 30 days)</td>
</tr>
<tr>
<td>morphine concentrate oral solution</td>
<td>2</td>
<td>MO; QL (900 per 30 days)</td>
</tr>
<tr>
<td>morphine injection solution 8 mg/ml</td>
<td>2</td>
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<tr>
<td>morphine injection syringe 10 mg/ml</td>
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<td>morphine injection syringe 2 mg/ml</td>
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<td>MO; QL (1000 per 30 days)</td>
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<td>MO; QL (500 per 30 days)</td>
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<td>MO; QL (500 per 30 days)</td>
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<tr>
<td>morphine intravenous syringe 4 mg/ml</td>
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<td>QL (500 per 30 days)</td>
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<td>morphine oral capsule, er multiphase 24 hr</td>
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<td>oxycodone oral solution</td>
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<td>MO; QL (1200 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this 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>oxymorphone oral tablet 10 mg</td>
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<tr>
<td>oxymorphone oral tablet 5 mg</td>
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<td>MO; QL (180 per 30 days)</td>
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<td><strong>NON-NARCOTIC ANALGESICS</strong></td>
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<td>buprenorphine-naloxone sublingual film 12-3 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>buprenorphine-naloxone sublingual film 2-0.5 mg</td>
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<td>MO; QL (360 per 30 days)</td>
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<td>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</td>
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<td>buprenorphine-naloxone sublingual tablet 8-2 mg</td>
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<td>ibuprofen oral suspension</td>
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<td>meclofenamate</td>
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<td>meloxicam oral tablet 7.5 mg</td>
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<td>nabumetone</td>
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<td>nalbuphine injection solution 10 mg/ml</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<th>Drug Name</th>
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<td>naproxen oral tablet, delayed release (dr/ec)</td>
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<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>naproxen sodium oral tablet, er multiphase 24 hr</td>
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<td>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</td>
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<td>oxaprozin</td>
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<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>SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG</td>
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<td>tolmetin</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>tramadol oral tablet 50 mg</td>
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<tr>
<td>tramadol-acetaminophen</td>
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<td>VIVITROL</td>
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<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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<td>ADASUVE</td>
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<tr>
<td>amoxapine</td>
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<tr>
<td>aripiprazole oral solution</td>
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<td>MO</td>
</tr>
<tr>
<td>aripiprazole oral tablet</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole oral tablet, disintegrating</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ARISTADA</td>
<td>5</td>
<td>MO</td>
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<tr>
<td>ARISTADA INITIO</td>
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<td>MO</td>
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<tr>
<td>armodafinil</td>
<td>4</td>
<td>PA; MO</td>
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<tr>
<td>atomoxetine</td>
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<tr>
<td>bupropion hcl oral tablet</td>
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</tr>
<tr>
<td>bupropion hcl oral tablet, extended release 24 hr 150 mg</td>
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<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements /Limits</td>
</tr>
<tr>
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<td>clorazepate dipotassium oral tablet 3.75 mg</td>
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<td>clorazepate dipotassium oral tablet 7.5 mg</td>
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<td>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</td>
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<td>CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<td>HETLIOZ</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<tr>
<td>imipramine hcl</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>imipramine pamoate</td>
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<tr>
<td>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/MG, 234 MG/1.5 ML, 78 MG/0.5 ML</td>
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<td>INVEGA TRINZA</td>
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<td>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</td>
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<tr>
<td>LATUDA ORAL TABLET 80 MG</td>
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<tr>
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</tr>
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<td>lorazepam injection syringe 2 mg/ml</td>
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</tr>
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<td>lorazepam injection syringe 4 mg/ml</td>
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<td>lorazepam oral tablet 0.5 mg, 1 mg</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements /Limits</td>
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<td>lorazepam oral tablet 2 mg</td>
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<td>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</td>
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<td>nortriptyline</td>
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<td>NUPLAZID ORAL CAPSULE</td>
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<td>NUPLAZID ORAL TABLET 10 MG</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<td>olanzapine intramuscular</td>
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<td>olanzapine oral</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>olanzapine-fluoxetine</td>
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<tr>
<td>paliperidone oral tablet extended release 24hr 6 mg</td>
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<td>paliperidone oral tablet extended release 24hr 9 mg</td>
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<td>paroxetine hcl oral tablet extended release 24 hr</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>paroxetine mesylate (menop.sym)</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>procentra</td>
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<td>protriptyline</td>
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<td>MO</td>
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<td>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</td>
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<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>quetiapine oral tablet 300 mg, 400 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</td>
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<td>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<td>ramelteon</td>
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<td>REXULTI</td>
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<td>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</td>
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<td>risperidone oral solution</td>
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<td>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<td>risperidone oral tablet 4 mg</td>
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<td>MO; QL (120 per 30 days)</td>
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<td>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>risperidone oral tablet, disintegrating 4 mg</td>
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<td>MO; QL (120 per 30 days)</td>
<td>VIIBRYD ORAL TABLET</td>
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<td>ROZEREM</td>
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<td>MO; QL (30 per 30 days)</td>
<td>VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>SAPHRIS</td>
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<td>MO; QL (60 per 30 days)</td>
<td>VRAYLAR ORAL CAPSULE</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>SECUADO</td>
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<td>QL (30 per 30 days)</td>
<td>VRAYLAR ORAL CAPSULE, DOSE PACK</td>
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<td>MO; QL (7 per 30 days)</td>
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<td>sertraline oral concentrate</td>
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<td>MO</td>
<td>XYREM</td>
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<td>PA; MO; LA; QL (540 per 30 days)</td>
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<td>sertraline oral tablet 100 mg, 50 mg</td>
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<td>MO; QL (60 per 30 days)</td>
<td>zaleplon oral capsule 10 mg</td>
<td>4</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>sertraline oral tablet 25 mg</td>
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<td>MO; QL (30 per 30 days)</td>
<td>zaleplon oral capsule 5 mg</td>
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<td>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG</td>
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<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</td>
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<td>trimipramine</td>
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<td>TRINTELLIX</td>
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<td>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</td>
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<td>venlafaxine oral tablet extended release 24hr</td>
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<td>VERSACLOZ</td>
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<tr>
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<tbody>
<tr>
<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION N 300 MG, 405 MG</td>
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**CARDIOVASCULAR, HYPERTENSION / LIPIDS**

**ANTIARRHYTHMIC AGENTS**

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<td>flecainide</td>
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<td>ibutilide fumarate</td>
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<tr>
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<td>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</td>
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**ANTIHYPERTENSIVE THERAPY**

<table>
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<td>sorine oral tablet 120 mg, 160 mg, 80 mg</td>
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<td>sorine oral tablet 240 mg</td>
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<td>chlorothalidone oral tablet 25 mg, 50 mg</td>
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<td>MO</td>
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<td>clonidine</td>
<td>4</td>
<td>MO; QL (4 per 28 days)</td>
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<td>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</td>
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<td>MO</td>
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<tr>
<td>clonidine hcl oral tablet</td>
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<td>ethacrynic acid</td>
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<td>propranolol oral solution</td>
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<td>verapamil intravenous syringe</td>
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<td>verapamil oral capsule, ext rel. pellets 24 hr</td>
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**COAGULATION THERAPY**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>MO</td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</td>
<td>2</td>
<td>B/D PA; MO</td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)</td>
<td>3</td>
<td>MO</td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>milrinone</td>
<td>2</td>
<td>B/D PA; MO</td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>milrinone in 5 % dextrose</td>
<td>2</td>
<td>B/D PA; MO</td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>norepinephrine bitartrate</td>
<td>2</td>
<td></td>
<td>dopamine in 5 % dextrose intravenous solution</td>
<td>2</td>
<td>B/D PA</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>ranolazine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium nitroprusside</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>VECAMYL</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>VYNDAMAX</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>VYNDAQEL</td>
<td>5</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

**NITRATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide mononitrate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitro-bid</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

**NITRATES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>nitroglycerin intravenous</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>nitroglycerin sublingual</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin transdermal patch 24 hour</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin translingual spray, non-aerosol</td>
<td>2</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>COSENTYX</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>COSENTYX (2 SYRINGES)</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>COSENTYX PEN</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>COSENTYX PEN (2 PENS)</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>selenium sulfide topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SKYRIZI SUBCUTANEOUS SYRINGE KIT</td>
<td>5</td>
<td>PA; MO; QL (1 per 28 days)</td>
</tr>
<tr>
<td>STELARA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

**DERMATOLOGICALS/TOPICAL THERAPY**

**ANTIPSORIATIC / ANTISEBORRHEIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acitretin oral capsule 10 mg, 25 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>acitretin oral capsule 17.5 mg</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene scalp</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>calcipotriene topical cream</td>
<td>4</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>calcipotriene topical ointment</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>calcipotriene-betamethasone topical ointment</td>
<td>2</td>
<td>MO; QL (400 per 30 days)</td>
</tr>
<tr>
<td>calcipotriene-betamethasone topical suspension</td>
<td>4</td>
<td>MO; QL (400 per 30 days)</td>
</tr>
<tr>
<td>calcitriol topical</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>ammonium lactate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>chloroprocaine (pf)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

43
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDYLOX TOPICAL GEL</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td><strong>diclofenac sodium topical gel 3 %</strong></td>
<td>2 PA; MO; QL (100 per 28 days)</td>
<td></td>
</tr>
<tr>
<td>doxepin topical</td>
<td>5 MO; QL (45 per 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>DUPIXENT PEN</strong></td>
<td>5 PA; MO</td>
<td></td>
</tr>
<tr>
<td><strong>DUPIXENT SYRINGE</strong></td>
<td>5 PA; MO</td>
<td></td>
</tr>
<tr>
<td><strong>fluorouracil topical cream 5 %</strong></td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td><strong>fluorouracil topical solution</strong></td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>glydo</td>
<td>2 MO; QL (60 per 30 days)</td>
<td></td>
</tr>
<tr>
<td><strong>imiquimod topical cream in packet</strong></td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl injection solution</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl laryngotracheal</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl mucous membrane jelly</td>
<td>2 MO; QL (60 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl mucous membrane jelly in applicator</td>
<td>2 MO; QL (60 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</td>
<td>2 MO</td>
<td></td>
</tr>
</tbody>
</table>

**Drug Name**                               **Drug Tier** **Requirements /Limits**

lidocaine topical adhesive patch, medicated 5 % | 2 PA; MO; QL (90 per 30 days) |

lidocaine topical ointment | 4 MO; QL (36 per 30 days) |

lidocaine viscous | 2 MO |

lidocaine-epinephrine (pf) | 2 |

**lidocaine-epinephrine injection solution 0.5 % 1:200,000** | 2 MO |

**lidocaine-epinephrine injection solution 1 % 1:100,000, 2 % 1:100,000** | 2 |

lidocaine-prilocaine topical cream | 2 MO; QL (30 per 30 days) |

methoxsalen | 5 MO |

PANRETIN | 5 MO |

PICATO | 5 MO |

pimecrolimus | 2 PA; MO; QL (100 per 30 days) |

podofilox | 2 MO |

polocaine injection solution 1 % (10 mg/ml) | 2 |

polocaine-mpf | 2 |

prudoxin | 2 MO; QL (45 per 30 days) |

REGRANEX | 5 MO |

SANTYL | 3 MO |

silver sulfadiazine | 2 MO |

**ssd** | 2 MO |

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<tr>
<th>Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>tacrolimus topical</td>
<td>2</td>
<td>PA; MO; QL (100 per 30 days)</td>
</tr>
<tr>
<td>TOLAK</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>UVADEX</td>
<td>4</td>
<td>B/D PA</td>
</tr>
<tr>
<td>VALCHLOR</td>
<td>5</td>
<td>MO</td>
</tr>
</tbody>
</table>

**THERAPY FOR ACNE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amnesteem</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>avita topical cream</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>azelaic acid</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>claravis</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate topical gel</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>clindamycin phosphate topical lotion</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>clindamycin phosphate topical solution</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>dapsone topical gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ery pads</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>erythromycin with ethanol topical solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>isotretinoin</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>metronidazole topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>myorisan</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rosadan topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rosadan topical gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tazarotene</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TAZORAC TOPICAL CREAM 0.05 %</td>
<td>3</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluocinolone and shower cap</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinonide</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide-e</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>halobetasol propionate topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>halobetasol propionate topical ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone butyrate topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical cream 1 %, 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical ointment 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical cream 1 %, 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>mometasone topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nolix topical cream</td>
<td>2</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>prednicarbate</td>
<td>2</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>tovet emollient</td>
<td>2</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide topical aerosol</td>
<td>2</td>
<td>MO; QL (126 per 28 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>CARBAGLU</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>cevimeline</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CHEMET</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>CLINIMIX 4.25%/D5W SULFIT FREE</td>
<td>3</td>
<td>B/D PA</td>
</tr>
<tr>
<td>clovique</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>d10 %-%0.45 % sodium chloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>d2.5 %-%0.45 % sodium chloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>d5 % and 0.9 % sodium chloride</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>d5 %-%0.45 % sodium chloride</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>deferasirox oral tablet</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>deferasirox oral tablet, dispersible</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>deferoxamine</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>dextrose 10 % and 0.2 % nacl</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 10 % in water (d10w)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 20 % in water (d20w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 25 % in water (d25w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 30 % in water (d30w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 40 % in water (d40w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % in water (d5w)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5 %-% lactated ringers</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5%-%0.2 % sod chloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 5%-0.3 % sod.chloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 50 % in water (d50w)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 70 % in water (d70w)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>disulfiram</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>FERRIPROX</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>FERRIPROX (2 TIMES A DAY)</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>INCRELEX</td>
<td>5</td>
<td>MO; LA</td>
</tr>
<tr>
<td>kionex (with sorbitol)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lanthanum</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine (with sugar)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine oral solution 100 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>LOKELMA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>midodrine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitisinone</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>NORTHERA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ORFADIN</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>pilocarpine hcl oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS RECON SOLN</td>
<td>5</td>
<td>LA</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS SOLUTION</td>
<td>5</td>
<td>MO; LA</td>
</tr>
<tr>
<td>RAVICTI</td>
<td>5</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this 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>REVCOVI</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>riluzole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>risedronate oral tablet 30 mg</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>sevelamer carbonate oral powder in packet</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer carbonate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer hcl</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium benzoate-sod phenylacet</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>sodium chloride 0.9% intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride irrigation</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium phenylbutyrate</td>
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<td>SOLIRIS</td>
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<td>sps (with sorbitol) oral</td>
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<td>sps (with sorbitol) rectal</td>
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<tr>
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<td>trientine</td>
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<td>VELTASSA</td>
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<td>water for irrigation, sterile</td>
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<tr>
<td>XIAFLEX</td>
<td>5</td>
<td>PA; MO</td>
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<tr>
<td>XURIDEN</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this 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>olopatadine nasal</td>
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<td>MO; QL (30.5 per 30 days)</td>
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<tr>
<td>oralone</td>
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<tr>
<td>paroex oral rinse</td>
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<td>periogard</td>
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<tr>
<td>PREVIDENT 5000 BOOSTER PLUS</td>
<td>4</td>
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<tr>
<td>sf</td>
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<tr>
<td>sf 5000 plus</td>
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<td>sodium fluoride 5000 plus</td>
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<tr>
<td>sodium fluoride-pot nitrate</td>
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<td>triamcinolone acetonide dental</td>
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<tr>
<td>acetic acid otic (ear)</td>
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<td>ciprofloxacin hcl otic (ear)</td>
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<tr>
<td>flac otic oil</td>
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<td>fluocinolone acetonide oil</td>
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<td>hydrocortisone-acetic acid</td>
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<td>ofloxacin otic (ear)</td>
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<td>ciprofloxacin-dexamethasone</td>
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<td>neomycin-polymyxin-hc otic (ear)</td>
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<td>OTOVEL</td>
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<td>ENDOCRINE/DIABETES</td>
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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>FARXIGA ORAL TABLET 10 MG</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>FARXIGA ORAL TABLET 5 MG</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>GUAZE PADS 2 X 2</td>
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</tr>
<tr>
<td>glimepiride oral tablet 1 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>glimepiride oral tablet 2 mg</td>
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<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>glimepiride oral tablet 4 mg</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet 10 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet 5 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24hr 10 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24hr 2.5 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24hr 5 mg</td>
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<td>MO; QL (120 per 30 days)</td>
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<td>glipizide-metformin oral tablet 2.5-250 mg</td>
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<tr>
<td>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</td>
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<td>MO; QL (120 per 30 days)</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>HUMULIN N NPH INSULIN</td>
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<tr>
<td>HUMULIN N NPH U-100 INSULIN</td>
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<td>HUMULIN R REGULAR U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONC) INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONC) KWIKPEN</td>
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<td>MO</td>
</tr>
<tr>
<td>INSULIN PEN NEEDLE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>INSULIN SYRINGE (DISP)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>INVOKAMET</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>INVOKAMET XR</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>INVOKANA</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>JANUMET</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>JANUVIA</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>JENTADUETO</td>
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<tr>
<td>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</td>
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<td>ST; MO; QL (60 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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<td>KAZANO</td>
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<td>MO; QL (60 per 30 days)</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>LANTUS U-100 INSULIN</td>
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<tr>
<td>LYUMJEV KWIKPEN U-100 INSULIN</td>
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<td>LYUMJEV KWIKPEN U-200 INSULIN</td>
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<td>LYUMJEV U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>metformin oral solution</td>
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<td>MO; QL (765 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metformin oral tablet 1,000 mg</td>
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<td>NOVOLOG MIX 70-30 FLEXPEN U-100</td>
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<tr>
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<td>MO</td>
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<tr>
<td>metformin oral tablet extended release 24 hr 500 mg</td>
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<td>MO; QL (120 per 30 days)</td>
<td>NOVOTWIST NEEDLE 32 GAUGE X 1/5&quot;</td>
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<td>MO</td>
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<tr>
<td>metformin oral tablet extended release 24 hr 750 mg</td>
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<td>miglitol oral tablet 100 mg</td>
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<td>OMNIPOD INSULIN MANAGEMENT</td>
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<tr>
<td>miglitol oral tablet 25 mg</td>
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<td>ONGLYZA</td>
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<td>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML)</td>
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<td>PA; MO; QL (1.5 per 28 days)</td>
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<tr>
<td>nateglinide oral tablet 60 mg</td>
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<td>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)</td>
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<td>PA; MO; QL (3 per 28 days)</td>
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<tr>
<td>NEEDLES, INSULIN DISP., SAFETY</td>
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<td>MO</td>
<td>pioglitazone</td>
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<td>ST; MO; QL (30 per 30 days)</td>
<td>pioglitazone-glimepiride</td>
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<td>pioglitazone-metformin</td>
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<td>PROGLYCEM</td>
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<td>QTERN</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>NOVOLOG MIX 70-30 U-100 INSULIN</td>
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<td>ST; MO</td>
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<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>repaglinide oral tablet 0.5 mg</td>
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<td>TECHLITE PEN NEEDLE 29</td>
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<td>repaglinide oral tablet 1 mg</td>
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<td>GAUGE X 1/2&quot;, 31 GAUGE X 1/4&quot;, 31 GAUGE X 3/16&quot;, 31 GAUGE X 5/16&quot;, 32 GAUGE X 1/4&quot;, 32 GAUGE X 5/16&quot;, 32 GAUGE X 5/32&quot;</td>
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<tr>
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<td>RIOMET</td>
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<td>RYBELSUS</td>
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<td>PA; MO</td>
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<tr>
<td>SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG</td>
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<td>MO; QL (60 per 30 days)</td>
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<td>MO; QL (120 per 30 days)</td>
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<td>TECHLITE INSULIN SYRINGE</td>
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<td>TRUEPLUS PEN NEEDLE</td>
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<tr>
<td>TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML</td>
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<td>PA; MO; QL (2 per 28 days)</td>
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<td>V-GO 20</td>
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<td>MO</td>
</tr>
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<td>V-GO 30</td>
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<td>MO</td>
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<td>V-GO 40</td>
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<td>VICTOZA 2-PAK</td>
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<tr>
<td>VICTOZA 3-PAK</td>
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<td>PA; MO; QL (9 per 30 days)</td>
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<tr>
<td>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG</td>
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<tr>
<td>XULTOPHY 100/3.6</td>
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**MISCELLANEOUS HORMONES**

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<td>cabergoline</td>
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<tr>
<td>calcitonin (salmon)</td>
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<td>MO</td>
</tr>
<tr>
<td>calcitriol intravenous solution 1 mcg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcitriol oral</td>
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<td>MO</td>
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<tbody>
<tr>
<td>testosterone transdermal solution in metered pump w/app</td>
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<td>PA; MO; QL (180 per 30 days)</td>
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<td>tolvaptan</td>
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<td>PA; MO</td>
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<tr>
<td>VIMIZIM</td>
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<td>PA; MO; LA</td>
</tr>
<tr>
<td>zoledronic acid intravenous solution</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
</tbody>
</table>

**THYROID HORMONES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>euthyrox</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levo-t</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levothyroxine intravenous recon soln</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levothyroxine oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>liothyronine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>unithroid</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**GASTROENTEROLOGY**

**ANTIDIARRHEALS / ANTIMUSCULARS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine injection solution 0.4 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>atropine injection syringe 0.05 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>atropine injection syringe 0.1 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

**GASTROENTEROLOGY**

**MISCELLANEOUS GASTROINTESTINAL AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dicyclomine intramuscular</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate injection</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate oral tablet 1.5 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>loperamide oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>opium tincture</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOLBAM ORAL CAPSULE 250 MG</td>
<td>5</td>
<td>PA; MO</td>
<td>GATTEX 30-VIAL</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>CHOLBAM ORAL CAPSULE 50 MG</td>
<td>5</td>
<td>PA; MO; QL (120 per 30 days)</td>
<td>GATTEX ONE-VIAL</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>CIMZIA</td>
<td>5</td>
<td>PA; MO</td>
<td>gavilyte-c</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CIMZIA POWDER FOR RECONST</td>
<td>5</td>
<td>PA; MO</td>
<td>gavilyte-g</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CIMZIA STARTER KIT</td>
<td>5</td>
<td>PA; MO</td>
<td>gavilyte-n</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CINVANTI compro</td>
<td>3</td>
<td>MO</td>
<td>generlac</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CINVANTI constulose</td>
<td>2</td>
<td>MO</td>
<td>granisetron (pf)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CORTIFOAM</td>
<td>3</td>
<td>MO</td>
<td>intravenous solution 1 mg/ml (1 ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CREON</td>
<td>3</td>
<td>MO</td>
<td>granisetron hcl intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cromolyn oral</td>
<td>2</td>
<td>MO</td>
<td>granisetron hcl oral</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>CYSTADANE</td>
<td>5</td>
<td>MO</td>
<td>hydrocortisone rectal</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dimenhydrinate injection solution</td>
<td>2</td>
<td>MO</td>
<td>hydrocortisone topical cream with perineal applicator</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIPENTUM</td>
<td>5</td>
<td>MO</td>
<td>hydrocortisone-pramoxine rectal cream 1-1 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxylamine-pyridoxine (vit b6)</td>
<td>2</td>
<td>MO</td>
<td>lactulose oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dronabinol oral capsule 10 mg</td>
<td>2</td>
<td>B/D PA; MO</td>
<td>LINZESS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>dronabinol oral capsule 2.5 mg, 5 mg</td>
<td>4</td>
<td>B/D PA; MO</td>
<td>meclizine oral tablet 12.5 mg, 25 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>droperidol injection solution</td>
<td>2</td>
<td>MO</td>
<td>mesalamine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>EMEND ORAL SUSPENSION FOR RECONSTITUTION</td>
<td>3</td>
<td>B/D PA; MO</td>
<td>mesalamine with cleansing wipe</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ENTYVIO enulose</td>
<td>5</td>
<td>PA; MO</td>
<td>metoclopramide hcl injection solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fosaprepitant</td>
<td>2</td>
<td>MO</td>
<td>metoclopramide hcl injection syringe</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>metoclopramide hcl oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metoclopramide hcl oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet, disintegrating</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MOVANTIK</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MOVIPREP</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>OCALIVA</td>
<td>5</td>
<td>PA; MO; LA; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ondansetron</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ondansetron hcl (pf)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ondansetron hcl intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ondansetron hcl oral solution</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ondansetron hcl oral tablet 24 mg</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>palonosetron intravenous solution 0.25 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>palonosetron intravenous syringe</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>peg-electrolyte</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>polyethylene glycol 3350 oral powder</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prochlorperazine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prochlorperazine edisylate</td>
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<td>MO</td>
</tr>
<tr>
<td>prochlorperazine maleate oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>procto-med hc</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>procto-pak</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>proctosol hc topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>proctozone-hc</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RECTIV</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RELISTOR SUBCUTANEOUS SOLUTION</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>RELISTOR SUBCUTANEOUS SYRINGE</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>REMICADE</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SANCUSO</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>scopolamine base</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SUCRAID</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>sulfasalazine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SUPREP BOWEL PREP KIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SYMPROIC</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>trilyte with flavor packets</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TRULANCE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ursodiol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>VARUBI ORAL</td>
<td>3</td>
<td>B/D PA; MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIBERZI</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>VIOKACE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC)</td>
<td>3</td>
<td>MO</td>
</tr>
</tbody>
</table>

**ULCER THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicil-clarithromycin-lansoprazole</td>
<td>2</td>
<td>MO; QL (112 per 30 days)</td>
</tr>
<tr>
<td>cimetidine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cimetidine hcl oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG</td>
<td>4</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole magnesium oral granules dr for susp in packet 40 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole sodium</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine (pf)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine (pf)-nacl (iso-os)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine intravenous solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine oral suspension</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine oral tablet 20 mg, 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>misoprostol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</td>
<td>3</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>
</tr>
</thead>
<tbody>
<tr>
<td>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>nizatidine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>omeprazole oral capsule,delayed release(dr/ec) 20 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>omeprazole oral capsule,delayed release(dr/ec) 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pantoprazole intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pantoprazole oral granules dr for susp in packet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sucralfate</td>
<td>2</td>
<td>MO</td>
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</tbody>
</table>

**IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

**BIOTECHNOLOGY DRUGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIMMUNE</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML</td>
<td>4</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 40 MCG/ML</td>
<td>4</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.4 ML, 40 MCG/ML</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ARCALYST</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>AVONEX INTRAMUSCULAR SYRINGE KIT</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>BETASERON SUBCUTANEOUS KIT</td>
<td>5</td>
<td>PA; MO; QL (14 per 28 days)</td>
</tr>
<tr>
<td>EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
<td>4</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPOGEN INJECTION SOLUTION 20,000 UNIT/ML</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>EXTAVIA SUBCUTANEOUS KIT</td>
<td>5</td>
<td>PA; MO; QL (15 per 28 days)</td>
</tr>
<tr>
<td>EXTAVIA SUBCUTANEOUS RECON SOLN</td>
<td>5</td>
<td>PA; QL (15 per 28 days)</td>
</tr>
<tr>
<td>FULPHILA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>GRANIX</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ILARIS (PF) SUBCUTANEOUS SOLUTION</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>INTRON A INJECTION RECON SOLN</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML</td>
<td>3</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>LEUKINE INJECTION RECON SOLN</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>MOZOBIL</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>NEULASTA</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>NEUPOGEN</td>
<td>5</td>
<td>PA; MO</td>
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<tr>
<td>NORDITROPIN FLEXPRO</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>OMNITROPE</td>
<td>5</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>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements /Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>PROLEUKIN</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>REBIF (WITH ALBUMIN)</td>
<td>5</td>
<td>PA; MO; QL (6 per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</td>
<td>5</td>
<td>PA; MO; QL (6 per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)</td>
<td>5</td>
<td>PA; MO; QL (4.2 per 180 days)</td>
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<tr>
<td>REBIF TITRATION PACK</td>
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<td>PA; MO; QL (4.2 per 180 days)</td>
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<tr>
<td>RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
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<td>PA; MO</td>
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<tr>
<td>RETACRIT INJECTION SOLUTION 40,000 UNIT/ML</td>
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<tr>
<td>ZARXIO</td>
<td>5</td>
<td>PA; MO</td>
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<tr>
<td>ZIEXTENZO</td>
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<td>PA; MO</td>
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<tr>
<td>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</td>
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</tr>
<tr>
<td>ACTHIB (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ADACEL (TDAP ADOLESN/ADULT ) (PF)</td>
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<td>MO</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>BCG VACCINE, LIVE (PF)</td>
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<tr>
<td>BEXSERO</td>
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<td>MO</td>
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<tr>
<td>BOOSTRIX TDAP</td>
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<td>MO</td>
</tr>
<tr>
<td>BOTOX</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DAPTACEL (DTAP PEDIATRIC) (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ENGERIX-B (PF)</td>
<td>3</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</td>
<td>3</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>fomepizole</td>
<td></td>
<td>2</td>
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<tr>
<td>GAMASTAN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>GAMASTAN S/D</td>
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<tr>
<td>GARDASIL 9 (PF)</td>
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<tr>
<td>GRASTEK</td>
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<tr>
<td>HAVRIX (PF) INTRAMUSCULAR SYRINGE</td>
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<td>MO</td>
</tr>
<tr>
<td>HAVRIX (PF) INTRAMUSCULAR SYRINGE</td>
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<td>MO</td>
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<tr>
<td>HIBERIX (PF)</td>
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<tr>
<td>HIZENTRA</td>
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<tr>
<td>HYPERHEP B S/D INTRAMUSCULAR SYRINGE</td>
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<td>HYPERHEP B S/D INTRAMUSCULAR SYRINGE</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>HYPERHEP B S/D INTRAMUSCULAR SYRINGE</td>
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<tr>
<td>HYPERHEP B S-D NEONATAL</td>
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<tr>
<td>HYQVIA</td>
<td>5</td>
<td>B/D PA; MO</td>
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<tr>
<td>IMOVAX RABIES VACCINE (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>INFANRIX (DTAP) (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>IPOL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>IIXIARO (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>KINRIX (PF) INTRAMUSCULAR SYRINGE</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>KINRIX (PF) INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
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<tr>
<td>MENACTRA (PF) INTRAMUSCULAR SYRINGE</td>
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</tr>
<tr>
<td>MENVEO A-C-Y-W-135-DIP (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>M-M-R II (PF)</td>
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<td>MO</td>
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<tr>
<td>ODACTRA</td>
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<td>PA; MO</td>
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<tr>
<td>PEDIARIX (PF)</td>
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<td>MO</td>
</tr>
<tr>
<td>PEDVAX HIB (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PRIVIGEN</td>
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<td>PA; MO</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SYRINGE</td>
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<td>MO</td>
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<tr>
<td>VAQTA (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VARIVAX (PF)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VARIZIG INTRAMUSCULAR SOLUTION</td>
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<td>MO</td>
</tr>
<tr>
<td>YF-VAX (PF)</td>
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<td>MO</td>
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**MUSCULOSKELETAL / RHEUMATOLOGY**

**GOUT THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>allopurinol sodium</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>aloprim</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>colchicine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>COLCRYSS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>febuxostat</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>KRISTEXXA</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>MITIGARE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>probenecid</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>probenecid-colchicine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ULORIC</td>
<td>3</td>
<td>MO</td>
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</table>

**OSTEOPOROSIS THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>alendronate oral solution</td>
<td>2</td>
<td>MO; QL (1286 per 30 days)</td>
</tr>
<tr>
<td>alendronate oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>alendronate oral tablet 35 mg, 70 mg</td>
<td>1</td>
<td>MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>FORTEO</td>
<td>5</td>
<td>PA; MO; QL (2.4 per 28 days)</td>
</tr>
</tbody>
</table>

**Drug Name**

| FOSAMAX PLUS D            | 4    | ST; MO; QL (4 per 28 days) |
| ibandronate intravenous   | 2    | PA; MO                  |
| ibandronate oral          | 2    | MO; QL (1 per 30 days)   |
| PROLIA                    | 3    | PA; MO                  |
| raloxifene                | 2    | MO                    |
| risedronate oral tablet 150 mg | 2 | MO; QL (1 per 30 days) |
| risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack) | 2 | MO; QL (4 per 28 days) |
| risedronate oral tablet 5 mg | 2 | MO; QL (30 per 30 days) |
| risedronate oral tablet,delayed release (dr/ec) | 2 | MO; QL (4 per 28 days) |
| TERIPARATIDE              | 5    | PA; MO; QL (2.48 per 28 days) |
| TYMLOS                    | 5    | PA; MO; QL (1.56 per 30 days) |

**OTHER RHEUMATOLOGICALS**

| ACTEMRA                    | 5    | PA; MO                  |
| ACTEMRA ACTPEN             | 5    | PA; MO; QL (4 per 28 days) |
| BENLYSTA                   | 5    | PA; MO                  |
| DEPEN TITRATABS            | 5    | MO                    |
| ENBREL MINI                | 5    | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEous RECON SOLN | 5 | PA; MO; QL (16 per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION</td>
<td>5</td>
<td>PA; MO; QL (8 per 28 days)</td>
<td>HUMIRA(CF) PEN</td>
<td>5</td>
<td>PA; MO; QL (3 per 180 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS SYRINGE</td>
<td>5</td>
<td>PA; MO; QL (8 per 28 days)</td>
<td>HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>ENBREL SURECLICK</td>
<td>5</td>
<td>PA; MO; QL (8 per 28 days)</td>
<td>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
<td>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN CROHNS-UC-HS START</td>
<td>5</td>
<td>PA; MO; QL (6 per 180 days)</td>
<td>leflunomide</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>HUMIRA PEN PSOR-UVEITS-ADOL HS</td>
<td>5</td>
<td>PA; MO; QL (4 per 180 days)</td>
<td>ORENCIA</td>
<td>5</td>
<td>PA; MO</td>
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<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML</td>
<td>5</td>
<td>PA; MO; QL (2 per 28 days)</td>
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<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</td>
<td>5</td>
<td>PA; MO; QL (4 per 28 days)</td>
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<td></td>
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<tr>
<td>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML</td>
<td>5</td>
<td>PA; MO; QL (3 per 180 days)</td>
<td></td>
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<tr>
<td>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML</td>
<td>5</td>
<td>PA; MO; QL (2 per 180 days)</td>
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<tr>
<td>HUMIRA(CF) PEN CROHNS-UC-HS</td>
<td>5</td>
<td>PA; MO; QL (3 per 180 days)</td>
<td>penicillamine</td>
<td>5</td>
<td>MO</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RIDAURA</td>
<td>5</td>
<td>MO</td>
</tr>
<tr>
<td>RINVOQ</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<td>SAVELLA ORAL TABLET</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>SAVELLA ORAL TABLETS, DOSE PACK</td>
<td>3</td>
<td>MO; QL (55 per 30 days)</td>
</tr>
<tr>
<td>SIMPONI</td>
<td>5</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SIMPONI ARIA</td>
<td>5</td>
<td>PA; MO</td>
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<tr>
<td>XELJANZ</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>XELJANZ XR</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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**OBSTETRICS / GYNECOLOGY**

**ESTROGENS / PROGESTINS**

<table>
<thead>
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<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>camila</td>
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</tr>
<tr>
<td>CRINONE VAGINAL GEL 4%</td>
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</tr>
<tr>
<td>CRINONE VAGINAL GEL 8%</td>
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<td>PA; MO</td>
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<td>deblitane</td>
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<td>MO</td>
</tr>
<tr>
<td>deblitane</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>errin</td>
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<td>MO</td>
</tr>
<tr>
<td>estradiol oral</td>
<td>4</td>
<td>PA; MO</td>
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<tr>
<td>estradiol transdermal patch semiweekly</td>
<td>2</td>
<td>PA; MO; QL (8 per 28 days)</td>
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<tr>
<td>estradiol transdermal patch weekly</td>
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<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>estradiol vaginal</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>estradiol-norethindrone acet</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ESTRING</td>
<td>3</td>
<td>MO</td>
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<td>heather</td>
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<td>hydroxyprogesterone caproate</td>
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<td>MO</td>
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<td>incassia</td>
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<td>jencycla</td>
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<tr>
<td>lyza</td>
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</tr>
<tr>
<td>medroxyprogesterone</td>
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<td>MO</td>
</tr>
<tr>
<td>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>nora-be</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
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<tbody>
<tr>
<td>norethindrone (contraceptive)</td>
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<td>MO</td>
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<td>norethindrone acetate</td>
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<td>MO</td>
</tr>
<tr>
<td>norethindrone ac-eth estradiol oral tablet</td>
<td>4</td>
<td>PA; MO</td>
</tr>
<tr>
<td>0.5-2.5 mg-mcg, 1-5 mg-mcg</td>
<td></td>
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</tr>
<tr>
<td>norlyda</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PREMARIN ORAL</td>
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<td>MO</td>
</tr>
<tr>
<td>PREMARIN VAGINAL</td>
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<td>MO</td>
</tr>
<tr>
<td>PREMPHASE</td>
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<td>MO</td>
</tr>
<tr>
<td>PREMPRO</td>
<td>3</td>
<td>MO</td>
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### ORAL CONTRACEPTIVES / RELATED AGENTS

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<td>cyred eq</td>
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<td>desog-e.estradiol/e.estradiol</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<th>Drug Name</th>
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<tbody>
<tr>
<td>drosipirenone-e.e.stradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</td>
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<td>l norgest/e.eestradiol-eestrad</td>
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<td>larin 1.5/30 (21)</td>
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<td>larin fe 1.5/30 (28)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this 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>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</td>
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<td>norgestimate-ethinyl estradiol</td>
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<td>tri-lo-marzia</td>
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<td>tri-lo-sprintec</td>
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**OXYTOCICS**

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<td>oxytocin injection solution</td>
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**OPHTHALMOLOGY**

**ANTIBIOTICS**

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<td>AZASITE</td>
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<td>bacitracin ophthalmic (eye)</td>
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<tr>
<td>bacitracin-polymyxin b ophthalmic (eye)</td>
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<td>BESIVANCE</td>
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<tr>
<td>ciprofloxacin hcl ophthalmic (eye)</td>
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<td>erythromycin ophthalmic (eye)</td>
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<td>gatifloxacin</td>
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<tbody>
<tr>
<td>gentak ophthalmic (eye) ointment</td>
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<td>gentamicin ophthalmic (eye) drops</td>
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<td>levofloxacin ophthalmic (eye)</td>
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<td>neomycin-polymyxin-gramicidin</td>
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<tr>
<td>carteolol</td>
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<tr>
<td>levobunolol ophthalmic (eye) drops 0.5 %</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops</td>
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<td><strong>ANTIVIRALS</strong></td>
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<td>timolol maleate ophthalmic (eye) drops</td>
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<td>prednisolone acetate</td>
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<td>prednisolone sodium phosphate ophthalmic (eye)</td>
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**SYMPATHOMIMETICS**

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<td>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%</td>
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<td>brimonidine</td>
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<td>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE</td>
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**RESPIRATORY AND ALLERGY**

**ANTIHISTAMINE / ANTIALLERGENIC AGENTS**

<table>
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<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tr>
<td>cetirizine oral solution 1 mg/ml</td>
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<tr>
<td>diphenhydramine hcl injection solution 50 mg/ml</td>
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<td>diphenhydramine hcl injection syringe</td>
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<td>diphenhydramine hcl oral elixir</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>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</td>
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<td>MO; QL (2 per 30 days)</td>
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<td>EPI PEN JR</td>
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<tr>
<td>hydroxyzine hcl oral tablet</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>levocetirizine oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocetirizine oral tablet</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>promethazine injection solution</td>
<td>4</td>
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</tr>
<tr>
<td>promethazine oral</td>
<td>4</td>
<td>PA; MO</td>
</tr>
<tr>
<td>SYMJ EPI</td>
<td>4</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
</tbody>
</table>

**PULMONARY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetylcysteine</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>ADEMPAS</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ADV AIR DISKUS</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ADV AIR HFA</td>
<td>3</td>
<td>MO; QL (12 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</td>
<td>2</td>
<td>MO; QL (17 per 30 days)</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</td>
<td>2</td>
<td>MO; QL (13.4 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation solution for nebulization</td>
<td>2</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>albuterol sulfate oral syrup</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate oral tablet</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate oral tablet extended release 12 hr</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>alyq</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ambrisentan</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ANORO ELLIPTA</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA</td>
<td>3</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ASMANEX HFA</td>
<td>3</td>
<td>MO; QL (13 per 30 days)</td>
</tr>
<tr>
<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)</td>
<td>3</td>
<td>MO; QL (1 per 30 days)</td>
</tr>
<tr>
<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)</td>
<td>3</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>ATROVENT HFA</td>
<td>3</td>
<td>MO; QL (25.8 per 30 days)</td>
</tr>
<tr>
<td>azelastine-fluticasone</td>
<td>2</td>
<td>MO; QL (23 per 30 days)</td>
</tr>
<tr>
<td>BEVESPI AEROSPHERE</td>
<td>3</td>
<td>MO; QL (10.7 per 30 days)</td>
</tr>
<tr>
<td>bosentan</td>
<td>5</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>BREO ELLIPTA</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</td>
<td>2</td>
<td>B/D PA; MO; QL (120 per 30 days)</td>
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<tr>
<td>budesonide inhalation suspension for nebulization 1 mg/2 ml</td>
<td>2</td>
<td>B/D PA; MO; QL (60 per 30 days)</td>
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<td>CINRYZE</td>
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<tr>
<td>COMBIVENT RESPIMAT</td>
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<td>cromolyn inhalation</td>
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<td>B/D PA; MO</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DALIRESP ORAL TABLET 250 MCG</td>
<td>4</td>
<td>PA; MO; QL (30 per 30 days)</td>
<td>FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION</td>
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<td>MO; QL (12 per 30 days)</td>
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<tr>
<td>DALIRESP ORAL TABLET 500 MCG</td>
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<td>PA; MO</td>
<td>FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION</td>
<td>3</td>
<td>MO; QL (24 per 30 days)</td>
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<tr>
<td>DULERA</td>
<td>3</td>
<td>MO; QL (13 per 30 days)</td>
<td>FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION</td>
<td>3</td>
<td>MO; QL (10.6 per 30 days)</td>
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<tr>
<td>DYMISTA</td>
<td>3</td>
<td>MO; QL (23 per 30 days)</td>
<td>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</td>
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<td>MO; QL (50 per 30 days)</td>
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<tr>
<td>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML</td>
<td>4</td>
<td>MO</td>
<td>fluticasone propionate nasal</td>
<td>2</td>
<td>MO; QL (16 per 30 days)</td>
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<tr>
<td>ESBRIET ORAL CAPSULE</td>
<td>5</td>
<td>PA; MO; QL (270 per 30 days)</td>
<td>HAEGARDA</td>
<td>5</td>
<td>PA; MO; LA</td>
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<tr>
<td>ESBRIET ORAL TABLET 267 MG</td>
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<td>PA; MO; QL (270 per 30 days)</td>
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<td>5</td>
<td>PA; MO</td>
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<tr>
<td>ESBRIET ORAL TABLET 801 MG</td>
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<td>PA; MO; QL (90 per 30 days)</td>
<td>INCRUSE ELLIPTA</td>
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<tr>
<td>FASENRA</td>
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<td>PA; MO</td>
<td>ipratropium bromide inhalation</td>
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<tr>
<td>FASENRA PEN</td>
<td>5</td>
<td>PA; MO</td>
<td>ipratropium-albuterol</td>
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<tr>
<td>FIRAZYR</td>
<td>5</td>
<td>PA; MO</td>
<td>KALYDECO ORAL GRANULES IN PACKET</td>
<td>5</td>
<td>PA; MO; QL (56 per 28 days)</td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION</td>
<td>3</td>
<td>MO; QL (60 per 30 days)</td>
<td>KALYDECO ORAL TABLET</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION</td>
<td>3</td>
<td>MO; QL (240 per 30 days)</td>
<td>levalbuterol hcl</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>metaproterenol oral syrup</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>mometasone nasal</td>
<td>2</td>
<td>MO; QL (34 per 30 days)</td>
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<td></td>
<td></td>
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<td>montelukast</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>OFEV</td>
<td>5</td>
<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>OPUSSUMIT</td>
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<td>PA; MO; LA</td>
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<tr>
<td>ORKAMBI ORAL GRANULES IN PACKET</td>
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<td>PA; MO; QL (56 per 28 days)</td>
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<tr>
<td>ORKAMBI ORAL TABLET</td>
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<td>PA; MO; QL (112 per 28 days)</td>
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<tr>
<td>PERFOROMIST</td>
<td>3</td>
<td>B/D PA; MO</td>
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<tr>
<td>PROAIR HFA</td>
<td>3</td>
<td>MO; QL (17 per 30 days)</td>
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<tr>
<td>PROAIR RESPICLICK</td>
<td>3</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER INHALATION</td>
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<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER INHALATION</td>
<td>3</td>
<td>MO; QL (1 per 30 days)</td>
</tr>
<tr>
<td>PULMOZYME</td>
<td>5</td>
<td>B/D PA; MO</td>
</tr>
<tr>
<td>QNASL NASAL HFA AEROSOL INHALER</td>
<td>3</td>
<td>MO; QL (4.9 per 30 days)</td>
</tr>
<tr>
<td>QNASL NASAL HFA AEROSOL INHALER</td>
<td>3</td>
<td>MO; QL (8.7 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMDEKO</td>
<td>5</td>
<td>PA; MO; QL (56 per 28 days)</td>
<td></td>
<td>XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML</td>
<td>5</td>
<td>PA; MO; LA; QL (1 per 28 days)</td>
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<tr>
<td>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</td>
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<td>PA; MO; QL (60 per 30 days)</td>
<td></td>
<td>zafirlukast</td>
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<td>MO</td>
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<tr>
<td>terbutaline</td>
<td>2</td>
<td>MO</td>
<td></td>
<td>ZYFLO</td>
<td>5</td>
<td>MO</td>
<td></td>
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<tr>
<td>THEO-24</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>theophylline oral elixir</td>
<td>2</td>
<td>MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>theophylline oral solution</td>
<td>2</td>
<td>MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</td>
<td>2</td>
<td>MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIKAFTA</td>
<td>5</td>
<td>PA; MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYVASO</td>
<td>5</td>
<td>B/D PA; MO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYVASO INSTITUTIONAL START KIT</td>
<td>5</td>
<td>B/D PA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYVASO REFILL KIT</td>
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<tr>
<td>TYVASO STARTER KIT</td>
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<td>B/D PA; MO</td>
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<tr>
<td>XOLAIR SUBCUTANEOUS RECON SOLN</td>
<td>5</td>
<td>PA; MO; LA; QL (6 per 28 days)</td>
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<tr>
<td>XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML</td>
<td>5</td>
<td>PA; MO; LA; QL (4 per 28 days)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glycine urologic solution</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>K-PHOS NO 2</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>K-PHOS ORIGINAL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>potassium citrate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>tadalafil oral tablet</td>
<td>2</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

### VITAMINS, HEMATINICS / ELECTROLYTES

#### BLOOD DERIVATIVES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albumin, human 25 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>albuminar 25 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alburx (human) 25 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alburx (human) 5 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>albutein 25 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>albutein 5 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>plasbumin 25 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>plasbumin 5 %</td>
<td>2</td>
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</tr>
</tbody>
</table>

#### ELECTROLYTES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium acetate(phosphat bind)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcium chloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>calcium gluconate intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>effer-k oral tablet, effervescent 25 meq</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>magnesium sulfate injection syringe</td>
<td>2</td>
<td></td>
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<tr>
<td>NORMOSOL-R</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>potassium acetate intravenous solution 2 meq/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride d5-0.45%nacl intravenous parenteral solution 20 meq/l</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride in water intravenous piggyback 10 meq/100 ml</td>
<td>2</td>
<td>MO</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>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ringer's intravenous</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sodium acetate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sodium chloride 0.45 % intravenous parenteral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride 3 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride 5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride intravenous</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium phosphate</td>
<td>2</td>
<td>MO</td>
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</tbody>
</table>

**MISCELLANEOUS NUTRITION PRODUCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>HEPATAMINE 8%</td>
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<td>PREMASOL 10 %</td>
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<td>oral tablet</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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If you, or someone you’re helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC
إذا كان لديك، أو لدى أي شخص تساعد، أي أسئلة حول CareSource، لديك الحق في الحصول على مساعدة وبيانات اللغة التي تتحدث بها، بمنحة ولا قيمة تكلفة. تأكد من أنك توجه إلى متغط بشخص تقوم على رقم خدمات الأعضاء على بطاقة تنزيل الأعضاء.

AMHARIC
እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን ባለው የአገልግሎቶች ቁጥር ይደውሉ፡፡

BURMESE
CareSource အေၾကာင္း သင္ သို႔မဟုတ္ သင္အကူအညီေပးေနသူ တစ္စံုတစ္ေယာက္က ေမးျမန္းလာပါက သင္ေျပာဆိုေသာ ဘာသာစကားျဖင့္ အကူအညီႏွင့္ အခ်က္အလက္မ်ားအား အခမဲ့ ရယူႏွင့္ အရွယ်အစား ရွိပါသည္။ ဘာသာျပန္တစ္ဦးအား ေၾခ်းဇ်ကဳ ပဳၿပ် သျက္၏ အသျက္် ျက္ၾကက္ေဳေပၚရွိ အသျက္် ျက္ ဝက္ေ ငျက္င္မႈဝက္်ဝ္ဳနံက္သွိႈသို႔ ောေ ွိႈဳနါ။

CHINESE
如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO
Isin yookan namni biraa isin deeggartan CareSource irratti yo qabaattan, kaffaltii irraa bilisa haala ta’een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH
Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart.

FRENCH (CANADA)
Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d’obtenir gratuitement du soutien et de l’information dans votre langue. Pour parler à un interpréte. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN
Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Servicenummer auf Ihrer Mitglied-ID-Karte an.

GUJARATI
જો તમે અથવા તમે કોઇને મદદ કરી રહ્ાં તેમ ાંથી કોઇને CareSource વવશે પ્રશનો હોર્ તો તમને મદદ અને મ હહતી મેવિવ નો અવવક ર છે. તે ખર્ય વવન તમ રી ભ ષ વષર્ો વ ત કરર મ ાં પ્ર પત કરી શક ર્ છે. દ ભ વષર્ો વ ત કરર મ ટે,કૃપા કરીને તમારા સભર આઈડી કાડ્ય પર સભર સેવા માટે નંબર પર ફોન કરો.

HINDE
यदि आपके, या यदि जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बहुत जिम्मेदार लोग के अपनी भाषा में मजबूत और जानकारी प्रदान करने का अधिकार है। एक सुचारूता से बात करने के लिए कॉल करे, कुछ अपने सदस्य आईडी कार्ड पर दिये संपादन सेवा मंडल पर कॉल करें।

ITALIAN
Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE
ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN
귀하 본인이나 귀하께서 돠퇤 게시 본인이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH
Wann du hoscht en Froog, odder ebber, wu du helsfht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstublieft met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN
Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеет право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH
Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN
Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, указаному на вашій ідентифікаційній карточці учасника.

VIETNAMESE
Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận hỗ trợ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một người phiên dịch, vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.
Notice of Non-Discrimination

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254
CivilRightsCoordinator@CareSource.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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For more recent information or other questions, please contact CareSource Advantage Zero Premium / CareSource Advantage Member Services at 1 844 607-2827 or TTY 711, 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Mar. 31, the same hours seven days a week, or visit CareSource.com/Medicare.