This formulary is for the following plans and service areas:
SelectHealth Advantage Wasatch Essential (HMO)
SelectHealth Advantage Southwest and Central Utah (HMO)
SelectHealth Advantage Treasure Valley Essential (HMO)
SelectHealth Advantage Treasure Valley Enhanced (HMO)
SelectHealth Advantage Magic Valley (HMO)
SelectHealth Advantage Essential Nevada (HMO)

This formulary was updated on 09/01/2019.
For more recent information or other questions, please contact SelectHealth Member Services
toll-free, at 855-442-9900 or, for TTY users, 711,
during the following dates and times:

October 1 to March 31:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday and
Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday
9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave
a message. Your call will be returned within one
business day, or visit selecthealth.org/medicare.
SelectHealth Advantage (HMO)
2020 Formulary
List of Covered Drugs

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

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

This information is not a complete description of benefits. Call 855-442-9900 (TTY: 711) for more information.


H1994_18474878_v11_C

HPMS Approved Formulary File Submission ID 20145 Version 11
SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

> Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).

Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at 1-800-538-5038 or SelectHealth Advantage Member Services at 1-855-442-9900 (TTY Users: 711).

If you feel you’ve been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at 1-844-208-9012 (TTY Users: 711) or the Compliance Hotline at 1-800-442-4845 (TTY Users: 711). You may also call the Office for Civil Rights at 1-800-368-1019 (TTY Users: 1-800-537-7697).

Language Access Services

ATTENTION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

© 2018 SelectHealth. All rights reserved. 203540 09/18
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 SelectHealth. When it refers to “plan” or “our plan,” it means SelectHealth Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of September 01, 2019. 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 SelectHealth Advantage Formulary?

A formulary is a list of covered drugs selected by SelectHealth in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SelectHealth will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SelectHealth Advantage 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.

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

- New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a
different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, 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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SelectHealth Advantage Formulary?”

- **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 generic drug that is not new to market 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 60-day supply of the drug.

- 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 SelectHealth Advantage Formulary?”

**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 September 01, 2019. To get updated information about the drugs covered by SelectHealth Advantage, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, SelectHealth may make changes via errata sheets mailed to you. Additionally, you may visit our selecthealth.org/medicare for a link to the errata sheet.

How do I use the Formulary?

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

**Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 100. 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?**

SelectHealth Advantage 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:** SelectHealth Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SelectHealth Advantage before you fill your prescriptions. If you don’t get approval, SelectHealth Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, SelectHealth Advantage limits the amount of the drug that SelectHealth Advantage will cover. For example, SelectHealth Advantage provides 60 tablets per prescription for Valsartan. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, SelectHealth Advantage 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, SelectHealth Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SelectHealth Advantage 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 SelectHealth Advantage 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 SelectHealth Advantage formulary?” on page vi 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 SelectHealth Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SelectHealth Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SelectHealth Advantage.

- You can ask SelectHealth Advantage 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 SelectHealth Advantage Formulary?

You can ask SelectHealth Advantage 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 your 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, SelectHealth Advantage 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, SelectHealth 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should use the plan's
exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

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

If you have questions about SelectHealth 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.

SelectHealth Advantage Formulary
The formulary that begins on page 1 provides coverage information about the drugs covered by SelectHealth Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

The information in the Requirements/Limits column tells you if SelectHealth Advantage has any special requirements for coverage of your drug.

PA – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.

QL – We limit the amount of the drug covered in a specific time period.

ST – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

LA – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult
your Provider and Pharmacy Directory or call Member Services toll-free at 855-442-9900. TTY users should call 711.

**NM** – This drug is not available through our mail order pharmacy.

**HI** – This prescription drug is covered under our medical benefit. For more information, call Member Services at 855-442-9900, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call 711.

**BxD** – This drug may be covered under the Part B or Part D Medicare benefit.

**GC** – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Please refer to your Evidence of Coverage for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

### Stage 1: Annual Prescription Drug Deductible

This is the amount you will be required to pay for your prescriptions this year before your copay or coinsurance applies. The amounts shown in the table below apply to Tier 3, Tier 4, and Tier 5 and both retail and mail order prescription drugs.

<table>
<thead>
<tr>
<th>Service Area / Plan Name</th>
<th>Annual Prescription Drug Tier 3,4,5 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Utah Plans</strong></td>
<td></td>
</tr>
<tr>
<td>Wasatch/SelectHealth Advantage Essential</td>
<td>$200.00</td>
</tr>
<tr>
<td>Southwest and Central Utah</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Idaho Plans</strong></td>
<td></td>
</tr>
<tr>
<td>Treasure Valley/SelectHealth Advantage Essential</td>
<td>$150.00</td>
</tr>
<tr>
<td>Treasure Valley/SelectHealth Advantage Enhanced</td>
<td>$0.00</td>
</tr>
<tr>
<td>Magic Valley</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Nevada Plans</strong></td>
<td></td>
</tr>
<tr>
<td>Clark and Nye County/SelectHealth Advantage Essential</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
### Stage 2: Initial Coverage Period Copayment/Coinsurance Levels

#### Utah Plans

**Service Area/Plan Name:** Wasatch/SelectHealth Advantage Essential

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 Day</td>
<td>100 Day</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$10.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$45.00 after deductible</td>
<td>$135.00 after deductible</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td>$95.00 after deductible</td>
<td>$285.00 after deductible</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>29% coinsurance after deductible</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

**Service Area/Plan Name:** Southwest and Central Utah/SelectHealth Advantage

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 Day</td>
<td>100 Day</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$3.00</td>
<td>$9.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$10.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$45.00 after deductible</td>
<td>$135.00 after deductible</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td>$95.00 after deductible</td>
<td>$285.00 after deductible</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>29% coinsurance after deductible</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
**Idaho Plans**

**Service Area/Plan Name:** Treasure Valley/ SelectHealth Advantage Essential

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 Day</td>
<td>100 Day</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3.00</td>
<td>$9.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$15.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$45.00 after deductible</td>
<td>$135.00 after deductible</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$95.00 after deductible</td>
<td>$285.00 after deductible</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30% coinsurance after deductible</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

**Service Area/Plan Name:** Treasure Valley/ SelectHealth Advantage Enhanced

<table>
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<tr>
<th>Drug Tier</th>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$10.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$45.00</td>
<td>$135.00</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$95.00</td>
<td>$285.00</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33% coinsurance</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
### Magic Valley/SelectHealth Advantage

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Retail</th>
<th>Mail Order</th>
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<tbody>
<tr>
<td></td>
<td>30 Day</td>
<td>100 Day</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$3.00</td>
<td>$9.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$15.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$45.00 after deductible</td>
<td>$135.00 after deductible</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td>$95.00 after deductible</td>
<td>$285.00 after deductible</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>30% coinsurance after deductible</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

### Nevada Plans

### Clark and Nye County/SelectHealth Advantage Essential

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 Day</td>
<td>100 Day</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$8.00</td>
<td>$24.00</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$45.00</td>
<td>$135.00</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand</td>
<td>$95.00</td>
<td>$285.00</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>33% coinsurance</td>
<td>Not Available</td>
</tr>
<tr>
<td>Drug</td>
<td>Tier Requirements /Limits</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHISTAMINE DRUGS</strong></td>
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<td></td>
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<tr>
<td><strong>FIRST GENERATION ANTIHISTAMINES</strong></td>
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<td></td>
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<tr>
<td>cyproheptadine hcl syrup 2 QL</td>
<td>QL 4500 milliliter(s) 30 day(s)</td>
<td></td>
</tr>
<tr>
<td>2mg/5ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tablet 12.5mg</td>
<td>QL 45 each per 30 day(s)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>meclizine hcl tablet 25mg</td>
<td>QL 45 each per 30 day(s)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate tablet 10mg (base equivalent)</td>
<td>QL 45 each per 30 day(s)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate tablet 5mg (base equivalent)</td>
<td>QL 45 each per 30 day(s)</td>
<td></td>
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<tr>
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<td></td>
<td></td>
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<table>
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<th>/Limits</th>
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<td>QL; NM</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxycycline hyclate tablet 75mg</td>
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</tr>
<tr>
<td>doxycycline hyclate tablet delayed release 100mg</td>
<td>2 QL; NM</td>
</tr>
<tr>
<td>doxycycline hyclate delayed release 150mg</td>
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</tr>
<tr>
<td>doxycycline hyclate delayed release 75mg</td>
<td>2 QL; NM</td>
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<td>2 NM</td>
</tr>
<tr>
<td>doxycycline monohydrate capsule 50mg</td>
<td>2 NM</td>
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<tr>
<td>doxycycline monohydrate capsule 75mg</td>
<td>2 NM</td>
</tr>
<tr>
<td>doxycycline monohydrate for suspension 25mg/5ml</td>
<td>2 NM</td>
</tr>
<tr>
<td>doxycycline monohydrate tablet 100mg</td>
<td>2 NM</td>
</tr>
<tr>
<td>doxycycline monohydrate tablet 150mg</td>
<td>2 QL; NM</td>
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<tr>
<td>doxycycline monohydrate 75mg</td>
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<tr>
<td>erythromycin stearate tablet 250mg</td>
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<tr>
<td>erythromycin tablet 250mg</td>
<td>2 NM</td>
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<td>erythromycin tablet delayed release 333mg</td>
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<td>gentamicin in saline injectable 1.2mg/ml</td>
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<td>gentamicin in saline injectable 1.6mg/ml</td>
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<td>gentamicin sulfate injectable 40mg/ml</td>
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<td>imipenem-cilastatin intravenous for solution</td>
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<tr>
<td>levofloxacin in d5w iv solution 500mg/100ml</td>
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</tr>
<tr>
<td>levofloxacin in d5w iv solution 750mg/150ml</td>
<td>2 HI; NM</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
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<tr>
<td><strong>levofloxacin tablet 750mg</strong></td>
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<td><strong>LINEZOLID SUSPENSION 100/5ML</strong></td>
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<td><strong>meropenem iv for solution 500mg</strong></td>
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<td><strong>minocycline hcl capsule 50mg</strong></td>
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<tr>
<td><strong>minocycline hcl capsule 75mg</strong></td>
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<td><strong>maxifloxacin hcl tablet 400mg (base equiv)</strong></td>
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<tr>
<td><strong>nafcillin sodium for injectable 2 gm</strong></td>
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<td><strong>neomycin sulfate tablet 500mg</strong></td>
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<td><strong>ofloxacin tablet 400mg</strong></td>
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<td><strong>penicillin g sodium for injectable 5000000 unit</strong></td>
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<td><strong>piperacillin sod-tazobactam na for injectable 3.375 gm (3-0.375 gm)</strong></td>
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<td><strong>piperacillin sod-tazobactam sod for injectable 2.25 gm (2-0.25 gm)</strong></td>
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<tr>
<td><strong>piperacillin sod-tazobactam sod for injectable 4.5 gm (4-0.5 gm)</strong></td>
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<td>HI; NM</td>
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</tbody>
</table>

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<tr>
<th>Drug</th>
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</tr>
</thead>
<tbody>
<tr>
<td>piperacillin sod-tazobactam sod for injectable 40.5 gm (36-4.5 gm)</td>
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<td>PYLERA CAPSULE</td>
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<td>rifampin for injectable 600mg</td>
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<td>RIFATER TABLET</td>
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<td>SIVEXTO INJECTABLE 200MG</td>
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<td>QL 6 each per 30 day(s)</td>
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<tr>
<td>SIVEXTO TABLET 200MG</td>
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<td>QL; PA; NM</td>
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<td>QL 6 each per 30 day(s)</td>
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<td>streptomycin sulfate for injectable 1 gm</td>
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<td>sulfadiazine tablet 500mg</td>
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<td>QL; NM</td>
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<td>QL 60 each per 30 day(s)</td>
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<td>SUPRAX SUSPENSION 500/5ML</td>
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<td>TEFLARO INJECTABLE 400MG</td>
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<td>TEFLARO INJECTABLE 600MG</td>
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<td>tigecycline for iv solution 50mg</td>
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<td>QL 28 each per 14 day(s)</td>
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<td>tobramycin nebu solution 300mg/5ml</td>
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<td>PA; NM</td>
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<td>tobramycin sulfate injectable 10mg/ml (base equivalent)</td>
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<td>VANCOMYCIN INJECTABLE 250MG</td>
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<td>QL 120 each per 30 day(s)</td>
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<td>QL 120 each per 30 day(s)</td>
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<td>HI; NM</td>
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<tr>
<td>vancomycin hcl for iv solution 750mg (base equivalent)</td>
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<td>XIFAXAN TABLET 200MG</td>
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<td>QL 120 each per 30 day(s)</td>
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<td>XIFAXAN TABLET 550MG</td>
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<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>ZOSYN SOLUTION 2-0.25GM</td>
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<td>HI; NM</td>
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</table>

**ANTIFUNGAL (SYSTEMIC)**

- AMBISOME INJECTABLE 50MG | 4 | PA; HI; NM
- amphotericin b for iv soln 50mg | 2 | PA; HI; NM
- caspofungin acetate for iv solution 50mg | 5 | PA; HI; NM
- caspofungin acetate for iv solution 70mg | 5 | PA; HI; NM
- fluconazole for suspension 10mg/ml | 2 | NM
- fluconazole for suspension 40mg/ml | 2 | NM
- fluconazole in nacl 0.9% injectable 200mg/100ml | 2 | HI; NM
- fluconazole in nacl 0.9% injectable 400mg/200ml | 2 | HI; NM

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</thead>
<tbody>
<tr>
<td>fluconazole tablet 100mg</td>
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<td>NM</td>
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<td>fluconazole tablet 150mg</td>
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<td>fluconazole tablet 200mg</td>
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</tr>
<tr>
<td>fluconazole tablet 50mg</td>
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<td>NM</td>
</tr>
<tr>
<td>FLUCYTOSINE CAPSULE 500MG</td>
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</tr>
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<td>fluconosine capsule 250mg</td>
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<td>griseofulvin microsize suspension 125mg/5ml</td>
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<td>itraconazole oral solution QL 10mg/5ml</td>
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<td>NOXAFIL TABLET 100MG</td>
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<td>nystatin suspension 100000 unit/ml QL 90 each per 30 day(s)</td>
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**ANTIMYCOBACTERIALS**

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**ANTIPROTOZOALS**

<table>
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<th>Drug</th>
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<td>ALINIA TABLET 500MG QL 20 each per 10 day(s)</td>
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<td>BENZNIDAZOLE TABLET 100MG QL 240 each per 365 day(s)</td>
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<td>BENZNIDAZOLE TABLET 12.5MG QL 720 each per 365 day(s)</td>
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**PA - Prior Authorization**  
**QL - Quantity Limit**  
**ST - Step Therapy**  
**LA - Limited Access**  
**NM - Non-Maintenance**  
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**BvsD - This drug may be covered under Part B or Part D**

You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
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<tbody>
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<tr>
<td>CRIXIVAN CAPSULE 200MG QL 240 each per 30 day(s)</td>
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</table>

**PA** - Prior Authorization  
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<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRIXIVAN CAPSULE 400MG QL 240 each per 30 day(s)</td>
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<td>DOVATO TABLET 50-300MG QL 30 each per 30 day(s)</td>
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<td>INTELENE TABLET 100MG QL 60 each per 21 day(s) 5 QL; NM</td>
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<td>EDURANT TABLET 25MG QL 60 each per 30 day(s)</td>
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<td>INTELENE TABLET 200MG QL 60 each per 21 day(s) 3 NM</td>
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<td>INTRON A INJECTABLE 18MU QL 20 each per 14 day(s) 5 QL</td>
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<td>EMTRIVA CAPSULE 200MG QL 30 each per 30 day(s)</td>
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<td>JULUCA TABLET 50-25MG QL 30 each per 30 day(s) 4 QL; NM</td>
</tr>
</tbody>
</table>

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<th>Requirements /Limits</th>
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<tbody>
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</table>

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<th>Quantity Limit</th>
</tr>
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
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You can find information on what the symbols and abbreviations on this table mean by going to page viii.
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PA - Prior Authorization   QL - Quantity Limit   ST - Step Therapy
LA - Limited Access        NM - Non-Maintenance   HI - Home Infusion
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<table>
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<th>Requirements /Limits</th>
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Drug Tier Requirements

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PA - Prior Authorization    QL - Quantity Limit    ST - Step Therapy
LA - Limited Access          NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.

15
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<th>Drug</th>
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16
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</table>

PA - Prior Authorization      QL - Quantity Limit      ST - Step Therapy
LA - Limited Access          NM - Non-Maintenance      HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
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</table>

PA - Prior Authorization    QL - Quantity Limit    ST - Step Therapy
LA - Limited Access        NM - Non-Maintenance    HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
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<td>QL 90 each per 30 day(s)</td>
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</table>

| PA | Prior Authorization | QL | Quantity Limit | ST | Step Therapy |
| LA | Limited Access      | NM | Non-Maintenance| HI | Home Infusion |

BvsD - This drug may be covered under Part B or Part D

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

19
<table>
<thead>
<tr>
<th>Drug</th>
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<td>methscopolamine bromide tablet 5mg</td>
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<td>scopolamine td patch 72hr 1mg/3days</td>
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<td>QL</td>
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<td>SPIRIVA SPR 2.5MCG QL 4 each per 30 day(s)</td>
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<td>STIOLTO AER 2.5-2.5 QL 4 each per 30 day(s)</td>
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<td>UTIBRON CAPSULE NEOHALER QL 60 each per 30 day(s)</td>
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**AUTONOMIC DRUGS, MISCELLANEOUS**

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<td>CHANTIX PACKET 1MG QL 336 each per 365 day(s)</td>
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<td>QL</td>
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<td>CHANTIX TABLET 0.5MG QL 336 each per 365 day(s)</td>
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<td>QL</td>
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<tr>
<td>CHANTIX TABLET 1MG QL 336 each per 365 day(s)</td>
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<td>QL</td>
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**PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)**

<table>
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<td>bethanechol chloride tablet 5mg</td>
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<tr>
<td>bethanechol chloride tablet 50mg</td>
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<tr>
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<tr>
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<tr>
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<td>galantamine hydrobromide capsule er 24hr 24mg</td>
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</tr>
<tr>
<td>galantamine hydrobromide capsule er 24hr 8mg</td>
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<tr>
<td>galantamine hydrobromide oral solution 4mg/ml</td>
<td>2</td>
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<tr>
<td>galantamine hydrobromide tablet 12mg</td>
<td>2</td>
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</tr>
<tr>
<td>galantamine hydrobromide tablet 4mg</td>
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<td>galantamine hydrobromide tablet 8mg</td>
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<tr>
<td>pilocarpine hcl tablet 5mg</td>
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<tr>
<td>pyridostigmine bromide syrup 60mg/5ml</td>
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<tr>
<td>pyridostigmine bromide tablet er 180mg</td>
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<tr>
<td>rivastigmine tartrate cap 1.5mg (base equivalent)</td>
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</tr>
<tr>
<td>rivastigmine tartrate cap 3mg (base equivalent)</td>
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access   NM - Non-Maintenance   HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>rivastigmine tartrate cap 4.5mg (base equivalent)</td>
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<tr>
<td>rivastigmine tartrate cap 6mg (base equivalent)</td>
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<tr>
<td>rivastigmine td patch 24hr 13.3mg/24hr</td>
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<tr>
<td>rivastigmine td patch 24hr 4.6mg/24hr</td>
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<td>rivastigmine td patch 24hr 9.5mg/24hr</td>
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**SKELETAL MUSCLE RELAXANTS**

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<tr>
<td>baclofen tablet 5mg</td>
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<tr>
<td>cyclobenzaprine hcl tablet 10mg</td>
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<tr>
<td>cyclobenzaprine hcl tablet 5mg</td>
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<tr>
<td>cyclobenzaprine hcl tablet 7.5mg</td>
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<td>dantrolene sodium capsule 100mg</td>
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<tr>
<td>dantrolene sodium capsule 25mg</td>
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</tr>
<tr>
<td>dantrolene sodium capsule 50mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl capsule 2mg (base equivalent)</td>
<td>2 QL; ST</td>
<td>QL 540 each per 30 day(s)</td>
</tr>
<tr>
<td>tizanidine hcl capsule 4mg (base equivalent)</td>
<td>2 QL; ST</td>
<td>QL 270 each per 30 day(s)</td>
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<tr>
<td>tizanidine hcl capsule 6mg (base equivalent)</td>
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<td>QL 180 each per 30 day(s)</td>
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<td>2 QL</td>
<td>QL 540 each per 30 day(s)</td>
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<tr>
<td>tizanidine hcl tablet 4mg (base equivalent)</td>
<td>2 QL</td>
<td>QL 270 each per 30 day(s)</td>
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**SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS**

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<tr>
<td>acebutolol hcl capsule 200mg</td>
<td>2 QL</td>
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<tr>
<td>QL 120 each per 30 day(s)</td>
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<tr>
<td>acebutolol hcl capsule 400mg</td>
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<tr>
<td>QL 90 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alfuzosin hcl tablet er 24hr 10mg</td>
<td>1 QL</td>
<td></td>
</tr>
<tr>
<td>QL 30 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atenolol &amp; chlorthalidone tablet 100-25mg</td>
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</tr>
<tr>
<td>atenolol &amp; chlorthalidone tablet 50-25mg</td>
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<td></td>
</tr>
<tr>
<td>atenolol tablet 100mg</td>
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<td></td>
</tr>
<tr>
<td>atenolol tablet 25mg</td>
<td>1</td>
<td></td>
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<tr>
<td>atenolol tablet 50mg</td>
<td>1</td>
<td></td>
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<tr>
<td>betaxolol hcl tablet 20mg</td>
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<tr>
<td>bisoprolol &amp; hydrochlorothiazide de tablet 10-6.25mg</td>
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<tr>
<td>bisoprolol &amp; hydrochlorothiazide de tablet 2.5-6.25mg</td>
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<tr>
<td>bisoprolol &amp; hydrochlorothiazide de tablet 5-6.25mg</td>
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</tr>
<tr>
<td>bisoprolol fumarate tablet 10mg</td>
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<tr>
<td>bisoprolol fumarate tablet 5mg</td>
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<td></td>
</tr>
<tr>
<td>BYSTOLIC TABLET 10MG</td>
<td>4 QL; ST</td>
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</tr>
<tr>
<td>BYSTOLIC TABLET 2.5MG</td>
<td>4 QL; ST</td>
<td>QL 90 each per 30 day(s)</td>
</tr>
<tr>
<td>BYSTOLIC TABLET 20MG</td>
<td>4 QL; ST</td>
<td>QL 90 each per 30 day(s)</td>
</tr>
<tr>
<td>BYSTOLIC TABLET 5MG</td>
<td>4 QL; ST</td>
<td>QL 90 each per 30 day(s)</td>
</tr>
<tr>
<td>CARDURA XL TABLET 4MG</td>
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</tr>
<tr>
<td>CARDURA XL TABLET 8MG</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
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<td>carvedilol phosphate capsule er 24hr 20mg</td>
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<td>carvedilol phosphate capsule er 24hr 80mg</td>
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<td>carvedilol tablet 12.5mg</td>
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<td>carvedilol tablet 25mg</td>
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</tr>
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<td>carvedilol tablet 3.125mg</td>
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<tr>
<td>carvedilol tablet 6.25mg</td>
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<td>CORLANOR TABLET 5MG QL 60 each per 30 day(s) ST</td>
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<td>QL; ST</td>
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<tr>
<td>CORLANOR TABLET 7.5MG QL 60 each per 30 day(s) ST</td>
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<td>DHIYDROERGOT SPR 4MG/ML</td>
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<td>doxazosin mesylate tablet 4mg QL 60 each per 30 day(s)</td>
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<td>QL</td>
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<td>doxazosin mesylate tablet 8mg QL 60 each per 30 day(s)</td>
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<td>QL</td>
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<td>QL</td>
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<td>ergoloid mesylates tablet 1mg QL 90 each per 30 day(s)</td>
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<td>metoprolol &amp; hydrochlorothiazide tablet 100-50mg</td>
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</tr>
<tr>
<td>metoprolol &amp; hydrochlorothiazide tablet 50-25mg</td>
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<table>
<thead>
<tr>
<th>Drug</th>
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<tbody>
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<tr>
<td>metoprolol succinate tablet er 24hr 200mg (tartrate equiv)</td>
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<td>metoprolol succinate tablet er 24hr 25mg (tartrate equiv)</td>
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<tr>
<td>metoprolol succinate tablet er 24hr 50mg (tartrate equiv)</td>
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<tr>
<td>metoprolol tartrate tablet 100mg</td>
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<td>metoprolol tartrate tablet 25mg</td>
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<tr>
<td>metoprolol tartrate tablet 50mg</td>
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<tr>
<td>nadolol tablet 40mg</td>
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<td>pindolol tablet 5mg</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>prazosin hcl capsule 5mg</td>
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<td></td>
</tr>
<tr>
<td>propranolol &amp; hydrochlorothiazide tablet 40-25mg</td>
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<tr>
<td>propranolol &amp; hydrochlorothiazide tablet 80-25mg</td>
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<td>propranolol hcl capsule er 24hr 160mg</td>
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<tr>
<td>propranolol hcl capsule er 24hr 60mg</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
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<tbody>
<tr>
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<tr>
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<td>propranolol hcl tablet 20mg</td>
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<td></td>
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<tr>
<td>propranolol hcl tablet 40mg</td>
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<td>silodosin capsule 4mg</td>
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<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>terazosin hcl cap 1mg (base equivalent)</td>
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</tr>
<tr>
<td>QL 60 each per 30 day(s)</td>
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</tr>
<tr>
<td>terazosin hcl cap 10mg (base equivalent)</td>
<td>1</td>
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<tr>
<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>terazosin hcl capsule 2mg (base equivalent)</td>
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</tr>
<tr>
<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>terazosin hcl cap 5mg (base equivalent)</td>
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<td>QL 60 each per 30 day(s)</td>
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<td>timolol maleate tablet 10mg</td>
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**SYMPATHOMIMETIC (ADRENERGIC) AGENTS**

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<thead>
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<th>Drug</th>
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<td>ADVAIR HFA AER 115/21</td>
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<td>QL 12 each per 30 day(s)</td>
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<tr>
<td>ADVAIR HFA AER 230/21</td>
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<td>QL 12 each per 30 day(s)</td>
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<tr>
<td>ADVAIR HFA AER 45/21</td>
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<td>QL; ST</td>
</tr>
<tr>
<td>QL 12 each per 30 day(s)</td>
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<td>QL 17 each per 30 day(s)</td>
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<td>QL</td>
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<td>QL 13.40 each per 30 day(s)</td>
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**AUTONOMIC DRUGS**

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<td>QL</td>
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<tr>
<td>QL 36 each per 30 day(s)</td>
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**AUTONOMIC DRUGS**

<table>
<thead>
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<th>Tier</th>
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<tbody>
<tr>
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<td>BvsD</td>
</tr>
<tr>
<td>ALBUTEROL NEB 1.25MG/3</td>
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<td>BvsD</td>
</tr>
<tr>
<td>albuterol sulfate solution nebu 0.083% (2.5mg/3ml)</td>
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<td>BvsD</td>
</tr>
<tr>
<td>albuterol sulfate solution nebu 0.5% (5mg/ml)</td>
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<td>BvsD</td>
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<tr>
<td>albuterol sulfate syrup 2mg/5ml</td>
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<tr>
<td>albuterol sulfate tablet 2mg</td>
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</tr>
<tr>
<td>albuterol sulfate tablet 4mg</td>
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<tr>
<td>albuterol sulfate tablet er 12hr 4mg</td>
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<tr>
<td>albuterol sulfate tablet er 12hr 8mg</td>
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
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25
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**HEMATOPOIETIC AGENTS**

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<td>UDENYCA INJECTABLE 6MG/.6ML</td>
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<td>ŽARXIO INJECTABLE 480/0.8</td>
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<td>CARDIOVASCULAR DRUGS</td>
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amlodipine besylate-atorvasta
tin calcium tablet 10-10mg
QL 30 each per 30 day(s)

amlodipine besylate-atorvasta
tin calcium tablet 10-20mg
QL 30 each per 30 day(s)

amlodipine besylate-atorvasta
tin calcium tablet 10-40mg
QL 30 each per 30 day(s)

amlodipine besylate-atorvasta
tin calcium tablet 2.5-10mg
QL 30 each per 30 day(s)

amlodipine besylate-atorvasta
tin calcium tablet 2.5-20mg
QL 30 each per 30 day(s)

amlodipine besylate-atorvasta
tin calcium tablet 2.5-40mg
QL 30 each per 30 day(s)

AML - Limited Access
NM - Non-Maintenance
HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D

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<table>
<thead>
<tr>
<th>Drug</th>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>amlodipine besylate-atorvastatin calcium tablet 5-10mg</td>
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<th>Requirements /Limits</th>
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<td>colesevelam hcl packet for suspension 3.75 gm</td>
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PA - Prior Authorization    QL - Quantity Limit    ST - Step Therapy
LA - Limited Access          NM - Non-Maintenance   HI - Home Infusion
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
<th>/Limits</th>
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<td>FENOFIBRIC TABLET 35MG</td>
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<td>lovastatin tablet 40mg</td>
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<td>PRALUENT INJECTABLE</td>
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<table>
<thead>
<tr>
<th>Drug</th>
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<tr>
<td>PRALUENT INJECTABLE 75MG/ML</td>
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<td>pravastatin sodium tablet 80mg</td>
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<td>REPATHA INJECTABLE 140MG/ML</td>
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<td>REPATHA PUSH INJECTABLE 420/3.5</td>
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<tr>
<td>REPATHA SURE INJECTABLE 140MG/ML</td>
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**CARDIAC DRUGS**

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</table>

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<tr>
<th>Drug</th>
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31
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
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<td>captopril &amp; hydrochlorothiazide tablet 50-15mg</td>
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</table>

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<th>Tier Requirements /Limits</th>
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<td>enalapril maleate &amp; hydrochlorothiazide tablet 10-25mg</td>
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<td>enalapril maleate &amp; hydrochlorothiazide tablet 5-12.5mg</td>
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</table>

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33
<table>
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<th>Drug</th>
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<th>Requirements /Limits</th>
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<th>Drug</th>
<th>Tier</th>
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<td>nisoldipine tablet er 24hr 30mg</td>
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access   NM - Non-Maintenance   HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
### Drug Tier Requirements

<table>
<thead>
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<th>Drug</th>
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<th>Requirements</th>
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### VASODILATING AGENTS

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</table>

**PA** - Prior Authorization  **QL** - Quantity Limit  **ST** - Step Therapy
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<table>
<thead>
<tr>
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</table>

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<thead>
<tr>
<th>Drug</th>
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**CENTRAL NERVOUS SYSTEM AGENTS**

**ANALGESICS AND ANTIPIRRETICS**

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<th>Drug</th>
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**PA** - Prior Authorization  **QL** - Quantity Limit  **ST** - Step Therapy  
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PA - Prior Authorization      QL - Quantity Limit      ST - Step Therapy
LA - Limited Access           NM - Non-Maintenance       HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
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**Notes:**
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- **QL** - Quantity Limit
- **ST** - Step Therapy
- **LA** - Limited Access
- **NM** - Non-Maintenance
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
<th>/Limits</th>
</tr>
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**ANTIMANIC AGENTS**

LITHIUM SOLUTION 2
8MEQ/SML

PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>lithium carbonate capsule 150mg</td>
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<td>lithium carbonate capsule 300mg</td>
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<td>lithium carbonate capsule 600mg</td>
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<td>lithium carbonate tablet 300mg</td>
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<td>lithium carbonate tablet er 300mg</td>
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<tr>
<td>rizatriptan benzoate tablet 10mg (base equivalent)</td>
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<td>QL</td>
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<tr>
<td>QL 18 each per 30 day(s)</td>
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<tr>
<td>rizatriptan benzoate tablet 5mg (base equivalent)</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
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<tr>
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<td>QL 12 each per 30 day(s)</td>
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<td>sumatriptan succinate solution auto-injector 4mg/0.5ml</td>
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<td>sumatriptan succinate solution auto-injector 6mg/0.5ml</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
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</table>

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<th>Requirements /Limits</th>
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<tbody>
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PA - Prior Authorization   QL - Quantity Limit   ST - Step Therapy
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You can find information on what the symbols and abbreviations on this table mean by going to page viii.

53
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55
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy  
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D

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<thead>
<tr>
<th>Drug</th>
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<table>
<thead>
<tr>
<th>Drug</th>
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| Drug                                | Tier Requirements /Limits | | Drug                                | Tier Requirements /Limits |
|------------------------------------|---------------------------| |                                  |                            |
| perphenazine tablet 2mg            | 2                         | | quetiapine fumarate tablet er      | 2                         |
| perphenazine tablet 4mg            | 2                         | 24hr 50mg                    |                            |
| perphenazine tablet 8mg            | 2                         | REXULTI TABLET 0.25MG        | 4                          |
|                                   |                           | QL 30 each per 30 day(s)     | QL; ST                     |
| PERSERIS INJECTABLE 120MG         | 4 QL; BvsD                | REXULTI TABLET 0.5MG         | 4 QL; ST                   |
| QL 1 each per 30 day(s)            |                           | REXULTI TABLET 1MG           | 4 QL; ST                   |
| PERSERIS INJECTABLE 90MG          | 4 QL; BvsD                | REXULTI TABLET 2MG           | 4 QL; ST                   |
| QL 1 each per 30 day(s)            |                           | REXULTI TABLET 3MG           | 4 QL; ST                   |
| PEXEVA TABLET 10MG                | 4 ST                      | REXULTI TABLET 4MG           | 4 QL; ST                   |
| PEXEVA TABLET 20MG                | 4 ST                      | REXULTI TABLET 2MG           | 4 QL; ST                   |
| PEXEVA TABLET 30MG                | 4 ST                      | REXULTI TABLET 0.25MG        | 4 QL; ST                   |
| PEXEVA TABLET 40MG                | 4 ST                      | REXULTI TABLET 0.5MG         | 4 QL; ST                   |
| phenelzine sulfate tablet 15mg     | 2                         | REXULTI TABLET 1MG           | 4 QL; ST                   |
|                                   |                           | REXULTI TABLET 2MG           | 4 QL; ST                   |
| pimozide tablet 1mg                | 2 QL                      | REXULTI TABLET 3MG           | 4 QL; ST                   |
| QL 150 each per 30 day(s)          |                           | REXULTI TABLET 4MG           | 4 QL; ST                   |
| pimozide tablet 2mg                | 2 QL                      | REXULTI TABLET 2MG           | 4 QL; ST                   |
| QL 150 each per 30 day(s)          |                           | REXULTI TABLET 0.25MG        | 4 QL; ST                   |
| prochlorperazine suppos 25mg       | 2                         | REXULTI TABLET 0.5MG         | 4 QL; ST                   |
| protriptyline hcl tablet 10mg      | 2                         | REXULTI TABLET 1MG           | 4 QL; ST                   |
| protriptyline hcl tablet 5mg       | 2                         | REXULTI TABLET 2MG           | 4 QL; ST                   |
| quetiapine fumarate tablet 100mg   | 1                         | REXULTI TABLET 3MG           | 4 QL; ST                   |
| quetiapine fumarate tablet 200mg   | 1                         | REXULTI TABLET 4MG           | 4 QL; ST                   |
| quetiapine fumarate tablet 25mg    | 1                         | REXERTIAL INJECTABLE 12.5MG  |                            |
| quetiapine fumarate tablet 300mg   | 1                         | REXERTIAL INJECTABLE 25MG    |                            |
| quetiapine fumarate tablet 400mg   | 1                         | REXERTIAL INJECTABLE 37.5MG  |                            |
| quetiapine fumarate tablet 50mg    | 1                         | REXERTIAL INJECTABLE 50MG    |                            |
| quetiapine fumarate tablet 100mg   | 1                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 0.25mg |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 30 each per 30 day(s)     |                            |
| quetiapine fumarate tablet er 24hr| 2                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 0.5mg  |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 60 each per 30 day(s)     |                            |
| quetiapine fumarate tablet er 24hr| 2                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 1mg    |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 60 each per 30 day(s)     |                            |
| quetiapine fumarate tablet er 24hr| 2                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 2mg    |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 60 each per 30 day(s)     |                            |
| quetiapine fumarate tablet er 24hr| 2                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 3mg    |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 60 each per 30 day(s)     |                            |
| quetiapine fumarate tablet er 24hr| 2                         | risperidone orally           |                            |
| quetiapine fumarate tablet er 24hr| 2                         | disintegrating tablet 4mg    |                            |
| quetiapine fumarate tablet er 24hr| 2                         | QL 60 each per 30 day(s)     |                            |

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<tr>
<td>TRANYLCYPROM TABLET 10MG</td>
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<tr>
<td>trazodone hcl tablet 100mg</td>
<td>1</td>
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</tr>
<tr>
<td>trazodone hcl tablet 150mg</td>
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</tr>
<tr>
<td>trazodone hcl tablet 50mg</td>
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<td></td>
</tr>
<tr>
<td>trifluoperazine hcl tablet 1mg</td>
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</tr>
<tr>
<td>10mg (base equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trifluoperazine hcl tablet 2mg</td>
<td>2</td>
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</tr>
<tr>
<td>10mg (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>trifluoperazine hcl tablet 5mg</td>
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<tr>
<td>10mg (base equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate capsule 100mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate capsule 25mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate capsule 50mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRINTELLIX TABLET 10MG</td>
<td>4</td>
<td>QL; ST</td>
</tr>
<tr>
<td>QL 30 each per 30 day(s)</td>
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<tr>
<td>TRINTELLIX TABLET 20MG</td>
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<td>QL 30 each per 30 day(s)</td>
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<tr>
<td>TRINTELLIX TABLET 5MG</td>
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</tr>
<tr>
<td>QL 30 each per 30 day(s)</td>
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</tr>
<tr>
<td>venlafaxine hcl capsule er 24hr 150mg</td>
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<td>QL</td>
</tr>
<tr>
<td>(base equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QL 60 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl capsule er 24hr 37.5mg</td>
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<td>QL</td>
</tr>
<tr>
<td>(base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>QL 30 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl capsule er 24hr 75mg</td>
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<td>(base equivalent)</td>
<td></td>
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</tr>
<tr>
<td>QL 90 each per 30 day(s)</td>
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</tr>
<tr>
<td>(base equivalent)</td>
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<td></td>
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<tr>
<td>venlafaxine hcl tab 25mg</td>
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<td></td>
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<tr>
<td>(base equivalent)</td>
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<td>venlafaxine hcl tab 37.5mg</td>
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<tr>
<td>(base equivalent)</td>
<td></td>
<td></td>
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<td>venlafaxine hcl tab 50mg</td>
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<td>venlafaxine hcl tab 75mg</td>
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<tr>
<td>(base equivalent)</td>
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</table>

PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERSACLOZ SUSPENSION 50MG/ML QL 600 milliliter(s) 30 day(s)</td>
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<td>QL; ST</td>
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<tr>
<td>VIIBRYD TABLET 20MG QL 30 each per 30 day(s)</td>
<td>4</td>
<td>QL; ST</td>
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<tr>
<td>VIIBRYD TABLET 40MG QL 30 each per 30 day(s)</td>
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<td>QL; ST</td>
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<td>QL; ST</td>
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<td>VRAYLAR CAPSULE 1.5MG QL 30 each per 30 day(s)</td>
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<td>QL; ST</td>
</tr>
<tr>
<td>VRAYLAR CAPSULE 3MG QL 30 each per 30 day(s)</td>
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<td>QL; ST</td>
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<tr>
<td>VRAYLAR CAPSULE 4.5MG QL 30 each per 30 day(s)</td>
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<tr>
<td>VRAYLAR CAPSULE 6MG QL 30 each per 30 day(s)</td>
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<td>ZELAPAR TABLET 1.25MG QL 30 each per 30 day(s)</td>
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<td>ziprasidone hcl capsule 40mg</td>
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<tr>
<td>ziprasidone hcl capsule 60mg</td>
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<td>ziprasidone hcl capsule 80mg</td>
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<td>ZYPREXA RELP INJECTABLE 210MG</td>
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<td>BvsD</td>
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<td>JYNARQUE TABLET 15MG QL 120 each per 30 day(s)</td>
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<tr>
<td>JYNARQUE TABLET 30MG QL 120 each per 30 day(s)</td>
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<td>SAMSCA TABLET 15MG QL 30 each per 30 day(s)</td>
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<td>QL</td>
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<tr>
<td>SAMSCA TABLET 30MG QL 60 each per 30 day(s)</td>
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<td>QL</td>
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<td>ELECTROLYTIC, CALORIC, AND WATER BALANCE</td>
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<td>ALKALINIZING AGENTS</td>
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<td>potassium citrate tablet er 10 meq (1080mg)</td>
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<td>potassium citrate tablet er 15 meq (1620mg)</td>
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<tr>
<td>potassium citrate tablet er 5 meq (540mg)</td>
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<td>SOD LACTATE INJECTABLE</td>
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<td>AMMONIA DETOXICANTS</td>
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<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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</tr>
<tr>
<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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</tr>
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<td>lactulose oral crystal packet 10 gm</td>
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</tr>
<tr>
<td>lactulose solution 10 gm/15ml</td>
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</tr>
<tr>
<td>lactulose solution 10 gm/15ml</td>
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<td>sodium phenylbutyrate oral powder 3 gm/teaspoonful</td>
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<td>CALORIC AGENTS</td>
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<tr>
<td><em>amino acid infusion 10%</em>**</td>
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</tr>
<tr>
<td><em>amino acid infusion 15%</em>**</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td><em>amino acid infusion 15%</em>**</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td><em>amino acid infusion 6%</em>**</td>
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<td>HI</td>
</tr>
<tr>
<td>AMINOSYN II INJECTABLE 10%</td>
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<td>HI</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN-PF INJECTABLE</td>
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<tr>
<td>AMINOSYN-PF INJECTABLE 7%</td>
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<td>HI</td>
</tr>
<tr>
<td>CLINIMIX INJECTABLE 4.25/D10</td>
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<td>HI</td>
</tr>
<tr>
<td>CLINIMIX INJECTABLE 4.25/D5W</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>CLINIMIX INJECTABLE 5%/D15W</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>CLINIMIX INJECTABLE 5%/D20W</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>CLINIMIX E INJECTABLE 2.75/D5W</td>
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<td>HI</td>
</tr>
<tr>
<td>CLINIMIX E INJECTABLE 4.25/D10</td>
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<td>HI</td>
</tr>
<tr>
<td>CLINIMIX E INJECTABLE 4.25/D5W</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>CLINIMIX E INJECTABLE 5%/D15W</td>
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<td>HI</td>
</tr>
<tr>
<td>CLINIMIX E INJECTABLE 5%/D20W</td>
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<td>HI</td>
</tr>
<tr>
<td>D10W/NAACL INJECTABLE 0.2%</td>
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<td>HI</td>
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<tr>
<td>D10W/NAACL INJECTABLE 0.45%</td>
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<td>HI</td>
</tr>
<tr>
<td>D2.5W/NAACL INJECTABLE 0.45%</td>
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<td>HI</td>
</tr>
<tr>
<td>D5W/NAACL INJECTABLE 0.2%</td>
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<td>HI</td>
</tr>
<tr>
<td>D5W/NAACL INJECTABLE 0.225%</td>
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<tr>
<td>D5W/NAACL INJECTABLE 0.33%</td>
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<tr>
<td>D5W/NAACL INJECTABLE 0.45%</td>
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<td>HI</td>
</tr>
<tr>
<td>D5W/NAACL INJECTABLE 0.9%</td>
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<td>DEXTROSE INJECTABLE 10%</td>
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</tr>
<tr>
<td>dextrose INJECTABLE 5%</td>
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<tr>
<td>FREAMEINE HBC INJECTABLE 6.9%</td>
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<td>HI</td>
</tr>
<tr>
<td>HEPATAMINE SOLUTION 8%</td>
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<td>HI</td>
</tr>
<tr>
<td>NEPHRAMINE INJECTABLE 5.4%</td>
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<td>HI</td>
</tr>
<tr>
<td>NUTRILIPID EMU 20%</td>
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<td>HI</td>
</tr>
<tr>
<td>PROCALAMINE INJECTABLE 3%</td>
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<td>HI</td>
</tr>
<tr>
<td>PROSOL INJECTABLE 20%</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>TRAVASOL INJECTABLE 10%</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>TROPHAMINE INJECTABLE 10%</td>
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<td>HI</td>
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</table>

**ION-REMOVING AGENTS**

*sodium polystyrene sulfonate powder**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALC ACETATE CAPSULE</td>
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</tr>
<tr>
<td>lanthanum carbonate chew tablet 1000mg (elemental)</td>
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</tr>
<tr>
<td>lanthanum carbonate chew tablet 500mg (elemental)</td>
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<tr>
<td>lanthanum carbonate chew tablet 750mg (elemental)</td>
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<tr>
<td>sevelamer carbonate tablet 800mg</td>
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<td></td>
</tr>
<tr>
<td>sevelamer hcl tablet 400mg</td>
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<td></td>
</tr>
<tr>
<td>sevelamer hcl tablet 800mg</td>
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<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral suspension 15 gm/60ml</td>
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<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral suspension 15 gm/60ml</td>
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<td></td>
</tr>
<tr>
<td>VELTASSA POW 16.8GM</td>
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<td>QL; PA</td>
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<td>VELTASSA POW 25.2GM</td>
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<tr>
<td>VELTASSA POW 8.4GM</td>
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<td>IRRIGATING SOLUTIONS</td>
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<tr>
<td>SODIUM CHLOR SOLUTION</td>
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<td>BvsD 0.9% IRR</td>
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**REPLACEMENT PREPARATIONS**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
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<tbody>
<tr>
<td>IONOSOL-MB INJECTABLE</td>
<td>3</td>
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</tr>
<tr>
<td>D5W</td>
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<tr>
<td>ISOLYTE-P INJECTABLE /D5W</td>
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<td>HI</td>
</tr>
<tr>
<td>ISOLYTE-S INJECTABLE</td>
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<td>HI</td>
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<tr>
<td>kcl 20 meq/l (0.15%) in nacl 0.45% injectable</td>
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<td>HI</td>
</tr>
<tr>
<td>KCL/D5W/LACT INJECTABLE 20MEQ/L</td>
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<td>HI</td>
</tr>
<tr>
<td>KCL/D5W/NAACL INJECTABLE</td>
<td>2</td>
<td>HI</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
<th>/Limits</th>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
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<tbody>
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<td>KCL/D5W/NACL INJECTABLE</td>
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<td>.15-.45%</td>
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<td>.15/.33%</td>
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<td>.224/.45</td>
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<td>0.15/0.9</td>
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<tr>
<td>KCL/D5W/NACL INJECTABLE</td>
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<td>HI</td>
<td>0.3/0.45</td>
<td>potassium chloride microencapsulated crystalline er</td>
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<td>KCL/D5W/NACL INJECTABLE</td>
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<td>HI</td>
<td>0.3/0.9%</td>
<td>potassium chloride microencapsulated crystalline er</td>
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<td>tablet 20 meq</td>
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<tr>
<td>KLOR-CON 10 TABLET 10MEQ ER</td>
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<td></td>
<td>potassium chloride microencapsulated crystalline er</td>
<td>2</td>
<td>tablet 20 meq</td>
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<td>MAGNESIUM SU INJECTABLE 50%</td>
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<td></td>
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<td>HI</td>
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<td>potassium chloride oral solution 20% (40 meq/15ml)</td>
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<td>potassium chloride tablet er</td>
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<td>10 meq</td>
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<td>sodium chloride iv solution 0.9%</td>
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<td>colchicine w/ probenecid tablet 0.5-500mg</td>
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<td>PULMOZYME SOLUTION 1MG/ML</td>
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<td>SUCRAID SOLUTION 8500/ML</td>
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<td><strong>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</strong></td>
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<tr>
<td>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</td>
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<tr>
<td>BEPREVE DRO 1.5%</td>
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<tr>
<td>QL 15 each per 30 day(s)</td>
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<tr>
<td>LASTACAFT SOLUTION 0.25%</td>
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<td>QL 6 each per 30 day(s)</td>
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<tr>
<td>olopatadine hcl nasal solution 0.6%</td>
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<td>olopatadine hcl ophth solution 0.1% (base equivalent)</td>
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<td>QL 15 each per 30 day(s)</td>
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<tr>
<td>olopatadine hcl ophth solution 0.2% (base equivalent)</td>
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<tr>
<td>QL 7.50 each per 30 day(s)</td>
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<td>Pazeo DRO 0.7%</td>
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<td>QL 5 each per 30 day(s)</td>
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<tr>
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<td>ALPHAGAN P SOLUTION 0.1%</td>
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<td>QL 15 each per 30 day(s)</td>
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<td>AZOPT SUSPENSION 1% OP</td>
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<tr>
<td>QL 15 each per 30 day(s)</td>
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<td>betaxolol hcl ophth solution 0.5%</td>
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<td>bimatoprost ophth solution 0.03%</td>
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<tr>
<td>QL 7.50 each per 30 day(s)</td>
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<td>brimonidine tartrate ophth solution 0.2%</td>
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<td>COMBIGAN SOLUTION 0.2/0.5%</td>
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<tr>
<td>QL 10 each per 30 day(s)</td>
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<tr>
<td>dorzolamide hcl ophth solution 2%</td>
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<td>dorzolamide hcl-timolol maleate ophth solution 22.3-6.8mg/ml</td>
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<tr>
<td>dorzolamide hcl-timolol maleate ophth solution 22.3-6.8mg/ml</td>
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</table>

**PA** - Prior Authorization  
**QL** - Quantity Limit  
**ST** - Step Therapy  
**LA** - Limited Access  
**NM** - Non-Maintenance  
**HI** - Home Infusion  
**BvsD** - This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>latanoprost ophth solution 0.005%</td>
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<tr>
<td>LEVOBUNOLOL SOLUTION 0.5% OP</td>
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<td>LUMIGAN SOLUTION 0.01% OP</td>
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<td>methazolamide tablet 25mg</td>
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<td>methazolamide tablet 50mg</td>
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<td>PHOSPHOLINE SOLUTION 0.125%OP</td>
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<tr>
<td>RHOPRESSA SOLUTION 0.02% OP</td>
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<td>ROCKLATAN DRO QL 5 each per 30 day(s)</td>
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<td>QL; ST</td>
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<tr>
<td>SIMBRINZA SUSPENSION 1-0.2% OP</td>
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<td>QL</td>
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<td>TIMOLOL GEL SOLUTION 0.25% OP</td>
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<tr>
<td>TIMOLOL GEL SOLUTION 0.5% OP</td>
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<tr>
<td>timolol maleate ophth solution 0.25%</td>
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<tr>
<td>timolol maleate ophth solution 0.5%</td>
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<td>timolol maleate ophth solution 0.5% (once-daily)</td>
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<td>TIMOPTIC OCU SOLUTION 0.25% OP</td>
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<tr>
<td>TIMOPTIC OCU SOLUTION 0.5% OP</td>
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<tr>
<td>VYZULTA SOLUTION 0.024%</td>
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<td>XELPROS EMU 0.005%</td>
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<td>ANTI-INFECTIVES (EENT)</td>
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<td>acetic acid otic solution 2%</td>
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<td>AZASITE SOLUTION 1%</td>
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<tr>
<td>bacitracin ophth oint 500 unit/gm</td>
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<tr>
<td>bacitracin-polymyxin b ophth oint</td>
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<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
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<td>BACTROBAN OIN NASAL 2%</td>
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<td>BESIVANCE SUSPENSION 0.6% QL</td>
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<tr>
<td>CILOXAN OIN 0.3% OP QL 15 each per 30 day(s)</td>
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<td>CIPROHC SUSPENSION OTIC</td>
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<tr>
<td>CIPRODEX SUSPENSION 0.3-0.1%</td>
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<tr>
<td>CIPROFLOXACN SOLUTION 2 NM 0.2%</td>
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<tr>
<td>CIPROFLOXACN SOLUTION 2 0.3% OP</td>
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<tr>
<td>erythromycin ophth oint 5mg/gm QL 15 each per 30 day(s)</td>
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<td>QL</td>
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<td>hydrocortisone w/ acetic acid otic solution 1-2%</td>
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<td>levofoxacin ophth solution 0.5%</td>
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<tr>
<td>MOXEZA SOLUTION 0.5% QL 12 each per 30 day(s)</td>
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<tr>
<td>MOXIFLOXACIN SOLUTION HCL 0.5% QL 15 each per 30 day(s)</td>
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<tr>
<td>NATACYN SUSPENSION 5% OP</td>
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</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limit   ST - Step Therapy
LA - Limited Access        NM - Non-Maintenance   HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEO/POLY/DEX OIN 0.1% OP</td>
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<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
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<tr>
<td>neomycin-polymyx-gramicid op solution 1.75-10000-0.025mg-unt -mg/ml</td>
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<tr>
<td>neomycin-polymyxin-dexamethas one ophth suspension 0.1%</td>
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</tr>
<tr>
<td>neomycin-polymyxin-hc ophth suspension</td>
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</tr>
<tr>
<td>neomycin-polymyxin-hc otic solution 1%</td>
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</tr>
<tr>
<td>neomycin-polymyxin-hc otic suspension 3.5mg/ml-10000 unit/ml-1%</td>
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</tr>
<tr>
<td>ofloxacin ophth solution 0.3%</td>
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</tr>
<tr>
<td>ofloxacin otic solution 0.3%</td>
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</tr>
<tr>
<td>polymyxin b-trimethoprim ophth solution 10000 unit/ml-0.1%</td>
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<td>PRED-G SUSPENSION OP</td>
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<tr>
<td>PRED-G S.O.P OIN OP</td>
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<tr>
<td>sulfacetamide sodium ophth oint 10%</td>
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<tr>
<td>sulfacetamide sodium ophth solution 10%</td>
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<tr>
<td>sulfacetamide sodium-prednisolone ophth oint 10-0.2%</td>
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</tr>
<tr>
<td>sulfacetamide sodium-prednisolone ophth solution 10-0.23(0.25)%</td>
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<tr>
<td>TOBRADEX OIN 0.3-0.1%</td>
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<tr>
<td>TOBRADEX ST SUSPENSION 0.3-0.05</td>
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<tr>
<td>tobramycin ophth solution 0.3%</td>
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<tr>
<td>tobramycin-dexamethasonne ophth suspension 0.3-0.1%</td>
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<tr>
<td>TOBREX OIN 0.3% OP</td>
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<tr>
<td>trifluridine ophth solution 1%</td>
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<tr>
<td>ZIRGAN GEL 0.15%</td>
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<tr>
<td>ZYLET SUSPENSION 0.5-0.3%</td>
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</tbody>
</table>

**ANTI-INFLAMMATORY AGENTS (EENT)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>ACUVAIL SOLUTION 0.45%</td>
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<tr>
<td>ALREX SUSPENSION 0.2%</td>
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<tr>
<td>bromfenac sodium ophth solution 0.09% (base equiv) (once-daily)</td>
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<tr>
<td>dexamethasone sodium phosphate ophth solution 0.1%</td>
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</tr>
<tr>
<td>diclofenac sodium ophth solution 0.1%</td>
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</tr>
<tr>
<td>DUREZOL EMU 0.05%</td>
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</tr>
<tr>
<td>FLAREX SUSPENSION 0.1% OP</td>
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</tr>
<tr>
<td>fluocinolone acetonide (otic) oil 0.01%</td>
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<tr>
<td>FLUOROMETHOL SUSPENSION 0.1% OP</td>
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<tr>
<td>flurbiprofen sodium ophth solution 0.03%</td>
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</tr>
<tr>
<td>FML FORTE SUSPENSION 0.25% OP</td>
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</tr>
<tr>
<td>ILEVRO DRO 0.3% OP</td>
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<tr>
<td>ketorolac tromethamine ophth solution 0.5%</td>
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<tr>
<td>LOTEMAX GEL 0.5%</td>
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</tr>
<tr>
<td>LOTEMAX OIN 0.5%</td>
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</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTE MAX SM GEL 0.38% QL 15 each per 30 day(s)</td>
<td>4 QL</td>
<td>aprepitant capsule 40mg QL 1 each per 30 day(s)</td>
<td>2 QL; BvsD</td>
</tr>
<tr>
<td>loprednol etabonate ophth suspension 0.5% QL 15 each per 30 day(s)</td>
<td>2 QL</td>
<td>aprepitant capsule 80mg QL 6 each per 30 day(s)</td>
<td>2 QL; BvsD</td>
</tr>
<tr>
<td>MAXIDEX SUSPENSION 0.1% OP QL 15 each per 30 day(s)</td>
<td>4 QL</td>
<td>aprepitant capsule therapy pack 80 &amp; 125mg QL 9 each per 30 day(s)</td>
<td>2 QL; BvsD</td>
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<tr>
<td>PRED MILD SUSPENSION 0.12% OP QL 30 each per 30 day(s)</td>
<td>2 QL; PA</td>
<td>VARUBI TABLET 90MG QL 4 each per 28 day(s)</td>
<td>4 QL; BvsD</td>
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<tr>
<td>prednisolone sodium phosphate ophth solution 1% QL 60 each per 30 day(s)</td>
<td>2 QL; PA</td>
<td>CESAMET CAPSULE 1MG QL 120 each per 30 day(s)</td>
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<td>RESTASIS EMU 0.05% QL 60 each per 30 day(s)</td>
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<td>dronabinol capsule 10mg QL 60 each per 30 day(s)</td>
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<td>XIIDRA DRO 5% QL 60 each per 30 day(s)</td>
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<td>dronabinol capsule 2.5mg QL 60 each per 30 day(s)</td>
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<td>granisetron hcl tablet 1mg 2 QL; BvsD</td>
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<tr>
<td>granisetron hcl oral solution 4mg/5ml</td>
<td>2 BvsD</td>
<td>ondansetron hcl oral solution 2 QL; BvsD</td>
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<tr>
<td>apraclonidine hcl ophth solution 0.5% (base equivalent)</td>
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<tr>
<td>IOPIDINE SOLUTION 1% OP QL 240 each per 30 day(s)</td>
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<tr>
<td>ipratropium bromide nasal solution 0.03% (21 mcg/spray) QL 240 each per 30 day(s)</td>
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<tr>
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<td>OXERVATE SOLUTION 20MCG/ML 5 QL 28 milliliter(s) 28 day(s)</td>
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<td>promethazine hcl suppos 25mg 2 QL; BvsD</td>
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<td>VARUBI TABLET 90MG QL 4 each per 28 day(s)</td>
<td>4 QL; BvsD</td>
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<tr>
<td>lidocaine hcl solution 4%</td>
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<td>lidocaine hcl urethral/mucosal gel 2%</td>
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<td>lidocaine hcl viscous solution 2%</td>
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<td>proparacaine hcl ophth solution 0.5%</td>
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<td>aprepitant capsule 125mg QL 3 each per 30 day(s)</td>
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</table>

PA - Prior Authorization  
QL - Quantity Limit  
ST - Step Therapy  
LA - Limited Access  
NM - Non-Maintenance  
HI - Home Infusion  
BvsD - This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
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<tr>
<td>balsalazide disodium capsule 750mg</td>
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<td>budesonide tablet er 24hr 9mg</td>
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<td>DIPENTUM CAPSULE 250MG</td>
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<td>mesalamine capsule dr 400mg</td>
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<td>mesalamine enema 4 gm</td>
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<td>mesalamine tablet delayed release 1.2 gm</td>
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<tr>
<td>mesalamine tablet delayed release 800mg</td>
<td>2 ST ST 800 each per 30 day(s)</td>
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<tr>
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<td>4 QL QL 480 each per 30 day(s)</td>
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<tr>
<td>PENTASA CAPSULE 500MG CR</td>
<td>4 QL QL 240 each per 30 day(s)</td>
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<td>ROWASA KIT 4GM</td>
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<td>SULFASALAZIN TABLET 500MG DR</td>
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<td>sulfasalazine tablet 500mg</td>
<td>2 NM NM 60 each per 30 day(s)</td>
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<tr>
<td>cimetidine tablet 200mg</td>
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<tr>
<td>cimetidine tablet 300mg</td>
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<td>cimetidine tablet 400mg</td>
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<td>cimetidine tablet 800mg</td>
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<td>esomeprazole magnesium capsule delayed release 40mg (base eq)</td>
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<td>famotidine tablet 40mg</td>
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<td>omeprazole capsule delayed release 20mg</td>
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</table>

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72
<table>
<thead>
<tr>
<th>Drug</th>
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<td>ranitidine hcl tablet 150mg</td>
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<td>sulfate for solution 420 gm</td>
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</table>

**Drug Tier Requirements**

- **PA** - Prior Authorization
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- **ST** - Step Therapy
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<thead>
<tr>
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<th>Requirements /Limits</th>
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</tbody>
</table>

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### Hormones and Synthetic Substitutes

**Adrenals**

- **Budesonide delayed release**
  - 2 particles capsule 3mg

- **Cortisone acetate tablet 25mg**
  - 2

- **Dexamethasone conc 1mg/ml**
  - 4

- **Dexamethasone elixir 0.5mg/5ml**
  - 2

- **Dexamethasone tablet 0.5mg**
  - 2

- **Dexamethasone tablet 0.75mg**
  - 2

- **Dexamethasone tablet 1mg**
  - 2

- **Dexamethasone tablet 1.5mg**
  - 2

- **Dexamethasone tablet 2mg**
  - 2

- **Dexamethasone tablet 4mg**
  - 2

- **Dexamethasone tablet 6mg**
  - 2

- **Fludrocortisone acetate tablet 0.1mg**
  - 2

- **Hydrocort tablet 10mg**
  - 2

- **Hydrocort tablet 20mg**
  - 2

- **Hydrocort tablet 5mg**
  - 2

- **Intrarosa sup 6.5mg**
  - 4 QL
  - 30 each per 30 day(s)

- **Methypred tablet 16mg**
  - 2

- **Methypred tablet 32mg**
  - 2

- **Methypred tablet 8mg**
  - 2

- **Methylprednisolone tablet 4mg**
  - 2

- **Methylprednisolone tablet therapy pack 4mg (21)**

- **Prednisolone sod phosph oral solution 6.7mg/5ml (5mg/5ml base)**
  - 2

- **Prednisolone sod phosphate oral solution 10mg/5ml (base equiv)**
  - 2

- **Prednisolone sod phosphate oral solution 20mg/5ml (base equiv)**
  - 2

- **Prednisolone sodium phosphate oral solution 25mg/5ml (base equiv)**
  - 2

**Androgens**

- **Anadrol-50 tablet 50mg**
  - 4 QL
  - 240 each per 30 day(s)

- **Androderm disc 2mg/24hr**
  - 4 QL; PA
  - 30 each per 30 day(s)

- **Androderm disc 4mg/24hr**
  - 4 QL; PA
  - 30 each per 30 day(s)

- **Androgel gel 1%(50mg)**
  - 4 QL
  - 300 each per 30 day(s)

- **Danazol capsule 100mg**
  - 2

- **Danazol capsule 200mg**
  - 2

- **Danazol capsule 50mg**
  - 2

- **Oxandrolone tablet 10mg**
  - 2

- **Oxandrolone tablet 2.5mg**
  - 2

- **Testosterone cypionate im injectable in oil 100mg/ml**
  - 2

---

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You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>testosterone cypionate im injectable in oil 200mg/ml</td>
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<tr>
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</table>

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<th>Tier Requirements</th>
<th>/Limits</th>
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<tr>
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<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>SYNJARDY XR TABLET</td>
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<tr>
<td>SYNJARDY XR TABLET 10-1000</td>
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<td>tolbutamide tablet 500mg</td>
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<td>TOUJE O MAX INJECTABLE</td>
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<td>300IU/ML</td>
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<td>QL 30 milliliter(s) 30 day(s)</td>
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<tr>
<td>TOUJE O SOLO INJECTABLE</td>
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</tr>
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<td>QL 30 each per 30 day(s)</td>
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<tr>
<td>VICTOZA INJECTABLE</td>
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<td>18MG/3ML</td>
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<td>QL 9 milliliter(s) 30 day(s)</td>
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PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
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You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements</th>
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<tbody>
<tr>
<td><strong>ANTIHYPOGLYCEMIC AGENTS</strong></td>
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<tr>
<td>desmopressin acetate nasal spray</td>
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<td>solution 0.01% (refrigerated)</td>
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<td>QL 15 each per 30 day(s)</td>
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<td>0.1mg</td>
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<td>QL 180 each per 30 day(s)</td>
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<tr>
<td>0.2mg</td>
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<td><strong>CONTRACEPTIVES</strong></td>
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<td>desogest-ethin est tablet</td>
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<tr>
<td>tablet 0.15mg-30 mcg</td>
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<tr>
<td>desogestrel &amp; ethinyl estradiol</td>
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<tr>
<td>tablet 0.15mg-30 mcg</td>
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<tr>
<td>ethynodiol diacetate &amp; ethinyl</td>
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<td>ethynodiol diacetate &amp; ethinyl</td>
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<td><strong>Drug</strong></td>
<td><strong>Tier Requirements</strong></td>
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<td>0.15-0.03mg(84) &amp; eth est tablet 0.01mg(7)</td>
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<tr>
<td>QL 91 each per 91 day(s)</td>
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</tr>
<tr>
<td>levonorg-eth est tablet</td>
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<td>QL 91 each per 91 day(s)</td>
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<td>QL 91 each per 91 day(s)</td>
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<th>Tier Requirements</th>
<th>Drug</th>
<th>Tier Requirements</th>
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<tbody>
<tr>
<td>levonorgestrel &amp; ethinyl estradiol 2 tablet 0.15mg-30 mcg</td>
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<td>norethindrone ace &amp; ethinyl estradiol tablet 1mg-20 mcg</td>
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<td>norethindrone ace &amp; ethinyl estradiol tablet 1.5mg-30 mcg</td>
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<td>levonorgestrel-ethinyl estradiol tablet 0.05-30/0.075-40/0.125-30mg-mcg</td>
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<td>levonorgestrel-ethinyl estradiol (continuous) tablet 90-20 mcg</td>
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<td>LO LOESTRIN TABLET 1-10-10 4</td>
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<td>MONONESSA TABLET 1</td>
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<tr>
<td>td ptwk 150-35 mcg/24hr</td>
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<td>norethindrone ace-ethinyl estradiol-fe tablet 1mg-20 mcg (24)</td>
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<td>norethindrone &amp; ethinyl estradiol 2 tablet 0.4mg-35 mcg</td>
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<td>norethindrone eth estradiol tablet 0.5-35/0.75-35/1-35mg-mcg</td>
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</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
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</table>

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<td>norgestimate-eth estradiol tablet</td>
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<td>NUVARING MIS</td>
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<td>SAFYRAL TABLET</td>
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PA - Prior Authorization     QL - Quantity Limit     ST - Step Therapy
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<th>/Limits</th>
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<tbody>
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<td>QL 1 milliliter(s) 90 day(s)</td>
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<td>QL 4 each per 30 day(s)</td>
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<tr>
<td>AVONEX PEN KIT 30MCG</td>
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<tr>
<td>AVONEX PREFL KIT 30MCG</td>
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</table>

PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTAVIA INJECTABLE 0.3MG</td>
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<tr>
<td>QL 28 each per 30 day(s)</td>
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<td>GILENYA CAPSULE 0.5MG</td>
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<tr>
<td>glatiramer acetate solution prefixed syringe 20mg/ml</td>
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<tr>
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<tr>
<td>glatiramer acetate solution prefixed syringe 40mg/ml</td>
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<tr>
<td>MAVENCLAD PACKET 10MG(4)</td>
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<td>QL 16 each per 365 day(s)</td>
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<tr>
<td>MAVENCLAD PACKET 10MG(5)</td>
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<td>MAYZENT TABLET 0.25MG</td>
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<td>PLEGRIDY INJECTABLE STARTER</td>
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<table>
<thead>
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<tr>
<td>TECFIDER A CAPSULE 120MG</td>
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<td>alendronate sodium tablet 5mg</td>
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</table>

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<td>QL 2 each per 28 day(s)</td>
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<td></td>
</tr>
<tr>
<td>HUMIRA PEN INJECTABLE 40/0.4ML</td>
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</tr>
<tr>
<td>QL 2 milliliter(s) 28 day(s)</td>
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</tbody>
</table>

PA - Prior Authorization     QL - Quantity Limit     ST - Step Therapy
LA - Limited Access          NM - Non-Maintenance   HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
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<td>HUMIRA PEN INJECTABLE PS/UV</td>
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<tr>
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<tr>
<td>HUMIRA PEN KIT PS/UV</td>
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<td>QL; PA</td>
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</tr>
<tr>
<td>ILUMYIA SOLUTION 100MG/ML</td>
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<tr>
<td>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</td>
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<tr>
<td>KEVZARA INJECTABLE 150/1.14</td>
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<tr>
<td>KEVZARA INJECTABLE 200/1.14</td>
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<td>leflunomide tablet 20mg</td>
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<td>OLUMIANT TABLET 2MG</td>
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<tr>
<td>ORENCIA INJECTABLE 125MG/ML</td>
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<td>ORENCIA INJECTABLE 50/0.4</td>
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<td>ORENCIA INJECTABLE 87.5/0.7</td>
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<td>ORENCIA CLK INJECTABLE 125MG/ML</td>
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<td>OTEZLA TABLET 30MG</td>
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<td>SKYRIZI INJECTABLE 150DOSE</td>
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<td>XELJANZ TABLET 5MG</td>
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<td>XELJANZ XR TABLET 11MG</td>
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<td>IMMUNOSUPPRESSIVE AGENTS</td>
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<td>ASTAGRAF XL CAPSULE 1MG</td>
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<tr>
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<td>BENLYSTA INJECTABLE 200MG/ML</td>
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<tr>
<td>BENLYSTA INJECTABLE 200MG/ML</td>
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<td>cyclosporine capsule 100mg</td>
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<td>cyclosporine modified capsule 50mg</td>
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<td>BvsD</td>
</tr>
<tr>
<td>cyclosporine modified oral solution 100mg/ml</td>
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<td>mycophenolate mofetil capsule 250mg</td>
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<td>BvsD</td>
</tr>
<tr>
<td>mycophenolate mofetil for oral suspension 200mg/ml</td>
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<td>BvsD</td>
</tr>
<tr>
<td>mycophenolate mofetil tablet 500mg</td>
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<td>BvsD</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mycophenolate sodium tablet dr 180mg (mepyrenolic acid equiv)</td>
<td>2</td>
<td>QL; BvsD</td>
</tr>
<tr>
<td>QL 240 each per 30 day(s)</td>
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<td></td>
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<tr>
<td>mycophenolate sodium tablet dr 360mg (mepyrenolic acid equiv)</td>
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<td>QL; BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
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<tr>
<td>SANDIMMUNE SOLUTION 100MG/ML</td>
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<td>BvsD</td>
</tr>
<tr>
<td>sirolimus oral solution 1mg/ml</td>
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<td>BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sirolimus tablet 0.5mg</td>
<td>2</td>
<td>BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sirolimus tablet 1mg</td>
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<td>BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
<td></td>
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</tr>
<tr>
<td>sirolimus tablet 2mg</td>
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<td>QL 120 each per 30 day(s)</td>
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<td></td>
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<tr>
<td>tacrolimus capsule 0.5mg</td>
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<td>BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
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<td></td>
</tr>
<tr>
<td>tacrolimus capsule 1mg</td>
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<td>BvsD</td>
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<td>QL 120 each per 30 day(s)</td>
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<tr>
<td>tacrolimus capsule 5mg</td>
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<td>BvsD</td>
</tr>
<tr>
<td>QL 120 each per 30 day(s)</td>
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</tr>
<tr>
<td>ZORTRESS TABLET 0.25MG</td>
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</tr>
<tr>
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<td>QL 120 each per 30 day(s)</td>
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</table>

**OTHER MISCELLANEOUS THERAPEUTIC AGENTS**

<table>
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<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>ARCALYST INJECTABLE 220MG</td>
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</tr>
<tr>
<td>cinacalcet hcl tablet 30mg (base equiv)</td>
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<tr>
<td>QL 120 each per 30 day(s)</td>
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<tr>
<td>cinacalcet hcl tablet 60mg (base equiv)</td>
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<tr>
<td>QL 120 each per 30 day(s)</td>
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</tr>
<tr>
<td>cinacalcet hcl tablet 90mg (base equiv)</td>
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<td>QL 120 each per 30 day(s)</td>
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<td></td>
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<tr>
<td>CYSTADANE POW</td>
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<tr>
<td>CYSTAGON CAPSULE 150MG</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
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<tbody>
<tr>
<td>CYSTAGON CAPSULE 50MG</td>
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<tr>
<td>CYSTARAM SOLUTION 0.44%</td>
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<tr>
<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>DALFAMPRIDIN TABLET 10MG ER</td>
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</tr>
<tr>
<td>QL 60 each per 30 day(s)</td>
<td></td>
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</tr>
<tr>
<td>DEMSER CAPSULE 250MG</td>
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<td>ELMIRON CAPSULE 100MG</td>
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<td>ENDARI POW 5GM</td>
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<td>QL</td>
</tr>
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<td>QL 180 each per 30 day(s)</td>
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<td>FIRDAPSE TABLET 10MG</td>
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<td>QL 240 each per 30 day(s)</td>
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<td></td>
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<tr>
<td>GALAFOLD CAPSULE 123MG</td>
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<td>QL 14 each per 28 day(s)</td>
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<td>GLUCAGIN INJECTABLE HYPOKIT</td>
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<tr>
<td>KUKNAL TABLET 100MG</td>
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</tr>
<tr>
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</tr>
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<td>PA</td>
</tr>
<tr>
<td>miglustat capsule 100mg</td>
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<td>QL 90 each per 30 day(s)</td>
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<tr>
<td>MYALEPT INJECTABLE 11.3MG</td>
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<tr>
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<tr>
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<tr>
<td>NITYR TABLET 5MG</td>
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<tr>
<td>QL 600 each per 30 day(s)</td>
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<tr>
<td>octreotide acetate injectable 100 mcg/ml (0.1mg/ml)</td>
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</tr>
<tr>
<td>octreotide acetate injectable 1000 mcg/ml (1mg/ml)</td>
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<td>PA</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
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<tbody>
<tr>
<td>octreotide acetate injectable 200 mcg/ml (0.2mg/ml)</td>
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<td>PA</td>
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<td>ÖRALAIR SUB 300 IR</td>
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<td>MESNEX TABLET 400MG</td>
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<tr>
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<tr>
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<tr>
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<td>SOMATULINE INJECTABLE 60/0.2ML</td>
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<td>PA</td>
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</tr>
</tbody>
</table>

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<tr>
<th>Drug</th>
<th>Tier Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>budesonide inhalation suspension 0.25mg/2ml</strong></td>
<td>2 QL; BvsD</td>
</tr>
<tr>
<td><strong>budesonide inhalation suspension 0.5mg/2ml</strong></td>
<td>2 QL; BvsD</td>
</tr>
<tr>
<td><strong>budesonide inhalation suspension 1mg/2ml</strong></td>
<td>2 QL; BvsD</td>
</tr>
<tr>
<td><strong>CROMOLYN SOD CON 100/5ML</strong></td>
<td>2 PA</td>
</tr>
<tr>
<td><strong>flunisolide nasal solution 25 mcg/act (0.025%)</strong></td>
<td>2 QL</td>
</tr>
<tr>
<td><strong>fluticasone propionate nasal suspension 50 mcg/act</strong></td>
<td>1 QL</td>
</tr>
<tr>
<td><strong>mometasone furoate nasal suspension 50 mcg/act</strong></td>
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</tr>
<tr>
<td><strong>montelukast sodium chew tablet 5mg (base equiv)</strong></td>
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<tr>
<td><strong>montelukast sodium chew tablet 10mg (base equiv)</strong></td>
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</tr>
<tr>
<td><strong>montelukast sodium oral granules packet 4mg (base equiv)</strong></td>
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<tr>
<td><strong>OMNARIS SPR</strong></td>
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<td><strong>QNASL AER 80MCG</strong></td>
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<tr>
<td><strong>zafirlukast tablet 20mg</strong></td>
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<td><strong>DALIRESP TABLET 250MCG</strong></td>
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<td><strong>ESBRIET CAPSULE 267MG</strong></td>
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</tr>
<tr>
<td><strong>FASENRA INJECTABLE</strong></td>
<td>5 QL; PA</td>
</tr>
</tbody>
</table>

**Drug Tier Requirements**

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<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements</th>
</tr>
</thead>
<tbody>
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<td>GLASSIA INJECTABLE</td>
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<tr>
<td>KALYDECO PACKET 25MG</td>
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<tr>
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<td>KALYDECO TABLET 150MG</td>
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<tr>
<td>NUCALTA INJECTABLE 100MG/ML</td>
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<td>QL 3 milliliter(s) 28 day(s)</td>
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<td>OFEV CAPSULE 100MG</td>
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<td>OFEV CAPSULE 150MG</td>
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<td>PROLASTIN-C INJECTABLE 1000MG</td>
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<tr>
<td>SYMDEKO TABLET 100-150</td>
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<tr>
<td>XOLAIR INJECTABLE 150MG/ML</td>
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<tr>
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<tr>
<td>XOLAIR SOLUTION 150MG</td>
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<tr>
<td>ZEMAIRA INJECTABLE 1000MG</td>
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<tr>
<td>SERUMS, TOXOIDS, AND VACCINES</td>
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<td>BIVIGAM INJECTABLE 10%</td>
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<tr>
<td>FLEBOGAMMA INJECTABLE 5GM/50ML</td>
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<tr>
<td>GAMMAGARD INJECTABLE 2.5GM/25</td>
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<tr>
<td>GAMMAGARD SD INJECTABLE 10GM HU</td>
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<td>GAMMAGARD SD INJECTABLE 5GM HU</td>
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<td>GAMMAKED INJECTABLE 1GM/10ML</td>
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<tr>
<td>GARDASIL 9 INJECTABLE</td>
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<td>HAVRIX INJECTABLE 1440UNIT</td>
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<td>HAVRIX INJECTABLE 720UNIT</td>
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<td>IMOVAX RABIE INJECTABLE</td>
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<td>2.5/ML</td>
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BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
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<th>Requirements /Limits</th>
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<tbody>
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<td>KINRIX INJECTABLE</td>
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<td>M-M-R II INJECTABLE</td>
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<td>MENACTRA INJECTABLE</td>
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<tr>
<td>MENVEO INJECTABLE</td>
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<td>PEDIARIX INJECTABLE 0.5ML</td>
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<td>PEDVAX HB INJECTABLE</td>
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<td>PROQUAD INJECTABLE</td>
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<td>QUADRACEL INJECTABLE</td>
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<td>RABAVERT INJECTABLE</td>
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<td>RECOMBIVA HB INJECTABLE 10MCG/ML</td>
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<td>RECOMBIVA HB INJECTABLE 5MCG/0.5</td>
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<td>RECOMBIVA-HB INJECTABLE 40MCG/ML</td>
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<td>ROTATEQ SOLUTION</td>
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<td>TRUMENBA INJECTABLE</td>
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<td>TYPHIM VI INJECTABLE</td>
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<tr>
<td>VAQTA INJECTABLE 50UNT/ML</td>
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<td>VARIVAX INJECTABLE</td>
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<td>YF-VAX INJECTABLE</td>
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<td>ZOSTAVAX INJECTABLE</td>
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<td>SKIN AND MUCOUS MEMBRANE AGENTS</td>
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<td>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</td>
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<tr>
<td>acyclovir oint 5%</td>
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<tr>
<td>benzyloxy peroxide-erythromycin gel 5-3%</td>
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<td></td>
</tr>
<tr>
<td>chlorhexidine gluconate solution 0.12%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ciclopirox gel 0.77%</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
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<tr>
<td>ciclopirox olamine suspension 0.77% (base equiv)</td>
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</tr>
<tr>
<td>ciclopirox shampoo 1%</td>
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<td></td>
</tr>
<tr>
<td>ciclopirox solution 1%</td>
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<td>NM</td>
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<tr>
<td>CLEOCIN SUP 100MG</td>
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<tr>
<td>CLINDAMYCIN CRE 2% VAG</td>
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<tr>
<td>CLINDAMYCIN LOT 10MG/ML</td>
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</tr>
<tr>
<td>clindamycin phosphate foam 1%</td>
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</tr>
<tr>
<td>clindamycin phosphate gel 1%</td>
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</tr>
<tr>
<td>clindamycin phosphate solution 1%</td>
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</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
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<td></td>
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<tr>
<td>clindamycin phosphate-benzyl peroxide gel 1-5%</td>
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<td>clotrimazole cream 1%</td>
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<td></td>
</tr>
<tr>
<td>clotrimazole solution 1%</td>
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<td></td>
</tr>
<tr>
<td>clotrimazole troche 10mg</td>
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<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
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<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
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</tr>
<tr>
<td>CORTISPORIN CRE 0.5%</td>
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</tr>
<tr>
<td>CORTISPORIN OIN 1%</td>
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<td></td>
</tr>
<tr>
<td>DÉNAPR CRE 1%</td>
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<td></td>
</tr>
<tr>
<td>econazole nitrate cream 1%</td>
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</tr>
<tr>
<td>erythromycin gel 2%</td>
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<td></td>
</tr>
<tr>
<td>erythromycin pads 2%</td>
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<td></td>
</tr>
<tr>
<td>erythromycin solution 2%</td>
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<td></td>
</tr>
<tr>
<td>EURAX CRE 10%</td>
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<td>ST</td>
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<tr>
<td>EURAX LOT 10%</td>
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</table>

PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.

93
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>gentamicin sulfate cream 0.1%</td>
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<td>gentamicin sulfate oint 0.1%</td>
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<tr>
<td>ketoconazole cream 2%</td>
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</tr>
<tr>
<td>ketoconazole shampoo 2%</td>
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</tr>
<tr>
<td>lindane shampoo 1%</td>
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<td>metronidazole gel 0.75%</td>
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<td>metronidazole vaginal suppos 200mg</td>
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</tr>
<tr>
<td>mupirocin oint 2%</td>
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<td></td>
</tr>
<tr>
<td>naftifine hcl cream 2%</td>
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</tr>
<tr>
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</tr>
<tr>
<td>nystatin oint 100000 unit/gm</td>
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</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
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<td></td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
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<tr>
<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
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</tr>
<tr>
<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
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<td>oxiconazole nitrate cream 1%</td>
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<td>permethrin cream 5%</td>
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<td>SSD CRE 1%</td>
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<td>sulfacetamide sodium lotion 10% (acne)</td>
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<td>terconazole vaginal cream 0.4%</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
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<td>XEPI CRE 1%</td>
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**ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)**

<table>
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<th>Requirements /Limits</th>
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<td>alclometasone dipropionate oint 0.05%</td>
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</tr>
<tr>
<td>amcinonide cream 0.1%</td>
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<td></td>
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<tr>
<td>amcinonide lotion 0.1%</td>
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<td></td>
</tr>
<tr>
<td>amcinonide oint 0.1%</td>
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</tr>
<tr>
<td>AUG BETAMET OIN 0.05%</td>
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<tr>
<td>BETAMETH VAL AER 0.12%</td>
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<td>betamethasone dipropionate augmented cream 0.05%</td>
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<tr>
<td>betamethasone dipropionate augmented gel 0.05%</td>
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</tr>
<tr>
<td>betamethasone dipropionate augmented lotion 0.05%</td>
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</tr>
<tr>
<td>betamethasone dipropionate cream 0.05%</td>
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<td></td>
</tr>
<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
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<td></td>
</tr>
<tr>
<td>betamethasone dipropionate oint 0.05%</td>
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<td></td>
</tr>
<tr>
<td>betamethasone valerate cream 0.1% (base equivalent)</td>
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</tr>
<tr>
<td>betamethasone valerate lotion 0.1% (base equivalent)</td>
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</tr>
<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
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</tr>
<tr>
<td>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</td>
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</table>

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
LA - Limited Access NM - Non-Maintenance HI - Home Infusion
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<thead>
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<th>Drug</th>
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<th>Requirements /Limits</th>
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<tr>
<td>clobetasol propionate lotion 0.05%</td>
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</tr>
<tr>
<td>clobetasol propionate oint 0.05%</td>
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</tr>
<tr>
<td>clobetasol propionate shampoo 0.05%</td>
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</tr>
<tr>
<td>clobetasol propionate solution 0.05%</td>
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<td>clobetasol propionate spray 0.05%</td>
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<tr>
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<tr>
<td>DESONATE GEL 0.05%</td>
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<td>ST</td>
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</tr>
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<td>desonide lotion 0.05%</td>
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<td></td>
</tr>
<tr>
<td>desonide oint 0.05%</td>
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</tr>
<tr>
<td>desoximetasone oint 0.05%</td>
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<td></td>
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<tr>
<td>desoximetasone oint 0.25%</td>
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<td>diflorasone diacetate oint 0.05%</td>
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<tr>
<td>FLUOCIN ACET CRE 0.01%</td>
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<td>FLUOCIN ACET CRE 0.025%</td>
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<tr>
<td>FLUOCIN ACET SOLUTION 0.01%</td>
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<tr>
<td>fluocinolone acetonide oil 0.01% (scalp oil)</td>
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<tr>
<td>fluocinolone acetonide oint 0.025%</td>
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<tr>
<td>fluocinonide cream 0.1%</td>
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<tr>
<td>fluocinonide emulsified base cream 0.05%</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>fluocinonide gel 0.05%</td>
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<tr>
<td>fluocinonide oint 0.05%</td>
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<tr>
<td>fluocinonide solution 0.05%</td>
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<tr>
<td>flurandrenolide oint 0.05%</td>
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<tr>
<td>fluticasone propionate cream 0.05%</td>
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<tr>
<td>fluticasone propionate lotion 0.05%</td>
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<tr>
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<tr>
<td>halobetasol propionate cream 0.05%</td>
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<tr>
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<td>hydrocortisone cream 1%</td>
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<tr>
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<td>hydrocortisone enema 100mg/60ml</td>
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<tr>
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<tr>
<td>hydrocortisone oint 2.5%</td>
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<td>hydrocortisone rectal cream 2.5%</td>
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<thead>
<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone valerate oint 2</td>
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<tr>
<td>mometasone furoate solution 0.1% (lotion)</td>
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<td>PREDNICARBAT CRE 0.1% 2</td>
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<tr>
<td>prednicarbate oint 0.1% 2</td>
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<td>TACLONEX SUSPENSION 4</td>
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<tr>
<td>triamcinolone acetonide aerosol solution 0.147mg/gm</td>
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<tr>
<td>triamcinolone acetonide cream 0.025%</td>
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<tr>
<td>triamcinolone acetonide cream 0.1%</td>
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<tr>
<td>triamcinolone acetonide cream 0.5%</td>
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<tr>
<td>triamcinolone acetonide dental paste 0.1%</td>
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<tr>
<td>triamcinolone acetonide lotion 0.025%</td>
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<td>triamcinolone acetonide lotion 0.1%</td>
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<tr>
<td>triamcinolone acetonide oint 0.025%</td>
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<tr>
<td>triamcinolone acetonide oint 0.1%</td>
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<td>triamcinolone acetonide oint 0.5%</td>
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<tr>
<td>LIDOCAINE PAD 5%</td>
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<tr>
<td>lidocaine oint 5%</td>
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<td>lidocaine-prilocaine cream 2.5-2.5%</td>
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<tr>
<td>PRUDOXIN CRE 5%</td>
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<tr>
<td>CELL STIMULANTS AND PROLIFERANTS</td>
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<tr>
<td>ALTRENO LOT 0.05%</td>
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<tr>
<td>QL 45 each per 30 day(s)</td>
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<td>Drug</td>
<td>Tier</td>
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<td>TRETINOIN GEL 0.04%</td>
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<td>tretinoin cream 0.025%</td>
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<td>methoxsalen rapid capsule 10mg</td>
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<td>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</td>
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<tr>
<td>acitretin capsule 10mg</td>
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<td>ADAPAL/BEN P GEL 0.1-2.5%</td>
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<tr>
<td>adapalene cream 0.1%</td>
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<tr>
<td>adapalene gel 0.1%</td>
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<td>adapalene gel 0.3%</td>
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<td>AZELAIC ACID GEL 15%</td>
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<td>AZELEX CRE 20%</td>
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<td>CALCIPOTRIEN OIN 0.005%</td>
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<td>calcipotriene cream 0.005%</td>
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<td>calcipotriene solution 0.005% (50 mcg/ml)</td>
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<td>CALCITRIOL OIN 3MCG/GM</td>
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<td>COSENTRYX INJECTABLE</td>
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<tr>
<td>COSENTRYX PEN INJECTABLE</td>
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</table>

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<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>dapsone gel 5%</td>
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<tr>
<td>DUPIXENT INJECTABLE 200/1.14</td>
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<td>DUPIXENT INJECTABLE 300/2ML</td>
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<td>ENSTILAR AER</td>
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<tr>
<td>EUCRISA OIN 2%</td>
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<td>QL; ST</td>
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<td>QL 60 each per 30 day(s)</td>
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<tr>
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<td>QL; PA</td>
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<td>QL 30 each per 30 day(s)</td>
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<td>fluorouracil cream 5%</td>
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<tr>
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<td>QL 3 each per 30 day(s)</td>
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<tr>
<td>PICATO GEL 0.05%</td>
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<td>QL 2 each per 30 day(s)</td>
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<tr>
<td>PIMECROLIMUS CRE 1%</td>
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<tr>
<td>podofilox solution 0.5%</td>
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<tr>
<td>RECTIV OIN 0.4%</td>
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</tr>
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<td>QL 30 each per 30 day(s)</td>
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<td>RHOFADRE CRE 1%</td>
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</tr>
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<td>QL 30 each per 30 day(s)</td>
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<td>45MG/0.5</td>
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<td>QL 2 each per 84 day(s)</td>
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<td>QL; PA</td>
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<td>STELARA INJECTABLE 5 QL; PA</td>
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<td>QL; PA</td>
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<td>45MG/0.5</td>
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<td>QL 2 each per 28 day(s)</td>
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<tr>
<td>tacrolimus oint 0.03%</td>
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<td>QL 100 each per 30 day(s)</td>
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<td>tacrolimus oint 0.1%</td>
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<tr>
<td>QL 100 each per 30 day(s)</td>
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<tr>
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<tr>
<td>TOLAK CRE 4%</td>
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<td>QL 40 each per 30 day(s)</td>
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</table>

**SMOOTH MUSCLE RELAXANTS**

**GENITOURINARY SMOOTH MUSCLE RELAXANTS**

<table>
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<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>darifenacin hydrobromide tablet er 24hr 15mg (base equiv)</td>
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<td>QL 30 each per 30 day(s)</td>
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<td>darifenacin hydrobromide tablet er 24hr 7.5mg (base equiv)</td>
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<td>QL; ST</td>
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<td>QL 30 each per 30 day(s)</td>
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</tbody>
</table>

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<tr>
<th>Drug</th>
<th>Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>flavoxate hcl tablet 100mg</td>
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<tr>
<td>GELNIQUE GEL 10% PUMP</td>
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<td>QL 30 each per 30 day(s)</td>
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<tr>
<td>MYRBETRIQ TABLET 25MG</td>
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<td>MYRBETRIQ TABLET 50MG</td>
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<tr>
<td>oxybutynin chloride syrup 5mg/5ml</td>
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<td>QL 473 milliliter(s) 23 day(s)</td>
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<td>oxybutynin chloride tablet er 24hr 15mg</td>
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<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>oxybutynin chloride tablet er 24hr 5mg</td>
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<td>QL 60 each per 30 day(s)</td>
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<td>TOLTERODINE TABLET 2MG</td>
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<tr>
<td>QL 60 each per 30 day(s)</td>
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<tr>
<td>tolterodine tartrate capsule er 24hr 2mg</td>
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<tr>
<td>QL 30 each per 30 day(s)</td>
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<tr>
<td>tolterodine tartrate capsule er 24hr 4mg</td>
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<tr>
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<tr>
<td>RESPIRATORY SMOOTH MUSCLE RELAXANTS</td>
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<tr>
<td>theophylline tablet er 12hr 100mg</td>
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<tr>
<td>theophylline tablet er 12hr 200mg</td>
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<td>theophylline tablet er 12hr 300mg</td>
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<tr>
<td>SUPPLIES</td>
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<td>SUPPLIES</td>
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<tr>
<td>GAUZE PADS &amp; DRESSINGS -</td>
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<td>PADS 2 X 2</td>
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<td>QL 100 each per 30 day(s)</td>
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<tr>
<td>INSULIN PEN NEEDLE</td>
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<tr>
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<tr>
<td>INSULIN SYRINGE (DISP) U-100 0.3ML</td>
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<tr>
<td>INSULIN SYRINGE (DISP) U-100 1ML</td>
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<td>QL</td>
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<td>QL 200 milliliter(s) 30 day(s)</td>
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<tr>
<td>INSULIN SYRINGE (DISP) U-100 1/2ML</td>
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<td>ISOPROPYL ALCOHOL 0.7ML/ML MEDICATED PAD</td>
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<td>NEEDLES, INSULIN DISP., SAFETY</td>
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<tr>
<td>VITAMINS</td>
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<td>VITAMIN D</td>
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<td>calcitriol capsule 0.25 mcg</td>
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</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limit  ST - Step Therapy
LA - Limited Access  NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Tier Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol capsule 0.5 mcg</td>
<td>2</td>
</tr>
<tr>
<td>calcitriol oral solution 1 mcg/ml</td>
<td>2</td>
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<td>doxercalciferol capsule 0.5 mcg</td>
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<tr>
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<tr>
<td>doxercalciferol capsule 2.5 mcg</td>
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<tr>
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<td>PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8MG ORAL TABLET</td>
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<tr>
<td>SODIUM FLUORIDE 2.2MG (FLUORIDE ION 1MG) ORAL TABLET</td>
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</tr>
</tbody>
</table>

PA - Prior Authorization   QL - Quantity Limit   ST - Step Therapy
LA - Limited Access        NM - Non-Maintenance  HI - Home Infusion
BvsD - This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page viii.
## Index

- *amino acid infusion* ................................ 65
- *sodium polystyrene sulfonate powder** .......... 66
- ABACA/LAMIVU .................................. 9
- abacavir sulfate solution ...................... 9
- abacavir sulfate tablet ....................... 9
- abacavir sulfate-lamivudine-zidovudine tablet ...(9
- ABILIFY .......................................... 57
- abiraterone acetate tablet ..................... 13
- ABSTRAL ........................................ 38
- acamprosate calcium tablet .............. 56
- acetobutolol hcl capsule ..................... 76
- acetaminophen w/codeine tablet ............. 38
- acetazolamide tablet ......................... 31
- acetazolamide capsule ......................... 31
- acetid acid otc solution ....................... 69
- acetylcysteine {oral solution ................ 85
- acitretin capsule ................................ 96
- ACTEMRA ........................................ 87
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACTHIB .......................................... 92
- ACUVAIL ......................................... 70
- acyclovir capsule ................................ 9
- acyclovir oint ................................... 93
- acyclovir sodium iv solution ................... 9
- acyclovir suspension ............................ 9
- acyclovir tablet .................................. 9
- ADACEL .......................................... 92
- ADAPAL .................................................................... 92
- adapalene cream .................................... 96
- adapalene gel ...................................... 96
- adefovir dipivoxil tablet ...................... 9
- ADEMPAS ........................................... 36,37
- ADVAIR ............................................. 23
- AFIXITOR .......................................... 13
- AIMOVIG ........................................... 51
- AJOY .................................................. 51
- albendazole tablet .................................. 1
- ALBUTEROL .......................................... 23
- albuterol sulfate solution ................... 23
- albuterol sulfate syrup ......................... 23
- albuterol sulfate tablet ....................... 23
- albuterol sulfate tablet er ................. 23
- alclometasone dipropionate cream ........... 94
- alclometasone dipropionate oint ............. 94
- ALDACTAZIDE ...................................... 31
- ALECENSA .......................................... 13
- alendronate sodium tablet ................ 86
- alfuzosin hcl tablet er ....................... 21
- ALINIA .................................................. 8
- ALISKIRE ........................................... 31
- allopurinol tablet ................................ 85
- ALCRIL ................................................. 90
- ALO/PIOGL ................................................................... 76
- ALOGLIPTIN ........................................ 76
- ALOGLIPTIN/ ...................................... 76
- ALOMIDE .............................................. 68
- ALPHAGAN........................................... 68
- alprazolam conc ................................ 55
- alprazolam orally disintegrating tablet .... 55
- alprazolam tablet ................................. 55
- alprazolam tablet er ............................. 55
- ALREX .................................................. 70
- ALTOPREV ............................................. 27
- ALTRENO ............................................. 96
- AMINOSYN-PF ...................................... 66
- AMINOSYN ......................................... 65
- AMPHET/DEXTR .................................... 44
- amphotericin b for iv soln ..................... 8
- amphotericin b for iv soln.............................. 2
- amikacin sulfate for suspension ................ 2
- aminosalicylic acid er granules packet .... 8
- AMLODIPINE........................................... 31
- amiodarone hcl tablet ......................... 30
- amitriptyline hcl tablet ....................... 57
- amlopidine besylate tab ....................... 31
- amlopidine besylate tablet .................... 31
- amlopidine besylate-atorvastatin calcium tablet ...... 27,28
- amlopidine besylate-benazepril hcl capsule ...................... 31
- amlopidine besylate-olmesartan medoxomil tablet ........ 31
- amlopidine besylate-valsartan tablet .......... 31
- amoxicillin & k clavulanate chew tablet .......... 1
- amoxicillin & k clavulanate for suspension ........ 1
- amoxicillin & k clavulanate tablet ............ 1
- amoxicillin & k clavulanate tablet er .......... 1
- amoxicillin (trihydrate) capsule ............. 1,2
- amoxicillin (trihydrate) chew tablet .......... 2
- amoxicillin (trihydrate) for suspension .......... 2
- amoxicillin (trihydrate) tablet .................. 2
- amoxicillin capsule-clarithromycin tab-lansopraz capsule dr therapy pack ...................... 2
- AMPHET/DEXTR .................................... 44
- amphetamine-dextroamphetamine tamine tablet ...................... 44
- amphotericin b for iv soln ..................... 7
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
- ampicillin & sulbactam sodium for injectable .... 2
Index

ampicillin capsule .................. 2
ampicillin sodium for injectable .................. 2
ampicillin sodium for iv solution .................. 2
ANADROL-50 .......................... 75
anagrelide hcl capsule ........ 24
anastrozole tablet ........ 13
ANDRODERM ......................... 75
ANDROGEL .......................... 75
APLENZIN ............................. 58
APOKYN ............................... 52
apraclonidine hcl ophth solution .................. 71
aprepitant capsule .................. 71
aprepitant capsule therapy pack .................. 71
APRISO ............................... 71
APTIO ................................. 46
APTIVUS ................................ 9
ARALAST ................................ 91
ARANESP ............................... 26
ARCALYST .............................. 89
ARCAPTA ................................ 23
ARIKAYCE ................................ 8
aripiprazole oral solution ........ 58
aripiprazole orally disintegrating tablet ........ 58
aripiprazole tablet ................... 58
ARISTADA .............................. 58
ARMODAFINIL ......................... 44
ARNUNITY ................................ 23,24
ASMANEX .............................. 90
aspirin-dipyridamole capsule er .................. 24
ASTAGRAF ............................. 88
atazanavir sulfate capsule ........ 9
atenolol & chlorothalidone tablet ................ 21
atenolol tablet ......................... 21
atomoxetine hcl capsule ........ 56
atorvastatin calcium tablet ........ 28
atovaquone suspension ........ 8
atovaquone-proguanil hcl tablet .................. 8
ATRIPLA ............................... 9
ATROVENT ............................ 19
AUG ......................................... 94
AVITA ................................. 96
AVONEX ................................ 85
AZASITE ................................ 69
azathioprine tablet ................ 88
AZELAIC ................................ 96
azelastine hcl nasal spray ........ 68
azelastine hcl ophth solution ........ 68
AZELEX ................................... 96
AZITHROMYCIN ......................... 2
azithromycin for suspension ........ 2
azithromycin iv for solution ........ 2
azithromycin tablet ........ 2
AZOPT ...................................... 68
aztreonam for injectable ........ 2
bacitracin ophth oint ........ 69
bacitracin-polymyxin b ophth oint ........ 69
bacitracin-polymyxin-neomycin cin-hc ophth oint ........ 69
baclofen tablet ....................... 21
BACTROBAN ............................ 69
balsalazide disodium capsule ........ 72
BALVERSA ................................ 14
BANZEL .................................. 46
BARAACLEDE ........................... 9
BAXDELA ................................ 2
BCG ......................................... 92
BECONASE ............................. 90
BELBUCA ............................... 38
BELSOMRA .............................. 54
BENAZEP/HCTZ ........................ 32
benazepril & hydrochlorothi azide tablet ........ 32
benazepril hcl tablet ........ 32
BENLYSTA ............................... 88
BENZINDAZOLE ........................ 8
benzoyl peroxide-erythromycin gel ............... 93
benztropine mesylate tablet ........ 52
BEPREVE ............................... 68
BESIVANCE ............................ 69
BETAMETH .............................. 94
betamethasone dipropionate augmented cream ........ 94
betamethasone dipropionate augmented gel ........ 94
betamethasone dipropionate augmented lotion ........ 94
betamethasone dipropionate cream ........ 94
betamethasone dipropionate lotion ........ 94
betamethasone dipropionate oint ........ 94
betamethasone valerate cream ........ 94
betamethasone valerate lotion ........ 94
betaxolol hcl ophth solution ........ 68
betaxolol hcl tablet ................... 21,32
bithanechol chloride tablet ........ 20
BETHKIS .................................. 2
BETOPTIC-S .............................. 68
BEVESPI .................................. 19
BEVYXXA ................................ 25
BEXAROTENE ............................ 14
BEXSERO .................................. 92
bicalutamide tablet ................ 14
BICILLIN .................................. 2
BIKTARVY ................................ 9
BIMAPROC .............................. 68
bisoprolol & hydrochlorothi azide tablet ........ 21
bisoprolol fumarate tablet ........ 21
BIVIGAM .................................. 92
BOOSTRIX ................................ 69
BREXAMUL ............................... 2
BRYOSTATIN ............................. 92
bupropion hcl sustained release tablet ........ 21
bupropion hcl tablet ................... 21
Index

cephalixin for suspension ........ 4
cephalixin tablet ................. 4
CERDELGA .............................. 68
CESAMET ............................... 71
cetirizine hcl oral solution ...... 1
cemiveline hcl capsule .......... 20
CHANTIX ............................... 20
CHEMET ................................. 74
chenodiol tablet .................... 73
chlorhexidine gluconate solution ........................................ 93
chloroquine phosphate tablet .................. 9
chlorothiazide tablet ............. 32
chlorpromazine hcl tablet ....... 58
chlorothiazide tablet ............ 32
CHOLBAM ............................... 73
cholestyramine light powder ... 28
cholestyramine light powder packets .................................. 28
cholestyramine powder packets ........................................ 28
choline fenofibrate capsule dr ........................................ 28
clclopirox gel ....................... 93
clopirox olamine cream ........... 93
clopirox olamine suspension .......... 93
clopirox shampoo ................... 93
clopirox solution ................... 93
cilostazol tablet .................... 25
CILOXAN .................................. 69
CIMDUO ................................... 9
cimetidine hcl solution .......... 72
cimetidine tablet .................. 72
CIMZIA ................................... 87
cinacalcet hcl tablet ............. 89
CIPRO ..................................... 69
CIPRODEX ................................ 69
ciprofloxacin ....................... 4
ciprofloxacin for oral suspension ................................... 4
ciprofloxacin hcl tablet ........... 4
CIPROFLOXACN ....................... 69
citalopram hydrobromide oral solution .................................. 58
citalopram hydrobromide tablet ......................................... 58
CLARINEX ............................. 1
CLARINEX-D ........................... 1
clarithromycin for suspension ........................................ 4
clarithromycin tablet ............. 4
clarithromycin tablet er .......... 4
CLENPIQ ................................ 73
CLEOCIN ............................... 93
CLINDAMYCIN .......................... 93
clopidogrel bisulfate tablet ..... 25
clozepap dipotassium tablet .................. 55
clopidogrel bisulfate tablet ..... 25
clozelap dipotassium tablet .................. 55
clozapine orally disintegrating tablet .................. 59
clozapine tablet .................... 59
COARTEM ................................ 9
CODEINE .................................. 39
codeine sulfate tablet .......... 39
COLCHICINE ............................ 85
colchicine w/ probenecid tablet .................. 68
colestyramine light powder packets .................................. 28
colestyramine powder packets ........................................ 28
cortisone acetate tablet ........ 75
CORLANOR ............................... 22
CORDRAN ............................... 95
cortisone acetate tablet ........ 75
cortisone acetate tablet ........ 75
cOSENTITYX ............................ 96
ctrimazole cream .................. 93
clotrimazole solution ........... 93
clotrimazole troche .................. 93
clotrimazole w/ betamethasone cream .................. 93
clotrimazole w/ betamethasone lotion .................. 93
CLOZAPINE ........................... 58
clozapine orally disintegrating tablet .................. 59
clozapine tablet .................... 59
CLARINEX-D .......................... 1
CLARINEX ................................ 1
CLINDAMYCIN .......................... 93
clobetasol propionate cream ........... 95
clobetasol propionate cream ........... 95
clobetasol propionate cream ........... 95
clobetasol propionate cream ........... 95
clobetasol propionate spray ...... 95
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
clobetasol propionate tablet .................. 55
colestyramine hcl tablet ........... 28
colestyramine hcl tablet ........... 28
colistimethate sod for injectable ........................................ 4
COMBIGAN ............................. 68
COMBIVENT ............................ 19
COMETRIQ .............................. 14
COMPIKTRA ............................. 14
CORDRAN ............................... 95
CORLANOR ............................. 22
cortisone acetate tablet ........ 75
cortisone acetate tablet ........ 75
CORTISPORIN ........................... 93
COSENITYX ............................ 96
Index

COTELLIC ................................... 14
COUMADIN .................................. 25
CREON ...................................... 74
CRINONE ................................... 81
CRIXIVAN .................................. 9,10
CROMOLYN ................................ 91
cromolyn sodium ophth option solution ...................... 91
cromolyn sodium ophth nebu ......................................... 91
cyclobenzaprine hcl tablet .................. 21
cyclophosphamide capsule ........... 14
cyclosporine capsule .................. 88
cyclosporine modified capsule ........ 88
cyclosporine modified oral solution ................................ 88
cyproheptadine hcl syrup .............. 1
cyproheptadine hcl tablet ............ 1
CYSTADANE ................................ 89
CYSTAGON ................................... 89
CYSTARAN ................................... 89
D10W/NAACL .................................. 66
D2.5W/NAACL .................................. 66
DSW/NAACL .................................. 66
DALFAMPRIDIN ......................... 89
DALIRESP ................................... 91
DALVANCE ..................................... 4
danazol capsule ...................... 75
dantrolene sodium capsule ........ 21
dapsone gel .................................... 97
dapsone tablet ......................... 8
DAPTACEL .................................... 92
DAPTOMYCN .................................. 4
darifenac hydrobromide tablet er ......................... 97
DAURISMO ................................... 14
DAYTRANA ................................... 44,45
deferasirox tab for oral suspension ......................... 74
DELSTRIGO ................................... 10
DEMSE ...................................... 89
DENAVIR ..................................... 93
DEPEN ........................................... 74
DEPO-SQ ......................................... 83
DESCOY ............................................ 10
desipramine hcl tablet ............ 59
desloratadine tablet ............... 1
desloratadine tablet orally disintegrating .............. 1
desmopressin acetate nasal spray solution ................... 79
desmopressin acetate tablet desogest-eth estrad & eth estrad tablet ...................... 79
desogest-ethin est tablet ........ 79
desogestrel & ethinyl estradiol tablet .................. 79
desonide cream ............ 95
desonide lotion ............ 95
desonide oint ............ 95
DESOXIMETASO ................... 95
desoximetasone cream ........ 95
desoximetasone gel .......... 95
desoximetasone oint ........ 95
DESVENLAFAX ................................ 59
desvenlafaxine succinate tablet er .................. 59
dexamethasone conc ........ 75
dexamethasone elixir ........ 75
dexamethasone sodium phosphate ophth solution ........ 70
dexamethasone tablet .......... 75
DEXILANT ....................................... 72
DEXMETHYLPH .............................. 45
DEXMETHYLPH .............................. 45
dexmethylenidate hcl capsule er ................ 45
dextroamphetamine sulfate capsule er ...................... 45
DEXTROSE ............................................. 66
dextrose injectable ........... 66
DIASTAT .............................................. 55
diazepam conc .................. 55
diazepam oral solution .......... 55
diazepam tablet ................ 56
DICLO/MISOPR ................................ 56
diclofenac potassium tablet .......... 39
diclofenac sodium gel ......... 39
diclofenac sodium ophth solution .................. 70
diclofenac sodium tablet delayed release .................. 39
diclofenac sodium tablet er ........ 39
dicloxacillin sodium capsule ...... 4
dicyclomine hcl capsule ........ 19
dicyclomine hcl oral solution .... 19
dicyclomine hcl tablet .......... 19
didanosine delayed release capsule .................. 10
DIFICID ............................................. 4
diflorasone diacetate cream .... 95
diflorasone diacetate oint ...... 95
diflunisal tablet .................. 40
DIGOXIN ....................................... 30
digoxin tablet ...................... 30
DIHYDROERGOT ................................ 22
DILANTIN-125 .............................. 47
DILTIAZEM ..................................... 32
diltiazem hcl capsule er ............. 32,33
diltiazem hcl coated beads capsule er .................. 33
diltiazem hcl extended release beads capsule er ........ 33
diltiazem hcl tablet .................. 33
DIP/TET .............................................. 92
DIPENTUM ......................................... 72
diphenoxylate w/ atropine liq ......................... 74
diphenoxylate w/ atropine tablet .................. 74
disulfiram tablet .................. 56,85
DIURIL .............................................. 79
divalproex sodium capsule delayed release sprinkle ...... 47
divalproex sodium tablet delayed release .................. 47
104
<table>
<thead>
<tr>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>divalproex sodium tablet er</td>
</tr>
<tr>
<td>dofetilide capsule</td>
</tr>
<tr>
<td>donepezil hydrochloride</td>
</tr>
<tr>
<td>orally disintegrating tablet</td>
</tr>
<tr>
<td>donepezil hydrochloride tablet</td>
</tr>
<tr>
<td>DOPTELET</td>
</tr>
<tr>
<td>dorzolamide hcl ophth solution</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth solution</td>
</tr>
<tr>
<td>DOVATO</td>
</tr>
<tr>
<td>doxazosin mesylate tablet</td>
</tr>
<tr>
<td>doxepin hcl conc</td>
</tr>
<tr>
<td>doxepin hcl capsule</td>
</tr>
<tr>
<td>doxercalciifole tablet</td>
</tr>
<tr>
<td>doxycycline hyclate capsule</td>
</tr>
<tr>
<td>doxycycline hyclate for injectable</td>
</tr>
<tr>
<td>doxycycline hyclate tablet</td>
</tr>
<tr>
<td>doxycycline hyclate tablet delayed release</td>
</tr>
<tr>
<td>doxycycline monohydrate capsule</td>
</tr>
<tr>
<td>doxycycline monohydrate for suspension</td>
</tr>
<tr>
<td>doxycycline monohydrate tablet</td>
</tr>
<tr>
<td>dronabinol capsule</td>
</tr>
<tr>
<td>DROSPIRE/ETH</td>
</tr>
<tr>
<td>draspirenone-ethinyl estradiol tablet</td>
</tr>
<tr>
<td>DROXIA</td>
</tr>
<tr>
<td>duloxetine hcl enteric coated pellets capsule</td>
</tr>
<tr>
<td>DUPIXENT</td>
</tr>
<tr>
<td>DURAMORPH</td>
</tr>
<tr>
<td>DUREZOL</td>
</tr>
<tr>
<td>DUTAST/TAMSU</td>
</tr>
<tr>
<td>dutasteride capsule</td>
</tr>
<tr>
<td>econazole nitrate cream</td>
</tr>
<tr>
<td>EDURANT</td>
</tr>
<tr>
<td>efavirenz capsule</td>
</tr>
<tr>
<td>efavirenz tablet</td>
</tr>
<tr>
<td>ELIGARD</td>
</tr>
<tr>
<td>ELIQUIS</td>
</tr>
<tr>
<td>ELMIRON</td>
</tr>
<tr>
<td>EMCYT</td>
</tr>
<tr>
<td>EMGALITY</td>
</tr>
<tr>
<td>EMSAM</td>
</tr>
<tr>
<td>EMTRIVA</td>
</tr>
<tr>
<td>enalapril maleate &amp; hydrochlorothiazide tablet</td>
</tr>
<tr>
<td>enalapril maleate tablet</td>
</tr>
<tr>
<td>ENBREL</td>
</tr>
<tr>
<td>ENDARI</td>
</tr>
<tr>
<td>ENOXAPARIN</td>
</tr>
<tr>
<td>ENSTILAR</td>
</tr>
<tr>
<td>entacapone tablet</td>
</tr>
<tr>
<td>entecavir tablet</td>
</tr>
<tr>
<td>ENTRESTO</td>
</tr>
<tr>
<td>EPIDIOLEX</td>
</tr>
<tr>
<td>EPINEPHRINE</td>
</tr>
<tr>
<td>EPIVIR</td>
</tr>
<tr>
<td>Eplerenone</td>
</tr>
<tr>
<td>EPOGEN</td>
</tr>
<tr>
<td>eprosartan mesylate tablet</td>
</tr>
<tr>
<td>EQUETRO</td>
</tr>
<tr>
<td>ergoloid mesylates tablet</td>
</tr>
<tr>
<td>ERIVEDGE</td>
</tr>
<tr>
<td>ERLEADA</td>
</tr>
<tr>
<td>erlotinib hcl tablet</td>
</tr>
<tr>
<td>ertapenem sodium for injectable</td>
</tr>
<tr>
<td>ERYPED</td>
</tr>
<tr>
<td>ERYTHROMYCIN</td>
</tr>
<tr>
<td>erythromycin ethylsuccinate for suspension</td>
</tr>
<tr>
<td>erythromycin gel</td>
</tr>
<tr>
<td>erythromycin lactobionate for injectable</td>
</tr>
<tr>
<td>erythromycin ophth oint</td>
</tr>
<tr>
<td>erythromycin pads</td>
</tr>
<tr>
<td>erythromycin solution</td>
</tr>
<tr>
<td>erythromycin stearate tablet</td>
</tr>
<tr>
<td>erythromycin tablet</td>
</tr>
<tr>
<td>erythromycin tablet delayed release</td>
</tr>
<tr>
<td>ESBRIET</td>
</tr>
<tr>
<td>escitalopram oxalate solution</td>
</tr>
<tr>
<td>escitalopram oxalate tablet</td>
</tr>
<tr>
<td>esomeprazole magnesium capsule delayed release</td>
</tr>
<tr>
<td>estradiol cypionate im in oil</td>
</tr>
<tr>
<td>estradiol tablet</td>
</tr>
<tr>
<td>estradiol td patch twice weekly</td>
</tr>
<tr>
<td>estradiol td patch weekly</td>
</tr>
<tr>
<td>estradiol vaginal cream</td>
</tr>
<tr>
<td>estradiol vaginal tablet</td>
</tr>
<tr>
<td>ethacrynic acid tablet</td>
</tr>
<tr>
<td>ethambutol hcl tablet</td>
</tr>
<tr>
<td>ethosuximide capsule</td>
</tr>
<tr>
<td>ethosuximide solution</td>
</tr>
<tr>
<td>ethynodiol diacetate &amp; ethinyl estradiol tablet</td>
</tr>
<tr>
<td>etodolac capsule</td>
</tr>
<tr>
<td>etodolac tablet</td>
</tr>
<tr>
<td>etodolac tablet er</td>
</tr>
<tr>
<td>EUCRISA</td>
</tr>
<tr>
<td>EURAX</td>
</tr>
<tr>
<td>EVENITY</td>
</tr>
<tr>
<td>EVOTAZ</td>
</tr>
<tr>
<td>EXEMESTANE</td>
</tr>
<tr>
<td>EXTAVIA</td>
</tr>
<tr>
<td>ezetimibe tablet</td>
</tr>
<tr>
<td>ezetimibe-simvastatin tablet</td>
</tr>
<tr>
<td>famiclovir tablet</td>
</tr>
<tr>
<td>famotidine for suspension</td>
</tr>
<tr>
<td>famotidine tablet</td>
</tr>
<tr>
<td>FANAPT</td>
</tr>
<tr>
<td>FARYDAK</td>
</tr>
<tr>
<td>FASENRA</td>
</tr>
<tr>
<td>FELBAMATE</td>
</tr>
<tr>
<td>felbamate tablet</td>
</tr>
<tr>
<td>felodipine tablet er</td>
</tr>
<tr>
<td>FEMRING</td>
</tr>
</tbody>
</table>
Index

FENOFLIBRATE .................................................. 28
fenofibrate micronized capsule ................................. 28, 29
fenofibrate tablet .............................................. 29
FENOFLIBRIC ..................................................... 29
FENOFLINOPR ...................................................... 40
fenoprofen calcium tablet ..................................... 40
FENANTYL .......................................................... 40
fentanyl td patch ................................................. 40
FERRIPROX ......................................................... 74
FETZIMA ............................................................. 60
FINANCEA .......................................................... 97
finasteride tablet .................................................. 85
FIRAZYR .............................................................. 87
FIRDAPSE .......................................................... 89
FIRMAGON .......................................................... 15
FIRVANQ .............................................................. 5
FLAREX .............................................................. 70
flavoxate hcl tablet .............................................. 98
FLEBOGAMMA ....................................................... 92
flecainide acetate tablet ......................................... 30
FLOVENT .............................................................. 91
fluconazole for suspension ...................................... 7
fluconazole in nacl .................................................. 7
fluconazole tablet ................................................... 8
FLUCYTOSINE .......................................................... 8
flucytosine capsule .................................................. 8
fluconoride acetate tablet ......................................... 75
flunisolide nasal solution ......................................... 91
FLUCIN ................................................................. 95
fluconolone acetonide (otic) oil .................................. 70
fluconolone acetonide oil .......................................... 95
fluconolone acetonide oint ......................................... 95
fluconolone cream .................................................... 95
fluconolone emulsified base cream ............................... 95
fluconolone gel ......................................................... 95
fluconolone oint ......................................................... 95
fluconolone solution ............................................... 95
FLUOROMETHOL ..................................................... 70
FLUOROURACIL ....................................................... 97
fluorouracil cream ............................................... 97
fluorouracil solution ............................................. 15
fluoxetine hcl capsule ........................................... 60
fluoxetine hcl capsule delayed release ......................... 60
fluoxetine hcl solution ........................................... 60
fluoxetine hcl tablet .............................................. 60
fluphenazine decanoate injectable ............................... 60
fluphenazine hcl elixir ............................................ 60
fluphenazine hcl injectable ...................................... 60
fluphenazine hcl tablet .......................................... 60
flurandrenolide oint ............................................. 95
flurbiprofen sodium ophth solution ............................ 70
flurbiprofen tablet .................................................. 40
flutamide capsule ................................................... 15
FLUTIC/SALME ......................................................... 24
fluticasone propionate cream .................................... 95
fluticasone propionate lotion ................................... 95
fluticasone propionate nasal suspension ....................... 91
fluticasone propionate oint ...................................... 95
fluticasone-salmeterol aer powder ba .......................... 24
FLUVASTATIN ......................................................... 29
fluvastatin sodium cap ............................................ 29
fluvastatin maleate capsule er ................................... 60
fluvastatin maleate tablet ......................................... 60
FML ................................................................. 70
FONDAPARINUX ...................................................... 25
FORTEO ................................................................. 82
fosamprenavir calcium tablet .................................... 82
fosamprenavir calcium prefilled syringe ......................... 82
fosinopril sodium & hydrochlorothiazide tablet ............... 33
fosinopril sodium tablet .......................................... 33
FREMINE ............................................................. 66
frovatriptan succinate tablet ..................................... 51
furosemide injectable ............................................. 34
furosemide oral solution .......................................... 34
furosemide tablet ................................................. 34
FUZEON .............................................................. 10
FYCOMPA ............................................................. 48
gabapentin capsule ............................................... 40
gabapentin oral solution .......................................... 40
gabapentin tablet ................................................... 40
GALAFOLD ............................................................. 89
galantamine hydrobromide capsule er .......................... 20
galantamine hydrobromide oral solution ......................... 20
galantamine hydrobromide tablet ................................ 20
GAMMAGARD ......................................................... 92
GAMMAKED .......................................................... 92
GAMUNEX-C .......................................................... 92
GARDASIL ............................................................. 92
gatifloxacin ophth solution ....................................... 69
GATTEX ............................................................... 73
GAUZE ................................................................. 98
GELNIQUE ............................................................. 98
gemfibrozil tablet ................................................... 29
gentamicin in saline injectable ..................................... 5
gentamicin sulfate cream .......................................... 94
gentamicin sulfate injectable ...................................... 5
gentamicin sulfate oint ............................................ 94
gentamicin sulfate ophth solution ................................ 69
GENVOYA .............................................................. 10
GEODON .............................................................. 60
GILENYA .............................................................. 86
GILOTRIF .............................................................. 15
GLASSIA .............................................................. 92
glatiramer acetate solution prefilled syringe .................... 86
GLEOSTINE ............................................................ 86
glimepiride tablet ................................................... 76
glipizide tablet ....................................................... 76
glipizide tablet er .................................................... 76

106
Index

glipizide-metformin hcl tablet ................................. 76,77
GLUCAGEN ........................................ 89
GLUCAGON ....................................... 89
glyburide-metformin tablet ........ 77
glycopyrrolate tablet .............. 19
GLYXAMBI ....................................... 77
GOLYTELY ......................................... 73
granisetron hcl tablet .......... 71
GRANIX ........................................ 26,27
griseofulvin microsize suspension ........ 8
griseofulvin microsize tablet .... 8
griseofulvin ultramicrosize tablet ........ 8
hydralazine hcl tablet .......... 34
HUMULIN .......................................... 77
hydracortisone butyrate
cream .......................................... 95
hydration ...................................... 95
hydrocortisone butyrate
lotion .......................................... 95
hydrocortisone enema ........ 95
hydrocortisone lotion ........ 95
hydrocortisone oint .......... 95
hydrocortisone rectal cream .... 95
hydrocortisone valerate oint .. 96
hydrocortisone w/ acetic acid otic solution ........ 69
hydrocortisone tablets ........ 9
hydroxyurea capsule .......... 15
hydroxyurea tablet ........ 15
hydroxyurea suspension ........ 15
hydroxyurea solution ........ 15
hydroxyurea syrup .......................... 15
hydroxyurea suppository ........ 15
hydroxyurea viscos solution .... 15
hydroxyurea w/v suspension ... 15
hydroxyurea w/v solution ...... 15
hydroxyurone suspension ...... 15
iclarone capsule ................ 15
ibandronate sodium tablet .... 86
IBRANCE ........................................ 15
ibuprofen tablet .............. 41
ICUSIG ........................................ 15
IDHIFA ........................................ 15
ILEVRO ........................................ 70
ILUMYA ........................................ 88
imatinib mesylate tablet .... 15
IMBRUVICA .................................... 15
imipenem-cilastatin
intravenous for solution ........ 5
imipramine hcl tablet .......... 60
imipramine pamoate capsule ........................................ 60,61
imiquimod cream .................. 97
IMOVAX ........................................ 92
IMVEXXY ........................................ 82
INBRIJA ......................................... 53
INCRELEX ..................................... 83
indapamide tablet .......... 34
INFANRIX ........................................ 92
INGREZZA ....................................... 56
INLYTA ........................................ 15
INSULIN ........................................ 98
INTELENCE .................................. 10
INTRAROSA .................................. 75
INTRON .......................................... 10
INVEGA .......................................... 61
INVIRASE ...................................... 10
IONOSOL-MB ................................ 66
IOPIDINE ........................................ 71
IPOL ............................................ 93
ipratropium bromide inhalation solution ........ 19
ipratropium bromide nasal solution ........ 19
ipratropium-albuterol nebulization solution ........ 19
irbesartan tablet .......... 34
irbesartan-hydrochlorothiazide tablet ........ 34
IRESSA ........................................ 15
ISENTRESS ................................... 10
ISOLYTE-P ...................................... 66
ISOLYTE-S ...................................... 66
isoniazid tablet .............. 8
ISOPROPYL ................................... 98
ISOSORB .................. 37
isosorbide dinitrate tablet ..... 37
isosorbide dinitrate tablet er 37
isosorbide mononitrate tablet er ........ 37
isoxyttraiol capsule ........ 97
isradipine capsule ........ 34
itraconazole capsule .......... 8
itraconazole oral solution ... 8
ivermectin tablet ........ 1
IXIARO .......................................... 93
JADENU .......................................... 74
JAKAFI ........................................... 15
JARDIANE ...................................... 77
JENTADUETO .................................. 77
JOLIVETTO ..................................... 79
JULUCA .......................................... 10

Index

JUXTAPID .................................................. 29
JYNARQUE .................................................. 65
KALETRA ..................................................... 11
KALYDECO .................................................. 92
KCL ............................................................ 66
KCL/D5W/LACT .............................................. 66
KCL/D5W/NAACL ............................................ 66,67
ketoconazole cream ........................................... 94
ketoconazole shampoo ........................................ 94
ketoconazole tablet ........................................... 8
ketoprofen capsule ............................................ 41
ketoprofen capsule er ......................................... 41
KETOROLAC .................................................. 70
ketorolac tromethamine ophth solution ................... 70
KEVZARA ..................................................... 88
KHEDEZLA .................................................... 61
KINERET ....................................................... 88
KINRIX ........................................................ 93
KISQALI ......................................................... 15,16
KLOR-CON ..................................................... 67
KORLYM ........................................................ 89
KRINTAFEL ..................................................... 9
KUVAN .......................................................... 89
labetalol hcl tablet ............................................ 22
lactulose (encephalopathy) solution ......................... 65
lactulose oral crystal packet .................................. 65
lactulose solution ............................................. 65
LAMICTAL ....................................................... 48
lamivudine oral solution ...................................... 11
lamivudine tablet ............................................. 11
lamivudine-zidovudine tablet ................................ 11
lamotrigine orally disintegrating tablet ..................... 48
lamotrigine tablet ............................................. 48
lamotrigine tablet chewable dispersible .................... 48
lamotrigine tablet er ......................................... 48,49
lansoprazole capsule delayed release ................. 72
lansoprazole tablet delayed release orally disintegrating .... 72
lanthanum carbonate chew tablet ................................ 66
lansoprazole delayed tablet .................................. 66
lansoprazole capsule .......................................... 66
lamotrigine tablet er ......................................... 48
lamotrigine tablet er ......................................... 41
lamotrigine orally .............................................. 11
lamotrigine tablet ............................................. 48
lamotrigine orally .............................................. 11
lamotrigine orally disintegrating tablet ..................... 48
lamotrigine tablet ............................................. 48
lamotrigine tablet chewable dispersible .................... 48
lamotrigine tablet er ......................................... 48,49
lansoprazole capsule delayed release ................. 72
lansoprazole tablet delayed release orally disintegrating .... 72
lansoprazole tablet delayed release orally disintegrating ..... 72
lansoprazole tablet delayed release orally disintegrating ..... 72
lansoprazole tablet delayed release orally disintegrating ..... 72
levothyroxine sodium tablet ................................. 83,84
LEVOXYL ..................................................... 84
LEXIVA ........................................................ 11
LIDOCAINE .................................................... 96
lidocaine hcl solution .......................................... 71
lidocaine hcl urethral/mucosal gel ........................... 71
lidocaine hcl viscous solution ................................ 71
lidocaine oint .................................................. 96
lidocaine-prilocaine cream ..................................... 96
lindane shampoo ............................................... 94
LINEZOLID ..................................................... 6
linezolid iv solution .......................................... 6
linezolid tablet ............................................... 6
LINZESS ......................................................... 73
lothinorine sodium tablet ...................................... 84
lisinopril & hydrochlorothiazide tablet ...................... 34
lisinopril tablet ............................................... 34
LITHIUM ......................................................... 50
lithium carbonate capsule ....................................... 51
lithium carbonate tablet ....................................... 51
lithium carbonate tablet er .................................... 51
LIVALO ........................................................ 29
LO .............................................................. 80
LONSURF ......................................................... 16
loperamide hcl capsule ......................................... 74
lopinavir-ritonavir solution .................................... 11
lorazepam conc ............................................... 56
lorazepam tablet ............................................... 56
LORBRENA ..................................................... 16
losartan potassium & hydrochlorothiazide tablet ........... 34
losartan potassium tablet ....................................... 34
LOTEMAX ......................................................... 70,71
loystepnol etabonate ophth suspension ...................... 71
lovastatin tablet ............................................... 29
loxapine succinate capsule ...................................... 61
LUCEMYRA ..................................................... 24
LUMIGAN ......................................................... 69
LUCEMYRA ..................................................... 24
lopinavir-ritonavir solution .................................... 11
lorazepam conc ............................................... 56
lorazepam tablet ............................................... 56
LORBRENA ..................................................... 16
losartan potassium & hydrochlorothiazide tablet ........... 34
losartan potassium tablet ....................................... 34
LOTEMAX ......................................................... 70,71
loystepnol etabonate ophth suspension ...................... 71
lovastatin tablet ............................................... 29
loxapine succinate capsule ...................................... 61
LUCEMYRA ..................................................... 24
LUMIGAN ......................................................... 69
LUPANETA ....................................................... 82
LUPRON ........................................................ 16
<table>
<thead>
<tr>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYNPARZA ..... 16</td>
</tr>
<tr>
<td>LYRICA ..... 49</td>
</tr>
<tr>
<td>LYSODREN ..... 16</td>
</tr>
<tr>
<td>MAGNESIUM ..... 67</td>
</tr>
<tr>
<td>magnesium sulfate injectable ..... 67</td>
</tr>
<tr>
<td>maprotiline hcl tablet ..... 61</td>
</tr>
<tr>
<td>MARPLAN ..... 61</td>
</tr>
<tr>
<td>MATULANE ..... 16</td>
</tr>
<tr>
<td>MAVENCLAD ..... 86</td>
</tr>
<tr>
<td>MAVYRET ..... 11</td>
</tr>
<tr>
<td>MAXIDEX ..... 71</td>
</tr>
<tr>
<td>MAYZENT ..... 86</td>
</tr>
<tr>
<td>meclizine hcl tablet ..... 1</td>
</tr>
<tr>
<td>meclofenamate sodium capsule ..... 41</td>
</tr>
<tr>
<td>MEDROXYPR ..... 83</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tablet ..... 83</td>
</tr>
<tr>
<td>mefloquine hcl tablet ..... 9</td>
</tr>
<tr>
<td>MEGESTROL ..... 16</td>
</tr>
<tr>
<td>megestrol acetate suspension ..... 16</td>
</tr>
<tr>
<td>megestrol acetate tablet ..... 16</td>
</tr>
<tr>
<td>MEKINIST ..... 16</td>
</tr>
<tr>
<td>MEKTOVI ..... 16</td>
</tr>
<tr>
<td>meloxicam tablet ..... 41</td>
</tr>
<tr>
<td>MEMANT ..... 56</td>
</tr>
<tr>
<td>memantine hcl capsule er ..... 56,57</td>
</tr>
<tr>
<td>memantine hcl oral solution ..... 57</td>
</tr>
<tr>
<td>memantine hcl tablet ..... 57</td>
</tr>
<tr>
<td>MENDACTRA ..... 93</td>
</tr>
<tr>
<td>MENEVO ..... 93</td>
</tr>
<tr>
<td>mercaptopurine tablet ..... 16</td>
</tr>
<tr>
<td>meropenem iv for solution ..... 6</td>
</tr>
<tr>
<td>mesalamine capsule dr ..... 72</td>
</tr>
<tr>
<td>mesalamine enema ..... 72</td>
</tr>
<tr>
<td>mesalamine tablet delayed release ..... 72</td>
</tr>
<tr>
<td>MESNEX ..... 90</td>
</tr>
<tr>
<td>metaprotenerol sulfate syrup ..... 24</td>
</tr>
<tr>
<td>metaprotenerol sulfate tablet ..... 24</td>
</tr>
<tr>
<td>metformin hcl tablet ..... 77</td>
</tr>
<tr>
<td>metformin hcl tablet er ..... 77</td>
</tr>
<tr>
<td>methadone hcl solution ..... 41</td>
</tr>
<tr>
<td>methadone hcl tablet ..... 41</td>
</tr>
<tr>
<td>methazolamide tablet ..... 69</td>
</tr>
<tr>
<td>methenamine hippurate tablet ..... 13</td>
</tr>
<tr>
<td>methimazole tablet ..... 84</td>
</tr>
<tr>
<td>METHOTREXATE ..... 16</td>
</tr>
<tr>
<td>methotrexate sodium injectable pf ..... 16</td>
</tr>
<tr>
<td>methotrexate sodium tablet ..... 17</td>
</tr>
<tr>
<td>methoxsalen rapid capsule ..... 96</td>
</tr>
<tr>
<td>methscopolamine bromide tablet ..... 19,20</td>
</tr>
<tr>
<td>methylphenidate hcl capsule er ..... 45,46</td>
</tr>
<tr>
<td>methylphenidate hcl chew tablet ..... 45,46</td>
</tr>
<tr>
<td>methylphenidate hcl solution ..... 46</td>
</tr>
<tr>
<td>methylphenidate hcl tablet ..... 46</td>
</tr>
<tr>
<td>methylphenidate hcl tablet er ..... 46</td>
</tr>
<tr>
<td>methylphenidate hcl tablet er osmotic release (osm) ..... 46</td>
</tr>
<tr>
<td>METHYLPHENID ..... 45</td>
</tr>
<tr>
<td>MEXNEX ..... 90</td>
</tr>
<tr>
<td>metoclopramide hcl orally disintegrating tablet ..... 74</td>
</tr>
<tr>
<td>metoclopramide hcl soln ..... 74</td>
</tr>
<tr>
<td>metoclopramide hcl tab ..... 74</td>
</tr>
<tr>
<td>metoclopramide hcl tablet ..... 74</td>
</tr>
<tr>
<td>metolazone tablet ..... 34</td>
</tr>
<tr>
<td>metoprolol &amp; hydrochlorothiazide tablet ..... 22</td>
</tr>
<tr>
<td>metoprolol succinate tablet er ..... 22</td>
</tr>
<tr>
<td>metoprolol tartrate tablet ..... 22</td>
</tr>
<tr>
<td>METRONIDAZOL ..... 94</td>
</tr>
<tr>
<td>metronidazole capsule ..... 9</td>
</tr>
<tr>
<td>metronidazole gel ..... 94</td>
</tr>
<tr>
<td>metronidazole in nacl ..... 6</td>
</tr>
<tr>
<td>metronidazole lotion ..... 94</td>
</tr>
<tr>
<td>metronidazole tablet ..... 9</td>
</tr>
<tr>
<td>metronidazole vaginal gel ..... 96</td>
</tr>
<tr>
<td>mexiletine hcl capsule ..... 30,31</td>
</tr>
<tr>
<td>miconazole nitrate vaginal suppos ..... 94</td>
</tr>
<tr>
<td>MICROGESTIN ..... 80</td>
</tr>
<tr>
<td>midodrine hcl tablet ..... 24</td>
</tr>
<tr>
<td>miglitol tablet ..... 77</td>
</tr>
<tr>
<td>miglstat capsule ..... 89</td>
</tr>
<tr>
<td>minocycline hcl capsule ..... 6</td>
</tr>
<tr>
<td>minocycline hcl tablet er ..... 6</td>
</tr>
<tr>
<td>mirtazapine orally disintegrating tablet ..... 61</td>
</tr>
<tr>
<td>mirtazapine tablet ..... 61</td>
</tr>
<tr>
<td>MISOPROSTOL ..... 72</td>
</tr>
<tr>
<td>M-M-R ..... 93</td>
</tr>
<tr>
<td>modafinil tablet ..... 46</td>
</tr>
<tr>
<td>moexipril hcl tablet ..... 34</td>
</tr>
<tr>
<td>molindone hcl tablet ..... 61</td>
</tr>
<tr>
<td>mometasone furoate cream ..... 96</td>
</tr>
<tr>
<td>mometasone furoate nasal suspension ..... 91</td>
</tr>
<tr>
<td>mometasone furoate oint ..... 96</td>
</tr>
<tr>
<td>mometasone furoate solution ..... 96</td>
</tr>
<tr>
<td>MONONESSA ..... 80</td>
</tr>
<tr>
<td>montelukast sodium chew tablet ..... 91</td>
</tr>
<tr>
<td>montelukast sodium oral granules packet ..... 91</td>
</tr>
<tr>
<td>montelukast sodium tablet ..... 91</td>
</tr>
<tr>
<td>MONUROL ..... 13</td>
</tr>
<tr>
<td>MORPHINE ..... 41</td>
</tr>
<tr>
<td>morphine sulfate beads capsule er ..... 41,42</td>
</tr>
<tr>
<td>morphine sulfate capsule er ..... 42</td>
</tr>
</tbody>
</table>

109
Index

morphine sulfate oral solution .................. 42
morphine sulfate tablet er .................. 42
MOTEGRIETY .................................. 73
MOVANTIK .................................. 73
MOVIPREP .................................. 73
MOXEZA .................................. 69
MOXIFLOXACIN .................................. 69
naproxen tablet ........................ 42
naproxen suspension ................ 42
naproxen sodium tablet ........... 42
NAPROXEN ................................ 42
MOXIFLOXACIN .................. 42
MULPLETA .................................. 27
MULTAQ .................................. 31
mupirocin calcium cream ......... 94
mupirocin oral solution ........... 94
MYALEPT .................................. 89
mycophenolate mofetil capsule .................. 88
mycophenolate mofetil for oral suspension .................. 88
mycophenolate mofetil tablet .................. 88
mycophenolate sodium tablet dr .................. 89
MYRBETRIQ ................................ 98
nadolol & bendroflumethiazide tablet .................. 22
nadolol tablet .................. 22
naftifine hcl cream .......... 94
naftifine hcl injectable ........ 57
nafton hcl solution cartridge ........ 57
nafton hcl solution cartridge 57
prefilled syringe .................. 57
naltrexone hcl tablet .................. 57
NAMENDA .................................. 57
NAPROXEN ................................ 42
naproxen sodium tablet ........ 42
naproxen suspension ................ 42
naproxen tablet .................. 42
naproxen tablet ec .................. 42
naratriptan hcl tablet ........................ 51
NARCAN .................................. 57
NATACYN .................................. 69
nateglidine tablet .................. 77
NATPARA .................................. 82
NEBUPENT .................................. 9
NEEDLES, .................................. 98
nefazodone hcl tablet .................. 62
NEO/POLY/DEX .................. 70
neomycin sulfate tablet ........... 6
neomycin-bacitracin zn-polymyx ...... 70
neomycin-polymyx-gramicid op solution 70
neomycin-polymyxin-dexam ethasone ophth suspension 70
neomycin-polymyxin-hc ophth suspension .... 70
neomycin-polymyxin-hc otic solution 70
neomycin-polymyxin-hc otic suspension .... 70
NEPHRAMINE .................................. 66
NERLYNX .................................. 17
NEULASTA .................................. 27
NEUPOGEN .................................. 27
NEURO .................................. 53
NEVANAC .................................. 71
nevirapine suspension .................. 11
nevirapine tablet .................. 11
nevirapine tablet er .............. 11
NEXAVAR .................................. 17
niacin tablet er .................. 29
nicardipine hcl capsule .......... 34
NICOTROL .................................. 20
nifedipine tablet er .............. 34,35
nifedipine tablet er .............. 34,35
nimodipine capsule .......... 35
NINLARO .................................. 17
NISOLDIPINE .................................. 35
nisoldipine tablet er .............. 35
nitrofurantoin monohydrate macrocrystalline capsule 13
nitrofurantoin suspension .... 13
nitroglycerin oint .................. 37
nitroglycerin sl tablet ........... 37
nitroglycerin td patch ........... 37
nitroglycerin tl solution ........ 37
NITRIT .................................. 89
NIVESTYM .................................. 27
nizatidine capsule .................. 72
nizatidine oral solution .......... 72
noretgestromin-ethinyl estradiol td ptwk 80
noretidine & ethinyl estradiol tablet ........ 80
noretidine & ethinyl estradiol tablet ........ 80
noretidine & ethinyl estradiol-fc tablet ........ 80
noretidine-ace-ethinyl estradiol-fc tablet ........ 80
noretidine acetate tablet ........ 83
noretidine ac-ethinyl estradiol-fc tablet ........ 80
noretidine tablet ........ 80,82
noretidine-eth estradiol tablet ........ 80,81
norgestimate & ethinyl estradiol tablet ........ 81
norgestimate-eth estradiol tablet ........ 81
norgestrel & ethinyl estradiol tablet ........ 81
NORMOSOL .................................. 67
NORMOSOL-R .......................... 67
NORPACE .................................. 31
NORTHERA .................................. 24
nortriptyline hcl capsule .......... 62
nortriptyline hcl solution .......... 62
NORVIR .................................. 11
NOVOLOG .................................. 77
NOVOLIN .................................. 77
nitrofurantoin monohydrate macrocrystalline capsule 13
nitrofurantoin suspension .... 13
nitroglycerin oint .................. 37
nitroglycerin sl tablet ........... 37
nitroglycerin td patch ........... 37
nitroglycerin tl solution ........ 37
NITRIT .................................. 89
NIVESTYM .................................. 27
nizatidine capsule .................. 72
nizatidine oral solution .......... 72
noretgestromin-ethinyl estradiol td ptwk 80
noretidine & ethinyl estradiol tablet ........ 80
noretidine & ethinyl estradiol tablet ........ 80
noretidine & ethinyl estradiol-fc tablet ........ 80
noretidine-ace-ethinyl estradiol-fc tablet ........ 80
noretidine acetate tablet ........ 83
noretidine ac-ethinyl estradiol-fc tablet ........ 80
noretidine tablet ........ 80,82
noretidine-eth estradiol tablet ........ 80,81
norgestimate & ethinyl estradiol tablet ........ 81
norgestimate-eth estradiol tablet ........ 81
norgestrel & ethinyl estradiol tablet ........ 81
norgestrel & ethinyl estradiol tablet ........ 81
norgestrel & ethinyl estradiol tablet .......... 81
NORMOSOL .................................. 67
NORMOSOL-R .......................... 67
NORPACE .................................. 31
NORTHERA .................................. 24
nortriptyline hcl capsule .......... 62
nortriptyline hcl solution .......... 62
NORVIR .................................. 11
NOVOLOG .................................. 77
NOVOLIN .................................. 77

110
Index

NOXAFIL ........................................... 8
NUCALA ........................................ 92
NUEDEXTA .................................... 57
NUPLAZID ........................................ 62
NUTRILIPID ..................................... 66
NUVARING ....................................... 81
NUZYRA .......................................... 6,8
NYMALIZE .......................................... 35
nystatin cream .................................. 94
nystatin oint .................................... 94
nystatin suspension ............................ 8
nystatin tablet .................................. 8
nystatin topical powder ....................... 94
nystatin-triamcinolone
cream ............................................ 94
nystatin-triamcinolone oint ............. 94
OCALIVA .......................................... 73
OCTAGAM .......................................... 92
doctreotide acetate injectable .......... 89,90
ODEFSEY .......................................... 11
ODOMZO ........................................... 17
OFEV .................................................. 92
ofloxacin ophth solution ................. 70
ofloxacin otic solution ...................... 70
ofloxacin tablet ................................ 6
olanzapine for im injectable ......... 62
olanzapine orally disintegrating tablet 62
olanzapine tablet ............................. 62
olanzapine-fluoxetine hcl capsule .... 62
olmesartan medoxomil
tablet ............................................. 35
olmesartan medoxomil-hydr ochlorothiazide tablet 35
olmesartan-amlodipine-hydr ochlorothiazide tablet 35
olopatadine hcl nasal solution ....... 68
olopatadine hcl ophth solution ...... 68
OLUMIANT .......................................... 88
omega .............................................. 29
omeprazole capsule delayed release 72
OMNARIS .......................................... 91
OMNITROPE ...................................... 83
ondansetron hcl oral solution .......... 71
ondansetron hcl tablet ................. 71
ondansetron orally disintegrating tablet 71
ORACEA ........................................... 6
ORALAIR .......................................... 90
ORENICIA .......................................... 88
ORENITRAM ...................................... 37
ORFADIN .......................................... 90
ORILISSA .......................................... 82
ORKAMBI .......................................... 90
oseltamivir phosphate capsule ....... 11
oseltamivir phosphate for suspension 11
OSPENHA .......................................... 82
OTELZA ............................................ 88
oxandrolone tablet ......................... 75
oxaprozin tablet ............................. 42
oxcarbazepine suspension .......... 49
oxcarbazepine tablet .................... 49
OXERVENT ......................................... 71
oxiconazole nitrate cream .......... 94
oxybutynin chloride syrup .......... 98
oxybutynin chloride tablet .......... 98
oxybutynin chloride tablet er .......... 98
OXYCODONE ...................................... 42,43
oxycodone hcl conc ....................... 43
oxycodone hcl solution ............... 43
oxycodone hcl tablet .............. 43
oxycodone w/ acetaminophen tablet 43
oxycodone-aspirin tablet ............. 43
oxycodone-ibuprofen tablet ....... 43
paliperidone tablet er .......... 62
PALYNZIQ .......................................... 68
PANCREAZE ....................................... 74
PANRETIN .......................................... 97
pantoprazole sodium ec tablet .......... 72
paricalcitol capsule ....................... 99
paromomycin sulfate capsule .......... 6
paroxetine hcl tablet .............. 62
paroxetine hcl tablet er .............. 62
PAXIL ............................................. 93
PEVE .................................................. 93
peg .................................................. 73
PEG .................................................. 73
PEG-3350 .......................................... 73
PEG-3350/KCL .................................... 73
PEGANONE ......................................... 49
PEGASYS ........................................... 11
PENICILL .......................................... 6
penicillin g potassium for injectable 6
penicillin g procaine intramuscular suspension 6
penicillin g sodium for injectable 6
penicillin v potassium for solution 6
penicillin v potassium tablet .... 6
PENTAM ........................................... 6
PENTASA .......................................... 72
pentoxifylline tablet er ............. 27
PERFOROMIST ................................. 24
perindopril erbumine tablet .... 35
permethrin cream .......................... 94
perphenazine tablet .............. 62,63
PERSERIS .......................................... 63
PERTZYE ........................................... 74
PEXEVA ............................................. 63
phenerazine sulfate tablet ....... 63
PHENOBARB ........................................ 54
phenoxybenzamine hcl capsule .... 22
Index

phenytoin chew tablet ........ 49
phenytoin sodium extended
capsule ......................... 49
phenytoin suspension ........ 50
PHOSPHOLINE ................... 69
PICATO ............................ 97
PIFELTRO ........................ 11
PILOCARPINE ................... 20
piilocarpine hcl tablet ...... 20
PIMECROMUS .................. 97
pimozide tablet ............... 63
pindolol tablet ............... 22
PIOGLIT/GLIM ................ 77
pioglitazone hcl tablet ...... 77,78
pioglitazone h-cl-metformin
chl tablet ...................... 78
piperacillin sod-tazobactam
da for injectable ............ 6
piperacillin sod-tazobactam
dsod for injectable ........ 6,7
PIQRAY ......................... 17
piroxicam capsule .......... 43
PLASMA-LYTE .................. 67
PLEGRIDY ........................ 86
PLENVU .......................... 73
podofilox solution .......... 97
polymyxin b-trimethoprim
ophth solution .............. 70
POMALYST ........................ 17
POT ............................... 67
potassium chloride capsule
er .................................. 67
potassium chloride
injectable ..................... 67
potassium chloride
microencapsulated crys er
tablet ............................ 67
potassium chloride oral
solution ......................... 67
potassium chloride powder
packet ........................... 67
potassium chloride tablet er ... 67
potassium citrate tablet er ...... 65

PRADAXA ............................ 25
PRALUENT .......................... 29,30
pramipexole dihydrochlorid
e tablet .......................... 53
pramipexole dihydrochlorid
e tablet er .......................... 53
prasugrel hcl tablet .......... 25
pravastatin sodium tablet ..... 30
praziquantel tablet .......... 1
prazosin hcl capsule .......... 22
PRED .................................. 71
PRED-G ............................. 70
PREDNICARBAT ................. 96
prednicarbate oint ........... 96
PREDNISOLONE ................ 75
prednisolone sod phosph
oral solution ................... 75
prednisolone sod phosphate
oral solution .................. 75
prednisolone sodium
phosphate ophth solution .... 71
prednisolone sodium
phosphate oral solution .... 75
prednisolone syrup .......... 75
prednisone conc ............... 75
prednisone oral solution ... 75
prednisone tablet ............. 75
PREMARIN ........................ 82
PRENATAL ........................ 99
PREVYMIS ........................ 11
PREZCOBIX ...................... 11
PREZISTA ........................ 11
PRIFTIN ........................... 8
primaquine phosphate
tablet ........................... 9
primidone tablet ............... 54
PRIVIGEN .......................... 92
PROAIR ............................ 24
probencid tablet ............... 68
PROCALAMINE ................ 66
prochlorperazine maleate
tablet ........................... 1
prochlorperazine suppos ..... 1,63
progesterone micronized
capsule ......................... 83
PROGLYCEM ........................ 35
PROLASTIN-C .................... 92
PROLIA ............................. 87
PROMACTA ....................... 27
promethazine hcl suppos ..... 1,71
promethazine hcl syrup ...... 1
promethazine hcl tablet ...... 1
propafenone hcl capsule er ... 31
propafenone hcl tablet ...... 31
proparacaine hcl ophth
solution .......................... 71
propranolol & hydrochlorot
hiazide tablet ................. 22
propranolol hcl capsule er ... 22,23
propranolol hcl oral solution .. 23
propranolol hcl tablet ...... 23
propylthiouracil tablet ...... 84
PROQUAD ......................... 93
PROSOL ........................... 66
PROTONIX .......................... 73
protriptyline hcl tablet ...... 63
PRUDOXIN ......................... 96
PULMOZYME ....................... 68
PURIXAN .......................... 12
PYLERA ........................... 7
pyrazinamide tablet .......... 8
pyridostigmine bromide
syrup ............................. 20
pyridostigmine bromide
tablet ............................ 20
pyridostigmine bromide
tablet er ......................... 20
QNASL ............................. 91
QUADRACEL ....................... 93
quetiapine fumarate tablet ..... 63
quetiapine fumarate tablet
er ................................. 63
quinapril hcl tablet .......... 35
quinapril-hydrochlorothiazid
e tablet .......................... 35
quinidine sulfate tablet ...... 9
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUININE</td>
<td>9</td>
</tr>
<tr>
<td>RABAVERT</td>
<td>93</td>
</tr>
<tr>
<td>rabeprazole sodium ec</td>
<td>73</td>
</tr>
<tr>
<td>tablet</td>
<td></td>
</tr>
<tr>
<td>raloxifene hcl tablet</td>
<td>82</td>
</tr>
<tr>
<td>ramipril capsule</td>
<td>35</td>
</tr>
<tr>
<td>ranitidine hcl capsule</td>
<td>73</td>
</tr>
<tr>
<td>ranitidine hcl tablet</td>
<td>73</td>
</tr>
<tr>
<td>ranolazine tablet er</td>
<td>31</td>
</tr>
<tr>
<td>RASAGILINE</td>
<td>53</td>
</tr>
<tr>
<td>RASUVO</td>
<td>17</td>
</tr>
<tr>
<td>REBETOL</td>
<td>12</td>
</tr>
<tr>
<td>RECOMBIVA</td>
<td>93</td>
</tr>
<tr>
<td>RECOMBIVA-HB</td>
<td>93</td>
</tr>
<tr>
<td>RECTIV</td>
<td>97</td>
</tr>
<tr>
<td>RELENZA</td>
<td>12</td>
</tr>
<tr>
<td>RELISTOR</td>
<td>73</td>
</tr>
<tr>
<td>repaglinide tablet</td>
<td>78</td>
</tr>
<tr>
<td>repaglinide-metformin hcl</td>
<td>78</td>
</tr>
<tr>
<td>repaglinide-metformin hcl</td>
<td>78</td>
</tr>
<tr>
<td>tablet</td>
<td></td>
</tr>
<tr>
<td>REPATHA</td>
<td>30</td>
</tr>
<tr>
<td>RESCRIPTOR</td>
<td>12</td>
</tr>
<tr>
<td>RESCRIPTOR</td>
<td>12</td>
</tr>
<tr>
<td>RETACRIT</td>
<td>27</td>
</tr>
<tr>
<td>REVLIMID</td>
<td>17</td>
</tr>
<tr>
<td>REXULTI</td>
<td>63</td>
</tr>
<tr>
<td>REYATAZ</td>
<td>12</td>
</tr>
<tr>
<td>RHOFADE</td>
<td>97</td>
</tr>
<tr>
<td>RHOPRESSA</td>
<td>69</td>
</tr>
<tr>
<td>ribavirin capsule</td>
<td>12</td>
</tr>
<tr>
<td>ribavirin tablet</td>
<td>12</td>
</tr>
<tr>
<td>RIDAURA</td>
<td>74</td>
</tr>
<tr>
<td>rifabutin capsule</td>
<td>7</td>
</tr>
<tr>
<td>rifampin capsule</td>
<td>7</td>
</tr>
<tr>
<td>rifampin for injectable</td>
<td>7</td>
</tr>
<tr>
<td>RIFATER</td>
<td>7</td>
</tr>
<tr>
<td>riluzole tablet</td>
<td>57</td>
</tr>
<tr>
<td>RISEREDRON</td>
<td>87</td>
</tr>
<tr>
<td>risedronate sodium tablet</td>
<td>87</td>
</tr>
<tr>
<td>RISPERDAL</td>
<td>63</td>
</tr>
<tr>
<td>risperidone orally</td>
<td>63</td>
</tr>
<tr>
<td>disintegrating tablet</td>
<td>63</td>
</tr>
<tr>
<td>risperidone solution</td>
<td>64</td>
</tr>
<tr>
<td>risperidone tablet</td>
<td>64</td>
</tr>
<tr>
<td>ritonavir tablet</td>
<td>12</td>
</tr>
<tr>
<td>rivastigmine tartrate cap</td>
<td>20,21</td>
</tr>
<tr>
<td>rivastigmine td patch</td>
<td>21</td>
</tr>
<tr>
<td>rizatriptan benzoate oral</td>
<td>51</td>
</tr>
<tr>
<td>disintegrating tablet</td>
<td>51</td>
</tr>
<tr>
<td>ROCKLATAN</td>
<td>69</td>
</tr>
<tr>
<td>ropinirole hydrochloride</td>
<td>53</td>
</tr>
<tr>
<td>tablet</td>
<td>53</td>
</tr>
<tr>
<td>ropinirole hydrochloride</td>
<td>54</td>
</tr>
<tr>
<td>tablet er</td>
<td>54</td>
</tr>
<tr>
<td>rosuvastatin calcium tablet</td>
<td>30</td>
</tr>
<tr>
<td>ROTARIX</td>
<td>93</td>
</tr>
<tr>
<td>ROTATEQ</td>
<td>93</td>
</tr>
<tr>
<td>ROWASA</td>
<td>72</td>
</tr>
<tr>
<td>ROZEREM</td>
<td>54</td>
</tr>
<tr>
<td>RUBRACA</td>
<td>17</td>
</tr>
<tr>
<td>RYDAPT</td>
<td>18</td>
</tr>
<tr>
<td>SAFYRAL</td>
<td>81</td>
</tr>
<tr>
<td>SAIZEN</td>
<td>83</td>
</tr>
<tr>
<td>SAIZENPREP</td>
<td>83</td>
</tr>
<tr>
<td>SANDIMMUNE</td>
<td>65</td>
</tr>
<tr>
<td>SANTYL</td>
<td>97</td>
</tr>
<tr>
<td>SAPHRIS</td>
<td>64</td>
</tr>
<tr>
<td>SAVAYSA</td>
<td>26</td>
</tr>
<tr>
<td>SAVELLA</td>
<td>57</td>
</tr>
<tr>
<td>scopolamine td patch</td>
<td>20</td>
</tr>
<tr>
<td>SEGLUROMET</td>
<td>78</td>
</tr>
<tr>
<td>sevelamer hcl capsule</td>
<td>64</td>
</tr>
<tr>
<td>selegiline hcl capsule</td>
<td>64</td>
</tr>
<tr>
<td>selegiline hcl tablet</td>
<td>64</td>
</tr>
<tr>
<td>SELZENTRY</td>
<td>12</td>
</tr>
<tr>
<td>SEMPREX-D</td>
<td>1</td>
</tr>
<tr>
<td>SEREVENT</td>
<td>24</td>
</tr>
<tr>
<td>sertraline hcl oral</td>
<td></td>
</tr>
<tr>
<td>concentrate for solution</td>
<td>64</td>
</tr>
<tr>
<td>sertraline hcl tablet</td>
<td>64</td>
</tr>
<tr>
<td>sevelamer carbonate tablet</td>
<td>66</td>
</tr>
<tr>
<td>sevelamer hcl tablet</td>
<td>66</td>
</tr>
<tr>
<td>SHINGRIX</td>
<td>93</td>
</tr>
<tr>
<td>SIGNIFOR</td>
<td>90</td>
</tr>
<tr>
<td>sildenafil citrate for suspension</td>
<td>37</td>
</tr>
<tr>
<td>sildenafil citrate tablet</td>
<td>37</td>
</tr>
<tr>
<td>silodosin capsule</td>
<td>23</td>
</tr>
<tr>
<td>SILVER</td>
<td>94</td>
</tr>
<tr>
<td>SIMBRINZA</td>
<td>69</td>
</tr>
<tr>
<td>simvastatin tablet</td>
<td>30</td>
</tr>
<tr>
<td>sirolimus oral solution</td>
<td>89</td>
</tr>
<tr>
<td>sirolimus tablet</td>
<td>89</td>
</tr>
<tr>
<td>SIRTURO</td>
<td>8</td>
</tr>
<tr>
<td>SIVEXTRO</td>
<td>7</td>
</tr>
<tr>
<td>SKYRIZI</td>
<td>88</td>
</tr>
<tr>
<td>SOD</td>
<td>65,67</td>
</tr>
<tr>
<td>SODIUM</td>
<td>66,99</td>
</tr>
<tr>
<td>sodium chloride iv solution</td>
<td>68</td>
</tr>
<tr>
<td>sodium phenylbutyrate oral powder</td>
<td>65</td>
</tr>
<tr>
<td>sodium polystyrene</td>
<td></td>
</tr>
<tr>
<td>sulfonate oral suspension</td>
<td>66</td>
</tr>
<tr>
<td>SOFOS/VELPAT</td>
<td>12</td>
</tr>
<tr>
<td>SOLIQUA</td>
<td>78</td>
</tr>
<tr>
<td>SOLTAMOX</td>
<td>18</td>
</tr>
<tr>
<td>SOMATULINE</td>
<td>90</td>
</tr>
<tr>
<td>SOWAVER</td>
<td>83</td>
</tr>
<tr>
<td>sotalol hcl (afib/afl) tablet</td>
<td>23</td>
</tr>
<tr>
<td>sotalol hcl tablet</td>
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<td>12</td>
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<tr>
<td>STRIVERDI</td>
<td>24</td>
</tr>
</tbody>
</table>
Index

SUCRAID ...................................... 68
sucralfate tablet .......................... 73
sulfacetamide sodium lotion .... 94
sulfacetamide sodium ophth oint .................. 70
sulfacetamide sodium ophth solution .............. 70
sulfacetamide sodium-pred nisolone ophth oint .............. 70
sulfadiazine tablet .................. 7
sulfmethoxazole-trimethoprim suspension........... 7
sulfmethoxazole-trimethoprim ophthalmic tablet ... 7
SULFASALAZINE ............................. 72
sulfasalazine tablet .................. 72
sulindac tablet .................................. 43
SUMatriptAN ................................. 51
sumatriptan nasal spray .................. 51
sumatriptan succinate injectable .................. 51
sumatriptan succinate solution auto-injector ........... 51
sumatriptan succinate solution prefilled syringe .... 51
sumatriptan succinate tablet .................. 52
SUPRAX ........................................ 7
SUPREP ........................................ 73
SUTENT ......................................... 18
SYLATRON ...................................... 18
SYMBICORT .................................... 24
SYMDEKO ....................................... 92
SYMFI ........................................... 12
SYMLNPEN .................................... 78
SYMLNPEN .................................... 78
SYMPAZAN ..................................... 56
SYMPROIC ...................................... 73
SYMTUZA ....................................... 12
SYNAREL ....................................... 82
SYNJARDY ...................................... 78
SYNRIBO ....................................... 18
SYNTHROID ..................................... 84
TABloid ........................................ 18
TAcloneX ....................................... 96
tacrolimus capsule ................... 89
tacrolimus oint ......................... 97
tadafal tablet .............................. 37
TAFINlar ....................................... 18
TAGRISSO ...................................... 78
TAKHZYRO ...................................... 87
TALZENNA ...................................... 18
tamsulosin hcl capsule ................... 23
TARGETIN ....................................... 97
TASIGNA ........................................ 18
TAVALISSE ...................................... 27
tazarotene cream ......................... 97
TAZORAC ........................................ 97
tobramycin nebulization solution ............... 7
TAVIdM ........................................... 92
TECfIDERa ....................................... 86
tenoxicam capsule .................. 12
TEFLARO .......................................... 7
tobramycin suspenson .................. 7
TEGSEDI ......................................... 90
tobramycin ophth solution .......... 70
tobramycin sulfate injectable .......... 7
tobramycin-dexamethasone ophth suspension .... 70
tobramycin-hcl capsule .................. 21
tobramycin hcl tablet .................. 21
tobramycin hydrochlorothiazide tablet ............ 36
temazepam capsule .................. 56
TENIVAC ......................................... 92
tenofibrate disoproxil fumarate tablet ........... 12
tertrazosin hcl cap ...................... 23
terazosin hcl capsule .................. 23
terbinaine hcl tablet .................... 8
terbutaline sulfate tablet .............. 24
terconazole vaginal cream .............. 94
terconazole vaginal suppos .......... 94
testosterone cypionate im injectable in oil ........ 75,76
testosterone cypionate im injectable in oil ........ 76
testosterone enanthate im injectable in oil ........ 76
testosterone td gel ...................... 76
Testosterone td solution .................. 76
tetrahydrozine tablet .................. 57
THALOMID ....................................... 86
theophylline tablet er .................. 98
thioridazine hcl tablet ................ 64
thiothixene capsule .................. 64
TIAGABINE ...................................... 50
TIBSOVO .......................................... 18
tigecycline for iv solution ............... 7
TIMOLOL ......................................... 69
timolol maleate ophth solution ............. 69
timolol maleate tablet .................. 23
TIMOPTIC ........................................ 69
tinidazole tablet ....................... 23
tobramycin nebulizer solution ........ 7
tobramycin ophth solution .......... 70
tobramycin sulfate injectable .......... 7
tobramycin-dexamethasone ophth suspension .... 70
tobramycin-hcl capsule .................. 21
tobramycin hcl tablet .................. 21
TOBRADEX ....................................... 70
tobramycin nebulizer ................. 7
TOLACAPONE ................................... 54
tolbutamide tablet ...................... 78
tolbutamide tablet ...................... 78
TOLcapONE ..................................... 54
tolbutamide capsule .................... 43
tolbutamide capsule .................... 43
TOLTERODINE .................................. 98
tolterodine tartrate capsule er .......... 98
tolterodine tartrate tablet ............. 98
TOPIRAMATE ................................... 50
topiramate sprinkle capsule .......... 50
topiramate tablet ....................... 50
toremifene citrate tablet .............. 18	
torsedia tablet ......................... 36
TOUJEO .......................................... 78

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>XAMPZA</td>
<td>44</td>
</tr>
<tr>
<td>XTANDI</td>
<td>19</td>
</tr>
<tr>
<td>XURIDEN</td>
<td>85</td>
</tr>
<tr>
<td>XYREM</td>
<td>57</td>
</tr>
<tr>
<td>YF-VAX</td>
<td>93</td>
</tr>
<tr>
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<td>19</td>
</tr>
<tr>
<td>zafirlukast tablet</td>
<td>91</td>
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<td>zaleplon capsule</td>
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<td>27</td>
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<td>92</td>
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<tr>
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<td>91</td>
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<tr>
<td>zidovudine capsule</td>
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<td>91</td>
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This formulary was updated on 09/01/2019. For more recent information or other questions, please contact SelectHealth Member Services toll-free, at 855-442-9900 or, for TTY users, 711, during the following dates and times:

October 1 to March 31:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit selecthealth.org/medicare.