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

2021 FORMULARY — 6 TIER

(List of Covered Drugs)

21158, Version 21

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at 1-800-200-4255, or, for TTY users, 711, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare-options.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

Y0014_2098_C
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 Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, Medicare HMO Blue ValueRx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2021. 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/co-insurance may change on January 1, 2022, and from time to time during the year.
What is the Medicare PPO Blue SaverRx (PPO), Medicare HMO Blue SaverRx (HMO), Medicare PPO Blue ValueRx (PPO), Medicare HMO Blue ValueRx (HMO) Formulary?

A formulary is a list of covered drugs selected by Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx (HMO), Medicare PPO Blue ValueRx (PPO), Medicare HMO Blue ValueRx (HMO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare HMO Blue ValueRx, and Medicare PPO Blue ValueRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you’ll be affected by coverage changes during the year:

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

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

  » 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 Medicare PPO Blue SaverRx (PPO), Medicare HMO Blue SaverRx (HMO), Medicare PPO Blue ValueRx (PPO), and Medicare HMO Blue ValueRx (HMO) Formulary?”

This drug list was last updated on 12/01/2021.
Changes that won’t affect you if you’re currently taking the drug. Generally, if you’re taking a drug on our 2021 formulary that was covered at the beginning of the year, we won’t discontinue or reduce coverage of the drug during the 2021 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. You won’t get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change, we’ll provide a notice in the monthly Explanation of Benefits and on our website, bluecrossma.com/medicare-options.

You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

• **Medical Condition.** The formulary begins on page 9. 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 Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 107. Then look under the category name for your drug.

• **Alphabetical Listing.** If you aren’t sure what category to look under, you should look for your drug in the Index that begins on page 107. 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?

Medicare PPO Blue SaverRx (PPO), Medicare HMO Blue SaverRx (HMO), Medicare PPO Blue ValueRx (PPO), and Medicare HMO Blue ValueRx (HMO) cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.
Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you’ll need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 capsules per 30 days per prescription of Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.

- **Opioid Safety Edits:** For certain drugs or combinations of drugs, there may be a safety edits applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other, similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.

- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we’ll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A doesn’t work for you, our plans 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 9. 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 our plan 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 Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare HMO Blue ValueRx formulary?” on page 4 for information about how to request an exception.

What if my drug isn’t on the Formulary?

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

If you learn that Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare HMO Blue ValueRx don’t cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plans.

- You can ask our plans 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 Medicare PPO Blue SaverRx (PPO), Medicare HMO Blue SaverRx (HMO), Medicare PPO Blue ValueRx (PPO), and Medicare HMO Blue ValueRx (HMO) Formulary?

You can ask our plans 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 isn’t on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you wouldn’t 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 isn’t on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we’ll cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare HMO Blue ValueRx 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 wouldn’t 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 aren’t 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’ll 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’re a member of our plan.
For each of your drugs that isn't on our formulary or if your ability to get your drugs is limited, we'll 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 won't pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that isn’t on our formulary or if your ability to get your drugs is limited, but you’re past the first 90 days of membership in our plan, we’ll cover up to a temporary 30-day supply (or 31-day supply if you’re a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you’re required to use the plan’s exception process.

Our transition supply won’t cover drugs that Medicare doesn’t allow Part D plans to cover, or drugs that might be covered under Medicare Part B.

For more information

For more detailed information about your Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, or Medicare HMO Blue ValueRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plans, 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 medicare.gov.

Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare HMO Blue ValueRx Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare PPO Blue SaverRx, Medicare HMO Blue SaverRx, Medicare PPO Blue ValueRx, and Medicare HMO Blue ValueRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

This drug list was last updated on 12/01/2021.
The abbreviations you may see in the formulary (list of covered drugs) include:

**Quantity Limits (QL):** To help ensure that the quantity and dosage of your medications remain consistent with manufacturer, clinical, and Food and Drug Administration (FDA) recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you’re taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.

- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer’s and the FDA’s monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.

**Mail Order (MO):** These prescription drugs are available through mail order.

**Home Infusion (HI):** This prescription drug may be covered under our medical benefit. For more information, call Member Service at 1-800-200-4255, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call 711. Our contact information appears on the front and back cover pages.

**Medical Benefit (MB):** These drugs and supplies are covered under your plan’s medical benefit and are available through network retail pharmacies or mail-order service.*

**Prior Authorization (PA):** These prescription drugs require prior authorization from the plan.

**Step Therapy (ST):** These prescription drugs require you to first try another drug to treat your medical condition.

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Service at 1-800-200-4255, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week. TTY users should call 711. Our contact information appears on the front and back cover pages.

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

**Non-Extended Day Supply (NEDS):** In an effort to control drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

* Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand test strips and blood glucose monitors that aren’t listed on our formulary when purchased at a retail or mail order pharmacy.

This drug list was last updated on 12/01/2021.
How much will I pay for my Medicare Advantage plan’s covered drugs?

Your Medicare prescription drug costs:
The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug.

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

Your costs for drugs and supplies covered under your plan’s medical benefit:
You’ll find some drugs and supplies listed in the formulary drug list with a “MB” note in the tier column. These drugs and supplies covered under your plan’s medical benefit are available through network retail pharmacies or mail-order service. However, they don’t qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster, like drugs covered under your Medicare prescription drug benefit.

This drug list was last updated on 12/01/2021.
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<th>Plans</th>
<th>Drug Tier</th>
<th>Annual Deductible</th>
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### ANTI-INFLUENZES: ANTIFUNGAL AGENTS

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<td>HI, NEDS</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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<tr>
<td>ATRIPLA</td>
<td>5</td>
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<tr>
<td>BARACLE ORAL SOLUTION</td>
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<td>BIKTARVY</td>
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<td>CABENUVA</td>
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<tr>
<td>cidofovir</td>
<td>5</td>
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<td>CIMDUO</td>
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<tr>
<td>COMPLERA</td>
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<tr>
<td>DELSTRIGO</td>
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<td>DESCOVY</td>
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<tr>
<td>didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg</td>
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<tr>
<td>DOVATO</td>
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<tr>
<td>efavirenz oral capsule 200 mg</td>
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**ANTI - INFECTIVES: ANTIVIRALS (continued)**

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<tbody>
<tr>
<td>efavirenz oral capsule 50 mg</td>
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<tr>
<td>efavirenz oral tablet</td>
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</tr>
<tr>
<td>efavirenz-emtricitabin-tenofov</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>efavirenz-lamivudine-tenofov disop</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>emtricitabine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>emtricitabine-tenofov (tdf)</td>
<td>5</td>
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</tr>
<tr>
<td>EMTRIVA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>entecavir</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>EPLUSA ORAL TABLET</td>
<td>5</td>
<td>PA, MO, QL (28 per 28 days), NEDS</td>
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<tr>
<td>EPIVIR HBV ORAL SOLUTION</td>
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<tr>
<td>etravirine</td>
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<td>EVOTAZ</td>
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<tr>
<td>famciclovir</td>
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<td>fosamprenavir</td>
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<tr>
<td>foscarnet</td>
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<td>FUZEON SUBCUTANEOUS RECON SOLN</td>
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<td>ganciclovir sodium intravenous</td>
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<td>B/D PA, MO, HI</td>
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<td>ganciclovir sodium intravenous recon soln</td>
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<td>B/D PA, MO, HI</td>
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<td>GENVOYA</td>
<td>5</td>
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<td>HARVONI</td>
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<td>PA, MO, QL (28 per 28 days), NEDS</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### ANTI - INFECTIVES: ANTIVIRALS (continued)

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<td>ISENTRESS ORAL POWDER IN PACKET</td>
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<td>ISENTRESS ORAL TABLET</td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td>ISENTRESS ORAL TABLET, CHEWABLE 100 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ISENTRESS ORAL TABLET, CHEWABLE 25 MG</td>
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<tr>
<td>JULUCA</td>
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<td>KALETRA ORAL TABLET 100-25 MG</td>
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<td>KALETRA ORAL TABLET 200-50 MG</td>
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<td>lamivudine</td>
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<tr>
<td>lamivudine-zidovudine</td>
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<td>MO</td>
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<tr>
<td>LEXIVA ORAL SUSPENSION</td>
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<td>MO</td>
</tr>
<tr>
<td>lopinavir-ritonavir</td>
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<td>MO</td>
</tr>
<tr>
<td>MAVYRETT ORAL TABLET</td>
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<td>PA, MO, QL (84 per 28 days), NEDS</td>
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<td>nevirapine oral suspension</td>
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<td>nevirapine oral tablet</td>
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<tr>
<td>nevirapine oral tablet extended release 24 hr</td>
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<tr>
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<th>Requirements/Limits</th>
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<tr>
<td>ribavirin oral tablet 200 mg</td>
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<td>rimantadine</td>
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<td>MO</td>
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<tr>
<td>ritonavir</td>
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<tr>
<td>RUKOBIA</td>
<td>5</td>
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<td>SELZENTRY ORAL SOLUTION</td>
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<td>MO</td>
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<tr>
<td>SELZENTRY ORAL TABLET 150 MG, 300 MG</td>
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<td>MO, NEDS</td>
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<tr>
<td>SELZENTRY ORAL TABLET 25 MG, 75 MG</td>
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<td>MO</td>
</tr>
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<td>SOVALDI</td>
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<td>PA, MO, QL (28 per 28 days), NEDS</td>
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<tr>
<td>stavudine oral capsule</td>
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<td>STRIBILD</td>
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<td>SYMFI</td>
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<tr>
<td>SYMFI LO</td>
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<td>SYMTUZA</td>
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<td>SYNAGIS</td>
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<td>TEMIXYS</td>
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<tr>
<td>tenofovir disoproxil fumarate</td>
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<td>TIVICAY ORAL TABLET 10 MG</td>
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<td>MO</td>
</tr>
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<td>TIVICAY ORAL TABLET 25 MG, 50 MG</td>
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<td>TIVICAY PD</td>
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<td>TRIUMEQ</td>
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<td>TROGARZO</td>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>cefaclor oral capsule</td>
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<td>MO</td>
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<tr>
<td>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</td>
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<td>MO</td>
</tr>
<tr>
<td>cefaclor oral suspension for reconstitution 375 mg/5 ml</td>
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</tr>
<tr>
<td>cefaclor oral tablet extended release 12 hr</td>
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<td>MO</td>
</tr>
<tr>
<td>cefadroxil oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cefadroxil oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>cefazolin injection recon soln 1 gram, 500 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>cefazolin injection recon soln 10 gram</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>cefazolin injection recon soln 100 gram, 300 g</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>cefazolin intravenous</td>
<td>2</td>
<td>HI</td>
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<tr>
<td>cefdinir</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cefepime in dextrose, iso-osm</td>
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<tr>
<td>cefepime injection</td>
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<tr>
<td>cefixime</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### ANTI-INFECTIVES: CEPHALOSPORINS (continued)

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<tr>
<td>cefuroxime sodium injection recon soln 750 mg</td>
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<tr>
<td>cefuroxime sodium intravenous recon soln 1.5 gram</td>
<td>2</td>
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<td>cefuroxime sodium intravenous recon soln 7.5 gram</td>
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<td>cephalaxin</td>
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<tr>
<td>FETROJA</td>
<td>5</td>
<td>NEDS</td>
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<tr>
<td>SUPRAX ORAL TABLET, CHEWABLE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>tazicef injection</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>tazicef intravenous</td>
<td>2</td>
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<tr>
<td>TEFLARO</td>
<td>5</td>
<td>MO, HI, NEDS</td>
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<tr>
<td>ZERBAXA</td>
<td>5</td>
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### ANTI-INFECTIVES: ERYTHROMYCINS / OTHER MACROLIDES

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<tbody>
<tr>
<td>azithromycin intravenous</td>
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<td>MO, HI</td>
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<tr>
<td>azithromycin oral packet</td>
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<td>MO</td>
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<tr>
<td>azithromycin oral suspension for reconstitution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</td>
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<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
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<td></td>
</tr>
<tr>
<td>clarithromycin oral suspension for reconstitution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clarithromycin oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clarithromycin oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIFICID ORAL TABLET</td>
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<td>MO, NEDS</td>
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<tr>
<td>e.e.s. 400 oral tablet</td>
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<tr>
<td>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</td>
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<td>MO</td>
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<tr>
<td>erythrocin (as stearate) oral tablet 250 mg</td>
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<td>MO</td>
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<tr>
<td>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</td>
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<tr>
<td>erythromycin ethylsuccinate oral suspension for reconstitution</td>
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<td>erythromycin ethylsuccinate oral tablet</td>
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<td>erythromycin oral</td>
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**ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES**

<table>
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<tbody>
<tr>
<td>albendazole</td>
<td>5</td>
<td>MO, NEDS</td>
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<tr>
<td>amikacin injection solution 1,000 mg/4 ml</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>amikacin injection solution 500 mg/2 ml</td>
<td>2</td>
<td>MO, HI</td>
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<td>ARIKAYCE</td>
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<td>PA, LA, NEDS</td>
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<tr>
<td>atovaquone</td>
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<td>MO, NEDS</td>
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<tr>
<td>atovaquone-proguanil</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>aztreonam injection recon soln 1 gram</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>aztreonam injection recon soln 2 gram</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>bacitracin intramuscular</td>
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<td>MO</td>
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<td>BENZNIDAZOLE</td>
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<td>BETHKIS</td>
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<td>B/D PA, MO, NEDS</td>
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<td>CAYSTON</td>
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<td>chloramphenicol sod succinate</td>
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<td>chloroquine phosphate</td>
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<td>clindamycin hcl</td>
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<td>clindamycin in 5 % dextrose</td>
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<td>clindamycin pediatric</td>
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<td>MO</td>
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<td>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</td>
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<tr>
<td>clindamycin phosphate injection solution 150 mg/ml</td>
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<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>clindamycin phosphate intravenous solution</td>
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<td>HI</td>
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<td>600 mg/4 ml</td>
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<td>COARTEM</td>
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<td>colistin (colistimetha-</td>
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<td>MO, HI</td>
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<tr>
<td>na)</td>
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<td>CYCLOSERINE</td>
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<tr>
<td>DALVANCE</td>
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<td>MO, HI</td>
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<tr>
<td>dapsone oral</td>
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<td>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG (BRAND)</td>
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<td>daptomycin intravenous recon soln 500 mg</td>
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<td>ethambutol</td>
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<td>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</td>
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<td>MO, HI</td>
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<td>60 mg/50 ml, 80 mg/50 ml</td>
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<td>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</td>
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<td>HI</td>
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<td>gentamicin injection solution 40 mg/ml</td>
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<td>gentamicin sulfate (ped) (pf)</td>
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<td>hydroxychloroquine oral tablet 200 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>imipenem-cilastatin</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>IMPAVIDO</td>
<td>3</td>
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<tr>
<td>isoniazid injection</td>
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<tr>
<td>isoniazid oral</td>
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<tr>
<td>ivermectin oral</td>
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<tr>
<td>KIMYRSA</td>
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<tr>
<td>LAMPIT</td>
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<tr>
<td>lincomycin</td>
<td>2</td>
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<tr>
<td>linezolid in dextrose 5%</td>
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</tr>
<tr>
<td>linezolid oral suspension for reconstitution</td>
<td>5</td>
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</tr>
<tr>
<td>linezolid oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>linezolid-0.9% sodium chloride</td>
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<tr>
<td>mefloquine</td>
<td>2</td>
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<tr>
<td>meropenem</td>
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<tr>
<td>metro i.v.</td>
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<tr>
<td>metronidazole in nacl (iso-os)</td>
<td>2</td>
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<tr>
<td>metronidazole oral</td>
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<tr>
<td>neomycin</td>
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<tr>
<td>nitazoxanide</td>
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<tr>
<td>ORBACTIV</td>
<td>5</td>
<td>MO, HI, NEDS</td>
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<tr>
<td>paromomycin</td>
<td>2</td>
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</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PASER</td>
<td>3</td>
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<tr>
<td><em>pentamidine inhalation</em></td>
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</tr>
<tr>
<td><em>pentamidine injection</em></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td><em>polymyxin b sulfate</em></td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td><em>praziquantel</em></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PRETOMANID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRIFTIN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PRIMAQUINE</td>
<td>4</td>
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</tr>
<tr>
<td><em>primaquine</em></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td><em>pyrazinamide</em></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>pyrimethamine</em></td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td><em>quinine sulfate</em></td>
<td>2</td>
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</tr>
<tr>
<td>RECARBRO</td>
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<td>NEDS</td>
</tr>
<tr>
<td><em>rifabutin</em></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td><em>rifampin intravenous</em></td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td><em>rifampin oral</em></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SIRTURO</td>
<td>5</td>
<td>LA, NEDS</td>
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<tr>
<td><em>SIVEXTRO INTRAVENOUS</em></td>
<td>5</td>
<td>HI, NEDS</td>
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<tr>
<td><em>SIVEXTRO ORAL</em></td>
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<td>MO, NEDS</td>
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<tr>
<td>STREPTOMYCIN</td>
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</tr>
<tr>
<td>SYNERCID</td>
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<tr>
<td><em>tigecycline</em></td>
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</tr>
<tr>
<td><em>tinidazole</em></td>
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</tr>
<tr>
<td><em>TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE</em></td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td><em>tobramycin in 0.225% nacl</em></td>
<td>5</td>
<td>B/D PA, MO, NEDS</td>
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</tbody>
</table>

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This drug list was last updated on 12/01/2021.
### ANTI - INFECTIVES: MISCELLANEOUS ANTIINFECTIVES (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)</td>
<td>3</td>
<td>HI</td>
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<tr>
<td>vancomycin intravenous recon soln 5 gram</td>
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<td>HI</td>
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<tr>
<td>vancomycin oral capsule 125 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>vancomycin oral capsule 250 mg</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>vancomycin oral recon soln</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>VIBATIV INTRAVENOUS RECON SOLN 750 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>XENLETA INTRAVENOUS</td>
<td>3</td>
<td>MO, QL (10 per 30 days), NEDS</td>
</tr>
<tr>
<td>XENLETA ORAL</td>
<td>5</td>
<td>MO, QL (10 per 30 days), NEDS</td>
</tr>
<tr>
<td>XIFAXAN ORAL TABLET 550 MG</td>
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<td>MO, NEDS</td>
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This drug list was last updated on 12/01/2021.

### ANTI - INFECTIVES: PENICILLINS

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>amoxicillin oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral suspension for reconstitution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral tablet, chewable 125 mg, 250 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension for reconstitution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet extended release 12 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet, chewable</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ampicillin oral capsule 500 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>ampicillin sodium injection recon soln 2 gram, 500 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>ampicillin sodium injection recon soln 250 mg</td>
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<td>HI</td>
</tr>
<tr>
<td>ampicillin sodium intravenous</td>
<td>2</td>
<td>HI</td>
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<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------</td>
<td>---------------------</td>
</tr>
<tr>
<td>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>ampicillin-sulbactam injection recon soln 15 gram</td>
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<td>HI</td>
</tr>
<tr>
<td>ampicillin-sulbactam intravenous</td>
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<td>HI</td>
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<tr>
<td>BICILLIN L-A</td>
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<td>dicloxacillin</td>
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<tr>
<td>nafcillin in dextrose iso-osm</td>
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<td>HI</td>
</tr>
<tr>
<td>nafcillin injection recon soln 1 gram, 2 gram</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>nafcillin injection recon soln 10 gram</td>
<td>5</td>
<td>HI, NEDS</td>
</tr>
<tr>
<td>nafcillin intravenous recon soln 1 gram</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>nafcillin intravenous recon soln 2 gram</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</td>
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<td>MO, HI</td>
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<tr>
<td>oxacillin injection recon soln 1 gram</td>
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<tr>
<td>oxacillin injection recon soln 10 gram</td>
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<td>HI, NEDS</td>
</tr>
<tr>
<td>oxacillin injection recon soln 2 gram</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>penicillin g potassium injection recon soln 20 million unit</td>
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<td>MO, HI</td>
</tr>
<tr>
<td>penicillin g potassium injection recon soln 5 million unit</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>penicillin g procaine</td>
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<tr>
<td>penicillin g sodium</td>
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<td>penicillin v potassium</td>
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<td>MO</td>
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<tr>
<td>pfizerpen-g</td>
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<td>HI</td>
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<tr>
<td>piperacillin-tazobactam intravenous recon soln 13.5 gram</td>
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<td>HI</td>
</tr>
<tr>
<td>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</td>
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<td>MO, HI</td>
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<tr>
<td>piperacillin-tazobactam intravenous recon soln 40.5 gram</td>
<td>2</td>
<td>HI</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### ANTI-INFECTIVES: QUINOLONES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>BAXDELA INTRAVENTOUS</td>
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<td>HI, NEDS</td>
</tr>
<tr>
<td>BAXDELA ORAL</td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td>ciprofloxacin hcl oral tablet 100 mg, 750 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ciprofloxacin hcl oral tablet 250 mg, 500 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</td>
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<td>MO, HI</td>
</tr>
<tr>
<td>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>levofloxacin intravenous</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>levofloxacin oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>moxifloxacin oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>moxifloxacin-sod. chloride(iso)</td>
<td>2</td>
<td>MO, HI</td>
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<tr>
<td>ofloxacin oral tablet 300 mg, 400 mg</td>
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### ANTI-INFECTIVES: SULFA'S / RELATED AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>sulfadiazine</td>
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<tr>
<td>sulfamethoxazole-trimethoprim oral suspension</td>
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<tr>
<td>sulfamethoxazole-trimethoprim oral tablet</td>
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This drug list was last updated on 12/01/2021.
### ANTI-INFECTIVES: TETRACYCLINES

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>demeclocycline</td>
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</tr>
<tr>
<td>doxy-100</td>
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<td>MO, HI</td>
</tr>
<tr>
<td>doxycycline hyclate intravenous</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>doxycycline hyclate oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxycycline hyclate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxycycline monohydrate oral capsule</td>
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<td>MO</td>
</tr>
<tr>
<td>doxycycline monohydrate oral suspension for reconstitution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxycycline monohydrate oral tablet</td>
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<td>MO</td>
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<tr>
<td>minocycline oral capsule</td>
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<td>MO</td>
</tr>
<tr>
<td>minocycline oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>minocycline oral tablet extended release 24 hr 55 mg</td>
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<td>MO, NEDS</td>
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<tr>
<td>monodoxyne nl oral capsule 100 mg, 75 mg</td>
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<td>MO</td>
</tr>
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</table>

**ANTI-INFECTIVES: TETRACYCLINES (continued)**

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<tbody>
<tr>
<td>NUZYRA INTRAVENOUS</td>
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<tr>
<td>NUZYRA ORAL</td>
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<td>NEDS</td>
</tr>
<tr>
<td>tetracycline</td>
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### ANTI-INFECTIVES: URINARY TRACT AGENTS

<table>
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<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fosfomycin tromethamine</td>
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<td>MO</td>
</tr>
<tr>
<td>methenamine hippurate</td>
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<td>MO</td>
</tr>
<tr>
<td>methenamine mandelate</td>
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<td>MO</td>
</tr>
<tr>
<td>nitrofurantoin</td>
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</tr>
<tr>
<td>nitrofurantoin macrocrystal</td>
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<td>MO</td>
</tr>
<tr>
<td>nitrofurantoin monohyd/m-cryst</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>trimethoprim</td>
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### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>dexrazoxane hcl</td>
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<td>ELITEK</td>
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<td>MO, HI, NEDS</td>
</tr>
<tr>
<td>KEPIVANCE</td>
<td>5</td>
<td>HI, NEDS</td>
</tr>
<tr>
<td>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>leucovorin calcium injection recon soln 500 mg</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>leucovorin calcium injection solution</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>leucovorin calcium oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levoleucovorin calcium intravenous recon soln 50 mg</td>
<td>5</td>
<td>MO, HI, NEDS</td>
</tr>
<tr>
<td>levoleucovorin calcium intravenous solution</td>
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<td>HI, NEDS</td>
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<tr>
<td>mesna</td>
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<td>MO, HI</td>
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<tr>
<td>MESNEX ORAL</td>
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<td>VISTOGARD</td>
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<td>NEDS</td>
</tr>
<tr>
<td>XGEVA</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ASTAGRAF XL</td>
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<td>AVASTIN</td>
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<td>PA, MO, HI, NEDS</td>
</tr>
<tr>
<td>AYVAKIT</td>
<td>5</td>
<td>PA, LA, NEDS</td>
</tr>
<tr>
<td>azacitidine</td>
<td>5</td>
<td>MO, HI, NEDS</td>
</tr>
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### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)

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<td><strong>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</strong></td>
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<td>FARYDAK</td>
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<td>HI</td>
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<tr>
<td>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</td>
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**ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS (continued)**

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<td>megestrol oral tablet</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PROGRAF INTRAVENOUS</td>
<td>3</td>
<td>B/D PA, MO, HI</td>
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<tr>
<td>PROGRAF ORAL GRANULES IN PACKET</td>
<td>3</td>
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<td>PURIXAN</td>
<td>5</td>
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<tr>
<td>QINLOCK</td>
<td>5</td>
<td>PA, LA, NEDS</td>
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<tr>
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<tr>
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<tr>
<td>RIABNI</td>
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<td>RITUXAN HYCELA</td>
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<td>ROMIDEPSIN INTRAVENOUS SOLUTION</td>
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<td>ROZLYTREK</td>
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<td>RUBRACA</td>
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<tr>
<td>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON</td>
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This drug list was last updated on 12/01/2021.
### ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
(continued)

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<td>TARGRETIN 1% GEL</td>
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<td>TASIGNA</td>
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<td>TECENTRIQ</td>
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<td>temsirolimus</td>
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<td>THALOMID</td>
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<td>thiotepa injection recon soln 100 mg</td>
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<td>thiotepa injection recon soln 15 mg</td>
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<tr>
<td>TIBSOVO</td>
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<td>PA, NEDS</td>
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<td>TIVDAK</td>
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<tr>
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<td>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</td>
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<td>TRAZIMERA</td>
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<td>TREANDA</td>
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<td>TRELSKAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</td>
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<td>tretinoin (antineoplastic)</td>
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<td>TRODELVY</td>
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<tr>
<td>TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)</td>
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<td>PA, LA, QL (21 per 28 days), NEDS</td>
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<tr>
<td>TRUSELTIQ ORAL CAPSULE 125 MG/DAY (100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)</td>
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<tr>
<td>TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)</td>
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<td>TRUXIMA</td>
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<td>TUKYSA</td>
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<td>TURALIO</td>
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<td>LA, NEDS</td>
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<tr>
<td>TYKERB</td>
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<td>PA, MO, LA, NEDS</td>
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<td>UKONIQ</td>
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<td>UNITUXIN</td>
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<tr>
<td>UPLIZNA</td>
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<td>B/D PA, MO, NEDS</td>
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<tr>
<td>valrubicin</td>
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<tr>
<td>VANTAS</td>
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<tr>
<td>VECTIBIX</td>
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<td>B/D PA, MO, HI, NEDS</td>
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<tr>
<td>VELCADE</td>
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</tbody>
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### Drug Name | Tier | Requirements/Limits
---|---|---
VENCLEXTA ORAL TABLET 10 MG, 50 MG | 3 | PA, LA
VENCLEXTA ORAL TABLET 100 MG | 5 | PA, LA, NEDS
VENCLEXTA STARTING PACK | 5 | PA, LA, NEDS
VERZENIO | 5 | PA, MO, LA, NEDS
vinblastine | 2 | B/D PA, MO, HI
vincasar pfs | 2 | B/D PA, MO, HI
vincristine | 2 | B/D PA, MO, HI
vinorelbine | 2 | MO, HI
VITRAKVI | 5 | PA, MO, LA, NEDS
VIZIMPRO | 5 | PA, MO, NEDS
VOTRIENT | 5 | PA, MO, NEDS
VYXEOS | 5 | B/D PA, HI, NEDS
WELIREG | 5 | PA, LA, NEDS
XALKORI | 5 | PA, MO, NEDS
XATMEP | 3 | B/D PA, MO
XERMELO | 5 | LA, NEDS
XOSPATA | 5 | PA, LA, NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40 MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60 MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG TWICE WEEK (160 MG/WEEK) | 5 | PA, LA, NEDS
XTANDI | 5 | PA, MO, NEDS
YERVOY | 5 | PA, MO, HI, NEDS
YONDELIS | 5 | HI, NEDS
YONSA | 5 | PA, MO, NEDS
ZALTTRAP | 5 | MO, HI, NEDS
ZANOSAR | 3 | MO, HI
ZEJULA | 5 | PA, LA, NEDS
ZELBORAF | 5 | PA, MO, NEDS
ZEPZELCA | 5 | B/D PA, NEDS
ZIRABEV | 5 | PA, MO, NEDS
ZOLADEX | 3 | MO
ZOLINZA | 5 | PA, MO, NEDS
ZORTRESS ORAL TABLET 1 MG | 5 | B/D PA, MO, NEDS
ZYDELIG | 5 | PA, MO, NEDS
ZYKADIA ORAL TABLET | 5 | PA, MO, NEDS
ZYNLONTA | 5 | PA, NEDS

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## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
(continued)

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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>ZYTIGA ORAL TABLET 500 MG</td>
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<td>PA, MO, NEDS</td>
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## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: ANTICONVULSANTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>APTIOM</td>
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<td>BANZEL</td>
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<tr>
<td>BRIVIACT INTRAVENOUS</td>
<td>4</td>
<td>HI</td>
</tr>
<tr>
<td>BRIVIACT ORAL</td>
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<td>MO, NEDS</td>
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<tr>
<td>carbamazepine oral capsule, er multiphase 12 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral suspension 100 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral suspension 200 mg/10 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet extended release 12 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet,chewable</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CELONTIN ORAL CAPSULE 300 MG</td>
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<td>clobazam</td>
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<td>MO</td>
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<tr>
<td>clonazepam oral tablet</td>
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<tr>
<td>clonazepam oral tablet,disintegrating</td>
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<td>DIACOMIT</td>
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<td>diazepam rectal</td>
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<td>DILANTIN 30 MG</td>
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<tr>
<td>divalproex oral capsule, delayed rel sprinkle</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>divalproex oral tablet extended release 24 hr</td>
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<td>MO</td>
</tr>
<tr>
<td>divalproex oral tablet, delayed release (dr/ec)</td>
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<td>MO</td>
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<tr>
<td>EPIIDOLEX</td>
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<td>epitol</td>
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<tr>
<td>ethosuximide</td>
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<tr>
<td>felbamate oral suspension</td>
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<td>MO, NEDS</td>
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<tr>
<td>felbamate oral tablet</td>
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<td>FINTEPLA</td>
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<td>LA, NEDS</td>
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<tr>
<td>fosphenytoin</td>
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<tr>
<td>FYCOMPA ORAL SUSPENSION</td>
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<td>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</td>
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<td>FYCOMPA ORAL TABLET 2 MG</td>
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<tr>
<td>gabapentin oral capsule</td>
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<tr>
<td>gabapentin oral solution 250 mg/5 ml</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</td>
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<td>gabapentin oral tablet 600 mg, 800 mg</td>
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<td>lamotrigine oral tablet</td>
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<td>OXTELLAR XR</td>
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<td>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</td>
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<td>PA</td>
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<td>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</td>
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<td>phenobarbital sodium injection solution 130 mg/ml</td>
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<td>phenobarbital sodium injection solution 65 mg/ml</td>
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<td>phenytoin oral suspension 100 mg/4 ml</td>
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<tr>
<td>phenytoin oral suspension 125 mg/5 ml</td>
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<td>MO</td>
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<tr>
<td>phenytoin oral tablet, chewable</td>
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<td>phenytoin sodium extended</td>
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<td>roweepra oral tablet 1,000 mg, 750 mg</td>
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<td>roweepra oral tablet 500 mg</td>
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<td>SPRITAM</td>
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<td>subvenite</td>
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<tr>
<td>subvenite starter (blue) kit</td>
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<tr>
<td>subvenite starter (green) kit</td>
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<td>MO</td>
</tr>
<tr>
<td>subvenite starter (orange) kit</td>
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<td>MO</td>
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<td>SYMPAZAN ORAL FILM 10 MG, 20 MG</td>
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<td>SYMPAZAN ORAL FILM 5 MG</td>
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<td>tiagabine</td>
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<td>topiramate oral capsule, sprinkle</td>
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<td>PA, MO</td>
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<tr>
<td>topiramate oral capsule, sprinkle, er 24hr</td>
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<td>topiramate oral tablet</td>
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<td>TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG</td>
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<td>PA, MO</td>
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<td>valproate sodium</td>
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<tr>
<td>valproic acid</td>
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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: ANTICONVULSANTS (continued)

<table>
<thead>
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<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</td>
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<tr>
<td>VALTOCO</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
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<td>vigabatrin</td>
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<td>MO, LA, NEDS</td>
</tr>
<tr>
<td>vigadrone</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>VIMPAT INTRAVENOUS</td>
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<td>MO, HI</td>
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<tr>
<td>VIMPAT ORAL SOLUTION</td>
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<td>MO</td>
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<td>VIMPAT ORAL TABLET</td>
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<td>MO</td>
</tr>
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<td>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</td>
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<td>MO, NEDS</td>
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<tr>
<td>XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>XCOPRI ORAL TABLET 200 MG</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>XCOPRI TITRATION PACK</td>
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<td>MO</td>
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<td>zonisamide</td>
<td>2</td>
<td>PA, MO</td>
</tr>
</tbody>
</table>

### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: ANTIPARKINSONISM AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APOKYN</td>
<td>5</td>
<td>MO, LA, NEDS</td>
</tr>
<tr>
<td>benztropine injection</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>benztropine oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>bromocriptine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbidopa</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbidopa-levodopa oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbidopa-levodopa oral tablet extended release</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbidopa-levodopa oral tablet, disintegrating</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbidopa-levodopa-entacapone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>entacapone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>INBRIJA INHALATION CAPSULE, W/ INHALATION DEVICE</td>
<td>5</td>
<td>PA, NEDS</td>
</tr>
<tr>
<td>NEUPRO</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>NOURIANZ</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>ONGENTYS</td>
<td>4</td>
<td>PA, MO</td>
</tr>
<tr>
<td>pramipexole oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pramipexole oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rasagiline</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ropinirole oral tablet</td>
<td>2</td>
<td>MO</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: ANTIPARKINSONISM AGENTS (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>ropinirole oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>selegiline hcl</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tolcapone</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>trihexyphenidyl oral elixir</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>trihexyphenidyl oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ZELAPAR</td>
<td>4</td>
<td>MO</td>
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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: MIGRAINE / CLUSTER HEADACHE THERAPY

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>AIMOVIG AUTOINJECTOR</td>
<td>3</td>
<td>PA, MO, QL (1 per 30 days)</td>
</tr>
<tr>
<td>dihydroergotamine injection</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine nasal</td>
<td>5</td>
<td>QL (8 per 30 days), NEDS</td>
</tr>
<tr>
<td>EMGALITY PEN</td>
<td>3</td>
<td>PA, MO, QL (2 per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</td>
<td>3</td>
<td>PA, MO, QL (2 per 30 days)</td>
</tr>
<tr>
<td>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</td>
<td>5</td>
<td>PA, MO, QL (3 per 30 days), NEDS</td>
</tr>
<tr>
<td>ergotamine-caffeine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>migergot</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>naratriptan</td>
<td>2</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
<tr>
<td>NURTEC ODT</td>
<td>5</td>
<td>PA, QL (15 per 30 days), NEDS</td>
</tr>
<tr>
<td>rizatriptan oral tablet</td>
<td>2</td>
<td>MO, QL (36 per 30 days)</td>
</tr>
<tr>
<td>rizatriptan oral tablet, disintegrating</td>
<td>2</td>
<td>MO, QL (36 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray, non-aerosol 20 mg/actuation</td>
<td>2</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray, non-aerosol 5 mg/actuation</td>
<td>2</td>
<td>MO, QL (36 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate oral</td>
<td>2</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sumatriptan succinate subcutaneous cartridge</td>
<td>2</td>
<td>MO, QL (8 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous pen injector</td>
<td>2</td>
<td>MO, QL (8 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution</td>
<td>2</td>
<td>MO, QL (8 per 30 days)</td>
</tr>
<tr>
<td>sumatriptan-naproxen</td>
<td>2</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
<tr>
<td>UBRELVY ORAL TABLET 100 MG</td>
<td>5</td>
<td>PA, QL (16 per 30 days), NEDS</td>
</tr>
<tr>
<td>UBRELVY ORAL TABLET 50 MG</td>
<td>4</td>
<td>PA, QL (16 per 30 days)</td>
</tr>
<tr>
<td>ZOLMITRIPTAN NASAL</td>
<td>3</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
<tr>
<td>zolmitriptan oral</td>
<td>2</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
<tr>
<td>ZOMIG NASAL</td>
<td>3</td>
<td>MO, QL (18 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>glatopa subcutaneous syringe 40 mg/ml</td>
<td>5</td>
<td>MO, QL (12 per 28 days), NEDS</td>
</tr>
<tr>
<td>INGREZZA INITIATION PACK</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 40 MG, 80 MG</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 60 MG</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>KESIMPTA PEN</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>KEVEYIS</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>LEMTRADA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MAVENCLAD (10 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
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<tr>
<td>MAVENCLAD (6 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABLET PACK)</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>MAYZENT</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>MAYZENT STARTER PACK</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>memantine oral capsule,sprinkle,er 24hr</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>baclofen intrathecal</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>baclofen oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carisoprodol</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>carisoprodol-aspirin</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>carisoprodol-aspirin-codeine</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>cyclobenzaprine oral tablet</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>dantrolene intravenous</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dantrolene oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>meprobamate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>metaxalone</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>methocarbamol</td>
<td>2</td>
<td>PA, MO, HI</td>
</tr>
<tr>
<td>methocarbamol oral tablet</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>neostigmine methylsulfate intravenous solution</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate injection</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>orphenadrine citrate oral tablet extended release</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>orphenadrine-aspirin-caffeine</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>orphengesic forte</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral syrup</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen-caff-di hydrocod</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution 120-12 mg/5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ascomp with codeine</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>buprenorphine</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>buprenorphine hcl injection solution</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>buprenorphine hcl injection syringe</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>butalbital compound w/codeine</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caf-cod</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>butalbital-acetaminophen oral capsule</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>butalbital-acetaminophen oral tablet 25-325 mg</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</td>
<td>2</td>
<td>PA, MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone bitartrate oral capsule, oral only, er 12hr</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 80 mg</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML (BRAND)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydromorphone injection solution 1 mg/ml</td>
<td>2</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>morphine (pf) injection solution 0.5 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>morphine (pf) injection solution 1 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>morphine concentrate oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>morphine injection solution 8 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>morphine injection syringe 10 mg/ml, 4 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>morphine injection syringe 8 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>morphine intravenous solution 10 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>morphine intravenous syringe 2 mg/ml, 4 mg/ml</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NARCOTIC ANALGESICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR</td>
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<td>PA, MO</td>
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<tr>
<td>oxymorphone oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>oxymorphone oral tablet extended release 12 hr</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>prolate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tencon</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>vtol lq</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>zebutal</td>
<td>2</td>
<td>PA, MO</td>
</tr>
</tbody>
</table>

### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NON-NARCOTIC ANALGESICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>buprenorphine-naloxone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>butorphanol tartrate injection</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>butorphanol tartrate nasal</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cataflam</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>celecoxib</td>
<td>2</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>clonidine (pf) epidural solution 5,000 mcg/10 ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac potassium oral tablet 50 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium oral tablet, delayed release (dr/ec)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium topical drops</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium topical gel 1 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diflunisal</td>
<td>2</td>
<td>MO</td>
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</tbody>
</table>

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## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NON-NARCOTIC ANALGESICS (continued)

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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</td>
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<tr>
<td>etodolac oral capsule</td>
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<td>etodolac oral tablet</td>
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<tr>
<td>fenoprofen oral tablet</td>
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<tr>
<td>flurbiprofen oral tablet 100 mg</td>
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<tr>
<td>ibu</td>
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</tr>
<tr>
<td>ibuprofen lysine (pf)</td>
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<td>ibuprofen oral suspension</td>
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<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
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</tr>
<tr>
<td>ibuprofen-famotidine</td>
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<td>MO</td>
</tr>
<tr>
<td>indomethacin oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>indomethacin oral capsule, extended release</td>
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<tr>
<td>indomethacin sodium</td>
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</tr>
<tr>
<td>ketoprofen oral capsule 25 mg</td>
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<tr>
<td>ketoprofen oral capsule 50 mg, 75 mg</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: NON-NARCOTIC ANALGESICS (continued)

<table>
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<td>naproxen oral tablet, delayed release (dr/ec) 500 mg</td>
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<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</td>
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<td>oxaprozin</td>
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<tr>
<td>pentazocine-naloxone</td>
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<td>MO</td>
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<tr>
<td>piroxicam</td>
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<td>MO</td>
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<tr>
<td>salsalate</td>
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<td>MO</td>
</tr>
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<td>sulindac</td>
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<td>tolmetyin oral capsule</td>
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</tr>
<tr>
<td>tolmetyin oral tablet 600 mg</td>
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<tr>
<td>tramadol oral tablet 50 mg</td>
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<td>MO</td>
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<tr>
<td>tramadol oral tablet extended release 24 hr</td>
<td>2</td>
<td>PA, MO</td>
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<tr>
<td>tramadol oral tablet, er multiphase 24 hr</td>
<td>2</td>
<td>PA, MO</td>
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<tr>
<td>tramadol-acetaminophen</td>
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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS

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<td>ABILIFY MAINTENA</td>
<td>5</td>
<td>ST, MO, NEDS</td>
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<td>ADASUVE</td>
<td>4</td>
<td>ST</td>
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<tr>
<td>alprazolam intensol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alprazolam oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alprazolam oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alprazolam oral tablet, disintegrating</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amitriptyline</td>
<td>2</td>
<td>PA, MO</td>
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<tr>
<td>amitriptyline-chlordiazepoxide</td>
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<td>MO</td>
</tr>
<tr>
<td>amoxapine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amphetamine sulfate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>aripiprazole oral solution</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>aripiprazole oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>aripiprazole oral tablet, disintegrating</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>ARISTADA</td>
<td>5</td>
<td>ST, MO, NEDS</td>
</tr>
<tr>
<td>ARISTADA INITIO</td>
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<td>ST, MO, NEDS</td>
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<td>armodafinil</td>
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<tr>
<td>asenapine maleate</td>
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</tr>
<tr>
<td>atomoxetine</td>
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<td>MO, QL (30 per 30 days)</td>
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<tr>
<td>bupropion hcl oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</td>
<td>2</td>
<td>MO</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>bupropion hcl oral tablet sustained-release 12 hr</td>
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<td>MO</td>
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<tr>
<td>buspirone CAPLYTA</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>chlordiazepoxide hcl</td>
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<td>MO</td>
</tr>
<tr>
<td>chlorpromazine injection</td>
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<td>MO, HI</td>
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<tr>
<td>chlorpromazine oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>chlorpromazine oral concentrate</td>
<td>5</td>
<td>ST, MO, QL (30 per 30 days), NEDS</td>
</tr>
<tr>
<td>citalopram oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>citalopram oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>clomipramine</td>
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<td>PA, MO</td>
</tr>
<tr>
<td>clonidine hcl oral tablet extended release 12 hr</td>
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<td>MO</td>
</tr>
<tr>
<td>clorazepate dipotassium</td>
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<td>MO</td>
</tr>
<tr>
<td>clozapine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextroamphetamine oral capsule, extended release</td>
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<td>MO</td>
</tr>
<tr>
<td>dextroamphetamine oral solution</td>
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<td>MO</td>
</tr>
<tr>
<td>dextroamphetamine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextroamphetamine-ampamethamine oral capsule, extended release 24hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diazepam injection</td>
<td>2</td>
<td></td>
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<tr>
<td>diazepam intensol</td>
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<td></td>
</tr>
<tr>
<td>diazepam oral concentrate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diazepam oral solution 5 mg/5 ml (1 mg/ml)</td>
<td>2</td>
<td>MO</td>
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</table>

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<table>
<thead>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>HETLIOZ LQ</td>
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<tr>
<td>imipramine pamoate</td>
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<td>PA, MO</td>
</tr>
<tr>
<td>INVEGA HAFYERA</td>
<td>5</td>
<td>ST, NEDS</td>
</tr>
<tr>
<td>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE</td>
<td>5</td>
<td>ST, MO, NEDS</td>
</tr>
<tr>
<td>117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML</td>
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<td></td>
</tr>
<tr>
<td>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE</td>
<td>4</td>
<td>ST, MO</td>
</tr>
<tr>
<td>39 MG/0.25 ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INVEGA TRINZA</td>
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<td>ST, MO, NEDS</td>
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<tr>
<td>LATUDA</td>
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<td>ST, MO, NEDS</td>
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<tr>
<td>lithium carbonate oral capsule</td>
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<td>MO</td>
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<tr>
<td>lithium carbonate oral tablet extended</td>
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<td>MO</td>
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<tr>
<td>release</td>
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<tr>
<td>lorazepam injection solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lorazepam injection syringe 2 mg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>lorazepam intensol</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>lorazepam oral concentrate</td>
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<td>MO</td>
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<tr>
<td>lorazepam oral tablet</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet extended release 24hr 36 mg</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</td>
<td>2</td>
<td>QL (60 per 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet, chewable</td>
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<td>MO</td>
</tr>
<tr>
<td>midazolam (pf) injection solution</td>
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</tr>
<tr>
<td>midazolam (pf) injection syringe</td>
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<td></td>
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<tr>
<td>midazolam injection</td>
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<td></td>
</tr>
<tr>
<td>midazolam oral syrup 2 mg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>mirtazapine oral tablet</td>
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</tr>
<tr>
<td>mirtazapine oral tablet, disintegrating</td>
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<td>MO</td>
</tr>
<tr>
<td>modafinil</td>
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<tr>
<td>molindone</td>
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<td>MO</td>
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<tr>
<td>nefazodone</td>
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<td>MO</td>
</tr>
<tr>
<td>nortriptyline</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/ Limits</th>
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</thead>
<tbody>
<tr>
<td>perphenazine-amitriptyline</td>
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<tr>
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<td>MO</td>
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<tr>
<td>pimozide</td>
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<td>MO</td>
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<tr>
<td>procentra</td>
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<td>MO</td>
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<td>protriptyline</td>
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<td>quetiapine oral tablet</td>
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<td>MO</td>
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<td>quetiapine oral tablet extended release 24 hr</td>
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<tr>
<td>ramelteon</td>
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<td>REXULTI</td>
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<tr>
<td>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</td>
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<tr>
<td>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</td>
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<td>risperidone oral tablet</td>
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<td>MO</td>
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<td>risperidone oral tablet, disintegrating</td>
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<td>MO</td>
</tr>
<tr>
<td>SAPHIS</td>
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<td>MO</td>
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<td>PA, MO</td>
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<tr>
<td>TRINTELLIX</td>
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<td>MO</td>
</tr>
<tr>
<td>venlafaxine oral capsule, extended release 24hr</td>
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</tr>
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<td>venlafaxine oral tablet</td>
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<td>MO</td>
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<td>VERSACLOZ</td>
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</tr>
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<td>VIIBRYD ORAL TABLET</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE</td>
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<tr>
<td>VRAYLAR ORAL CAPSULE,DOSE PACK</td>
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<tr>
<td>XYREM</td>
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<td>PA, LA, NEDS</td>
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<tr>
<td>zaleplon</td>
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<td>MO, QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

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### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH: PSYCHOTHERAPEUTIC DRUGS (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
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<td>zenzedi oral tablet 10 mg, 5 mg</td>
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</tr>
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<td>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)</td>
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<tr>
<td>ziprasidone hcl</td>
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<td>MO</td>
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<td>ziprasidone mesylate</td>
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<td>MO</td>
</tr>
<tr>
<td>zolpidem oral tablet</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>zolpidem oral tablet, ext release multiphase</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV</td>
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### CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS

<table>
<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>adenosine</td>
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</tr>
<tr>
<td>amiodarone intravenous solution</td>
<td>2</td>
<td>B/D PA, MO, HI</td>
</tr>
<tr>
<td>amiodarone intravenous syringe</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>amiodarone oral tablet 100 mg, 400 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>amiodarone oral tablet 200 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>bretylium tosylate</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>disopyramide phosphate oral capsule</td>
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<td>MO</td>
</tr>
<tr>
<td>dofetilide</td>
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<td>MO</td>
</tr>
<tr>
<td>flecainide</td>
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<td>ibutilide fumarate</td>
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<td>lidocaine (pf) in d7.5w</td>
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<td>lidocaine (pf) intravenous</td>
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<td>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</td>
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<td>mexiletine</td>
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<td>MULTAQ</td>
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<tr>
<td>pacerone oral tablet 100 mg, 200 mg, 400 mg</td>
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<td>procainamide injection</td>
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<td>propafenone oral capsule, extended release 12 hr</td>
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<thead>
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<th>Drug Name</th>
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<td>propafenone oral tablet</td>
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<td>quinidine sulfate oral tablet</td>
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<tr>
<td>sorine oral tablet 120 mg, 160 mg, 80 mg</td>
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<tr>
<td>sorine oral tablet 240 mg</td>
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<td>sotalol af</td>
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<td>sotalol oral</td>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td>carvedilol</td>
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<tr>
<td>chlorothiazide sodium</td>
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<td>MO, HI</td>
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<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
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<td>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</td>
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<td>clonidine hcl oral tablet</td>
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<tr>
<td>clonidine transdermal</td>
<td>2</td>
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</tr>
<tr>
<td>DEMSER</td>
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<td>diltiazem hcl intravenous</td>
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<td>HI</td>
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<tr>
<td>diltiazem hcl oral capsule, ext.rel 24h degradable</td>
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<tr>
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<td>diltiazem hcl oral capsule, extended release 24 hr</td>
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<td>diltiazem hcl oral capsule, extended release 24 hr</td>
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<td>MO</td>
</tr>
<tr>
<td>diltiazem hcl oral tablet</td>
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<tr>
<td>diltiazem hcl oral tablet extended release 24 hr</td>
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<td>dilt-xr oral capsule, ext release degradable</td>
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<td>enalapril maleate oral solution</td>
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<td>esmolol intravenous solution</td>
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<td>ethacrynate sodium</td>
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<td>ethacrynic acid</td>
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<td>felodipine oral tablet extended release 24 hr</td>
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<td>fosinopril</td>
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<td>fosinopril-hydrochlorothiazide</td>
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<td>furosemide injection</td>
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<tr>
<td>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</td>
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<td>furosemide oral tablet</td>
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<tr>
<td>guanfacine oral tablet</td>
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This drug list was last updated on 12/01/2021.
### CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>hydralazine injection</td>
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<td>isradipine</td>
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<td>labetalol intravenous solution</td>
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<td>HI</td>
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<tr>
<td>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</td>
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<td>labetalol oral</td>
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<tr>
<td>lisinopril</td>
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<td>mannitol 20 %</td>
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### CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

<table>
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<tr>
<th>Drug Name</th>
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<td>metoprolol succinate oral tablet extended release 24 hr</td>
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<td>metoprolol ta-hydrochlorothiaz</td>
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<td>metoprolol tartrate intravenous solution</td>
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<td>olmesartan-amlodipinem-hcthiazid</td>
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<table>
<thead>
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<td>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG</td>
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<td>PA, MO, NEDS</td>
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<tr>
<td>osmitrol 15 %</td>
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<tr>
<td>osmitrol 20 %</td>
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<td>perindopril erbumine</td>
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<tr>
<td>phenoxycbenzamine</td>
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<tr>
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<td>prazosin</td>
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<td>propranolol intravenous</td>
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<td>HI</td>
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<tr>
<td>propranolol oral capsule, extended release 24 hr</td>
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<td>MO</td>
</tr>
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<td>propranolol oral solution</td>
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<td>propranolol oral tablet</td>
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<td>propranolol-hydrochlorothiazid</td>
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<td>spironolacton-hydrochlorothazid</td>
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<th>Drug Name</th>
<th>Tier</th>
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<td>verapamil intravenous</td>
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<td>ANDEXXA INTRAVENOUS RECON SOLN 200 MG</td>
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<td>verapamil oral capsule, ext rel. pellets 24 hr</td>
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<td>MO</td>
<td>argatroban in 0.9 % sod chlor</td>
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<tr>
<td>verapamil oral tablet</td>
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<td>MO</td>
<td>aspirin-dipyridamole oral capsule, er multiphase 12 hr</td>
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<td>verapamil oral tablet extended release</td>
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<td>MO</td>
<td>BRILINTA</td>
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<td>CABLIVI INJECTION KIT</td>
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<td>cilostazol</td>
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<td>DOPTETLET (10 TAB PACK)</td>
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<td>DOPTETLET (30 TAB PACK)</td>
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<td>MO, LA, QL (60 per 30 days), NEDS</td>
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<td>enoxaparin subcutaneous solution</td>
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<td>MO, QL (180 per 28 days)</td>
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### CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

(continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</td>
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<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</td>
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<td>MO, QL (48 per 30 days)</td>
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<tr>
<td>enoxaparin subcutaneous syringe 30 mg/0.3 ml</td>
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<td>MO, QL (18 per 30 days)</td>
</tr>
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<td>enoxaparin subcutaneous syringe 40 mg/0.4 ml</td>
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<td>MO, QL (24 per 30 days)</td>
</tr>
<tr>
<td>enoxaparin subcutaneous syringe 60 mg/0.6 ml</td>
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<td>MO, QL (36 per 30 days)</td>
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<td>MO, QL (24 per 30 days), NEDS</td>
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<td>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</td>
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<td>MO, QL (15 per 30 days)</td>
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<tr>
<td>fondaparinux subcutaneous syringe 5 mg/0.4 ml</td>
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<td>MO, QL (12 per 30 days), NEDS</td>
</tr>
<tr>
<td>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</td>
<td>5</td>
<td>MO, QL (18 per 30 days), NEDS</td>
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<td>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</td>
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<td>MO</td>
</tr>
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<td>heparin (porcine) in 5% dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</td>
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<td>MO, HI</td>
</tr>
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<td>heparin (porcine) in nacl (pf)</td>
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<td>MO, HI</td>
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<td>heparin (porcine) injection solution</td>
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<tr>
<td>heparin (porcine) injection syringe 5,000 unit/ml</td>
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<td>MO, HI</td>
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<tr>
<td>heparin flush (porcine)-0.9nacl</td>
<td>MB</td>
<td>MO</td>
</tr>
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<td>heparin lock flush (porcine)</td>
<td>MB</td>
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</tr>
<tr>
<td>heparin lock flush (porcine)(pf)</td>
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<td>MO</td>
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<tr>
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</tr>
<tr>
<td>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY
(continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin, porcine (pf) intravenous syringe 1 unit/ml</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>jantoven</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MULPLETA</td>
<td>5</td>
<td>MO, QL (7 per 180 days), NEDS</td>
</tr>
<tr>
<td>NPLATE</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>pentoxifylline oral tablet extended release</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PRADAXA</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>prasugrel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PRAXBIND</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>PROMACTA</td>
<td>5</td>
<td>MO, LA, NEDS</td>
</tr>
<tr>
<td>protamine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAVALISSE</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>warfarin</td>
<td>1</td>
<td>MO</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

### CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/CHOLESTEROL LOWERING AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine-atorvastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>atorvastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>cholestyramine (with sugar)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>cholestyramine light oral powder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cholestyramine light oral powder in packet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>colestipol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>EVKEEZA</td>
<td>5</td>
<td>PA, NEDS</td>
</tr>
<tr>
<td>ezetimibe</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ezetimibe-simvastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>FENOFIBRATE ORAL CAPSULE (BRAND)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrate oral tablet 160 mg (generic)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrac acid</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fenofibrac acid (choline) oral capsule, delayed release(dr/ec)</td>
<td>1</td>
<td>MO</td>
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This drug list was last updated on 12/01/2021.
### CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/CHOLESTEROL LOWERING AGENTS (continued)

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<tr>
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<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>fluvastatin oral capsule</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>gemfibrozil</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>icosapent ethyl</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>JUXTAPID</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>lovastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>NEXLETOL</td>
<td>3</td>
<td>PA, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>NEXLIZET</td>
<td>3</td>
<td>PA, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>niacin oral tablet 500 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>niacin oral tablet extended release 24 hr 1,000 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>niacin oral tablet extended release 24 hr 500 mg, 750 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>omega-3 acid ethyl esters</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML</td>
<td>3</td>
<td>PA, QL (2 per 28 days)</td>
</tr>
<tr>
<td>PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML</td>
<td>3</td>
<td>PA, QL (4 per 28 days)</td>
</tr>
<tr>
<td>pravastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>prevalite</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>rosuvastatin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>simvastatin oral tablet</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>VASCEPA</td>
<td>4</td>
<td>PA, MO</td>
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</tbody>
</table>

### CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>cardioplegic soln</td>
<td>2</td>
<td></td>
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<tr>
<td>CORLANOR ORAL SOLUTION</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>CORLANOR ORAL TABLET</td>
<td>3</td>
<td>PA, MO</td>
</tr>
<tr>
<td>digitek</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>digox</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>digoxin injection solution</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>digoxin oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>digoxin oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</td>
<td>2</td>
<td>B/D PA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>ENTRESTO</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>isoproterenol hcl</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>milrinone</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>milrinone in 5 % dextrose</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>norepinephrine bitartrate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ranolazine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium nitroprusside</td>
<td>2</td>
<td>B/D PA</td>
</tr>
<tr>
<td>VECAMYL</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>VERQUVO</td>
<td>4</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>VYNDAMAX</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>VYNDAQEL</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acitretin oral capsule 10 mg, 25 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>acitretin oral capsule 17.5 mg</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>calcipotriene scalp</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene topical ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcipotriene-betamethasone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcitriol topical</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>COSENTYX (2 SYRINGES)</td>
<td>5</td>
<td>PA, MO, QL (2 per 28 days), NEDS</td>
</tr>
<tr>
<td>COSENTYX PEN</td>
<td>5</td>
<td>PA, MO, QL (2 per 28 days), NEDS</td>
</tr>
<tr>
<td>COSENTYX PEN (2 PENS)</td>
<td>5</td>
<td>PA, MO, QL (2 per 28 days), NEDS</td>
</tr>
<tr>
<td>COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML</td>
<td>5</td>
<td>PA, MO, QL (2 per 28 days), NEDS</td>
</tr>
<tr>
<td>selenium sulfide topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SKYRIZI SUBCUTANEOUS PEN INJECTOR</td>
<td>5</td>
<td>PA, MO, QL (1 per 28 days), NEDS</td>
</tr>
<tr>
<td>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</td>
<td>5</td>
<td>PA, MO, QL (1 per 28 days), NEDS</td>
</tr>
</tbody>
</table>

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This drug list was last updated on 12/01/2021.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ammonium lactate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</td>
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</tr>
<tr>
<td>chlorprocaine (pf)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CONDYLOX TOPICAL GEL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>diclofenac sodium topical gel 3 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>doxepin topical</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>DUPIXENT PEN</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>FLUOROURACIL TOPICAL CREAM 0.5 %</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>fluorouracil topical cream 5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluorouracil topical solution</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>glydo</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP</td>
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<td>MO</td>
</tr>
<tr>
<td>imiquimod topical cream in packet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine (pf) injection solution</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>lidocaine hcl injection solution</td>
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<td>HI</td>
</tr>
<tr>
<td>lidocaine hcl laryngotracheal</td>
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<tr>
<td>lidocaine hcl mucous membrane jelly</td>
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<td></td>
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<tr>
<td>lidocaine hcl mucous membrane jelly in applicator</td>
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<td></td>
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<tr>
<td>lidocaine hcl mucous membrane solution 2 %</td>
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<tr>
<td>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</td>
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<td>MO</td>
</tr>
<tr>
<td>lidocaine topical adhesive patch, medicated 5 %</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>lidocaine topical ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine viscous</td>
<td>2</td>
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<tr>
<td>lidocaine-epinephrine</td>
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<td></td>
</tr>
<tr>
<td>lidocaine-epinephrine (pf)</td>
<td>2</td>
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</tr>
<tr>
<td>lidocaine-prilocaine topical cream</td>
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<td>MO</td>
</tr>
<tr>
<td>methoxsalen</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>OPZELURA</td>
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<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>PANRETIN</td>
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<td>PA, MO, NEDS</td>
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<tr>
<td>pimecrolimus</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>podofilox</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>polocaine injection solution 1 % (10 mg/ml)</td>
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<tr>
<td>polocaine-mpf</td>
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This drug list was last updated on 12/01/2021.
### DermaToLOGicals/Topical Therapy: Miscellaneous dermaToLOGicals (continued)

<table>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>prudoxin</td>
<td>2</td>
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</tr>
<tr>
<td>REGRANEX</td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td>SANTYL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>silver sulfadiazine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ssd</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tacrolimus topical</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>UVADEX</td>
<td>3</td>
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<tr>
<td>VALCHLOR</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>xylocaine dental-epinephrine</td>
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### DermaToLOGicals/Topical Therapy: Therapy for Acne

<table>
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<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>accutane oral capsule 20 mg, 30 mg, 40 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>adapalene topical cream</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>adapalene topical gel</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>adapalene topical gel with pump</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>adapalene topical solution</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>adapalene topical swab</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>amnesteem</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>avita topical cream</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>azelaic acid</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>claravis</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindacin etz topical swab</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindacin p</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate topical foam</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate topical gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate topical gel, once daily</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate topical solution</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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### DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clindamycin phosphate topical swab</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin-benzoyl peroxide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin-tretinoin</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>dapsone topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ery pads</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>erygel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>erythromycin with ethanol topical gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>erythromycin with ethanol topical solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>erythromycin-benzoyl peroxide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>FABIOR</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>isotretinoin oral capsule 25 mg, 35 mg</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>ivermectin topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>metronidazole topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>myorisan</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>neuac</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rosadan topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>rosadan topical gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tazarotene topical cream</td>
<td>2</td>
<td>PA, MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.

### DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAZAROTENE FOAM</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TAZORAC TOPICAL CREAM 0.05 %</td>
<td>4</td>
<td>PA, MO</td>
</tr>
<tr>
<td>TAZORAC TOPICAL GEL</td>
<td>4</td>
<td>PA, MO</td>
</tr>
<tr>
<td>tretinoin microspheres</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>tretinoin topical</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>zenatane</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>gentamicin topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>mafenide acetate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>mupirocin ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sulfacetamide sodium (acne)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SULFAMYLON TOPICAL CREAM</td>
<td>3</td>
<td>MO</td>
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# DERMATOLOGICALS/TOPOCAL THERAPY: TOPICAL ANTFUNGUALS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ciclodan topical solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ciclopirox</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clotrimazole topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clotrimazole-betamethasone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>econazole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ketoconazole topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ketodan</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>LULICONAZOLE</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>LUZU</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>naftifine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nyamyc</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin topical ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin topical powder</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nystop</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>oxiconazole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tavaborole</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
</tbody>
</table>

# DERMATOLOGICALS/TOPOCAL THERAPY: TOPICAL ANTVIRALS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DENAVIR</td>
<td>5</td>
<td>MO, NEDS</td>
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</table>

# DERMATOLOGICALS/TOPOCAL THERAPY: TOPICAL CORTICOSTEROIDS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ala-cort topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ala-cort topical cream 2.5 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>alclometasone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amcinonide topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amcinonide topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>amcinonide topical ointment</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>apexicon e</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>beser</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone dipropionate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone valerate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone, augmented</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clobetasol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clobetasol-emollient</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clodan</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desonide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desoximetasone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desrx</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diflorasone topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinolone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinolone and shower cap</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinonide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinonide-e</td>
<td>2</td>
<td></td>
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</tbody>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

<table>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>fluocinonide-emollient</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>flurandrenolide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluticasone propionate topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>halcinonide</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>halobetasol propionate topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>halobetasol propionate topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>halobetasol propionate topical ointment</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone butyrate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone buty-emollient</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical cream 1 %, 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical lotion 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical ointment 1 %, 2.5 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone valerate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>mometasone topical</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nolix</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednicarbate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tovet emollient</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical</td>
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<td>MO</td>
</tr>
<tr>
<td>trianex</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>triderm topical cream</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tritocin</td>
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</tr>
</tbody>
</table>

### DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>crotan</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ivermectin topical lotion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lindane topical shampoo</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>malathion</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>permethrin</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>spinosad</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

### DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetylcysteine intravenous</td>
<td>2</td>
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</table>

### DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lactated ringers irrigation</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin-polymyxin bgu</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ringer's irrigation</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sorbitol irrigation solution 3 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tis-u-sol pentalyte</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetamprosate oral tablet, delayed release (dr/ec)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>anagrelide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</td>
<td>5</td>
<td>PA, MO, HI, LA, NEDS</td>
</tr>
<tr>
<td>ARALAST NP INTRAVENOUS RECON SOLN 500 MG</td>
<td>5</td>
<td>PA, MO, HI, LA, NEDS</td>
</tr>
<tr>
<td>bacteriostatic water (parabens)</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>bd pre-filled normal saline</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate intravenous</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAGLU</td>
<td>5</td>
<td>MO, LA, NEDS</td>
</tr>
<tr>
<td>cevimeline</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CHEMET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX 4.25%/D5W SULFIT FREE</td>
<td>4</td>
<td>B/D PA, HI</td>
</tr>
<tr>
<td>CLINIMIX E 2.75%/D5W SULF FREE</td>
<td>4</td>
<td>B/D PA, HI</td>
</tr>
<tr>
<td>d10 %-0.45 % sodium chloride</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>d2.5 %-0.45 % sodium chloride</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>d5 % and 0.9 % sodium chloride</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>d5 % and 0.2 % sodium chloride</td>
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<td></td>
</tr>
<tr>
<td>deferasirox</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>deferoxamine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 10 % in water (d10w)</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>dextrose 25 % in water (d25w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 30 % in water (d30w)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % in water (d5w) intravenous parenteral solution</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>dextrose 5 % in water (d5w) intravenous piggyback</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5%-lactated ringsers</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>dextrose 5%-0.2 % sod chloride</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>dextrose 5%-0.3 % sod.chloride</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>dextrose 10% and 0.2 % sod chloride</td>
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<td></td>
</tr>
<tr>
<td>dextrose 50 % in water (d50w)</td>
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<td>MO</td>
</tr>
<tr>
<td>dextrose 70 % in water (d70w)</td>
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<td></td>
</tr>
<tr>
<td>disulfiram oral tablet 250 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>disulfiram oral tablet 500 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>droxidopa</td>
<td>5</td>
<td>MO, NEDS</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPAVELI</td>
<td>5</td>
<td>PA, LA, NEDS</td>
</tr>
<tr>
<td>FERRIPROX</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>FERRIPROX (2 TIMES A DAY)</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>GIVLAARI</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>GLASSIA</td>
<td>5</td>
<td>PA, MO, HI, LA, NEDS</td>
</tr>
<tr>
<td>INCRELEX</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>lanthanum oral tablet, chewable</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine (with sugar)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine oral solution 100 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>midodrine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>monoject 0.9% sodium chloride</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>monoject prefll advanced ns</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>nitisinone</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>NITYR</td>
<td>3</td>
<td>MO, LA</td>
</tr>
<tr>
<td>normal saline flush</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>NORTHERA</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>ORFADIN ORAL CAPSULE 20 MG</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>ORFADIN ORAL SUSPENSION</td>
<td>5</td>
<td>LA, NEDS</td>
</tr>
<tr>
<td>OXBRYTA</td>
<td>5</td>
<td>PA, MO, LA, QL (90 per 30 days), NEDS</td>
</tr>
<tr>
<td>pilocarpine hcl oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS RECON SOLN</td>
<td>5</td>
<td>PA, HI, LA, NEDS</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS SOLUTION</td>
<td>5</td>
<td>PA, HI, LA, NEDS</td>
</tr>
<tr>
<td>RAVICTI</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>REVCOVI</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>riluzole</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>risedronate oral tablet 30 mg</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>sevelamer carbonat oral powder in packet</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>sevelamer carbonat oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer hcl oral tablet 400 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer hcl oral tablet 800 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium benzoate-sod phenylacet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sodium chlor 0.9% bacteriostat</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>sodium chlor 0.9 % (flush) injection syringe</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride 0.9 % injection</td>
<td>MB</td>
<td></td>
</tr>
</tbody>
</table>
### DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium chloride 0.9 % intravenous parenteral solution</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>sodium chloride 0.9 % intravenous piggyback</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>sodium chloride injection</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>sodium chloride irrigation</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium phenylbutyrate oral powder</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>sodium phenylbutyrate oral tablet</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral powder</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sps (with sorbitol) oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sps (with sorbitol) rectal</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>THIOLA</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>THIOLA EC</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>TIGLUTIK</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>tiopronin</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>tiopronin</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>trientine</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>VELTASSA</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>water for inject, bacteriostat</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>water for irrigation, sterile</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>XURIDEN</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>ZOKINVY</td>
<td>5</td>
<td>PA, NEDS</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</td>
<td>2</td>
<td>MO, HI</td>
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</tbody>
</table>

### DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion hcl (smoking deter) oral tablet extended release</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH BOX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH BOX</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NICOTROL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NICOTROL NS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>varenicline</td>
<td>2</td>
<td>MO</td>
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</tbody>
</table>
### EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>azelastine nasal</td>
<td>2</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>chlorhexidine gluconate mucous membrane</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>denta 5000 plus</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dentagel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluoride (sodium) dental cream</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>fluoride (sodium) dental gel</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluoride (sodium) dental paste</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluoride (sodium) dental solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ipratropium bromide nasal spray, non-aerosol</td>
<td>2</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>21 mcg (0.03 %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide nasal spray, non-aerosol</td>
<td>2</td>
<td>MO, QL (45 per 30 days)</td>
</tr>
<tr>
<td>42 mcg (0.06 %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>olopatadine nasal</td>
<td>2</td>
<td>MO, QL (30.5 per 30 days)</td>
</tr>
<tr>
<td>oralone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>paroex oral rinse</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>periogard</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sf</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sf 5000 plus</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium fluoride 5000 dry mouth</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 plus</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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This drug list was last updated on 12/01/2021.
### ENDOCRINE/DIABETES: ADRENAL HORMONES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betamethasone acet, sod phos</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>decadron oral tablet 0.5 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dexabliss</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dexamethasone intensol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone oral elixir</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone oral tablets, dose pack</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone sodium phos (pf) injection solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone sodium phosphate injection</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fludrocortisone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hidex</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>methylprednisolone acetate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>methylprednisolone oral tablet</td>
<td>1</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>methylprednisolone oral tablets, dose pack</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>methylprednisolone sodium phos (pf) injection solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>millipred oral tablet</td>
<td>1</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>prednisolone oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet, disintegrating</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>prednisone intensol</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>prednisone oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednisone oral tablet</td>
<td>1</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prednisone oral tablets, dose pack 10 mg, 5 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide injection suspension 40 mg/ml</td>
<td>2</td>
<td>MO</td>
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</table>

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### ENDOCRINE/DIABETES: ANTITHYROID AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>methimazole oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>propylthiouracil</td>
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<td>MO</td>
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</table>

### ENDOCRINE/DIABETES: DIABETES THERAPY

<table>
<thead>
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<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>acarbose</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>ALCOHOL PADS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAQSIMI</td>
<td>3</td>
<td>MO, QL (3.4 per 28 days)</td>
</tr>
<tr>
<td>BYDUREON BCISE</td>
<td>3</td>
<td>MO, QL (2.4 per 30 days)</td>
</tr>
<tr>
<td>BYETTA SUBCUTANEOUS PEN INJECTOR</td>
<td>3</td>
<td>MO, QL (1.2 per 30 days)</td>
</tr>
<tr>
<td>10 MCG/DOSE (250 MCG/ML) 2.4 ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOSET</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>DEXCOM RECEIVER</td>
<td>MB</td>
<td>QL (1 per 365 days)</td>
</tr>
<tr>
<td>DEXCOM SENSOR</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>DEXCOM TRANSMITTER</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>diazoxide</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>GAUZE PADS 2X2</td>
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<tr>
<td>glimepiride</td>
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<td>MO</td>
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<tr>
<td>glipizide oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24hr</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>glipizide-metformin</td>
<td>6</td>
<td>MO</td>
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<tr>
<td>GLUCAGEN HYPOKIT</td>
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<td>MO</td>
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<tr>
<td>GLUCAGON (HCL) EMERGENCY KIT</td>
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</table>

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<th>Requirements/Limits</th>
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<td>glucagon emergency kit (human)</td>
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<td>glyburide</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>glyburide micronized</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>glyburide-metformin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>GUARDIAN REAL-TIME GLUCOSE MONITORING SYSTEM</td>
<td>MB</td>
<td>QL (1 per 365 days)</td>
</tr>
<tr>
<td>GUARDIAN SENSOR</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>GUARDIAN TRANSMITTER</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN U-100</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>HUMALOG KWIKPEN INSULIN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>HUMALOG MIX 50-50 INSULN U-100</td>
<td>3</td>
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</tr>
<tr>
<td>HUMALOG MIX 50-50 KWIKPEN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMALOG MIX 75-25 KWIKPEN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>HUMALOG MIX 75-25 (U-100)INSULN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>HUMALOG U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMULIN 70/30 U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMULIN 70/30 U-100 KWIKPEN</td>
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<td>MO</td>
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<td>HUMULIN N NPH INSULIN KWIKPEN</td>
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<td>MO</td>
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<tr>
<td>HUMULIN N NPH U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMULIN R REGULAR U-100 INSULN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONC) INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>INPEN (FOR HUMALOG)</td>
<td>3</td>
<td>QL (1 per 365 days)</td>
</tr>
<tr>
<td>INSULIN PEN NEEDLE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>INSULIN SYRINGE (DISP) U-100 0.3 ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INSULIN SYRINGE (DISP) U-100 1 ML</td>
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<td></td>
</tr>
<tr>
<td>INSULIN SYRINGE (DISP) U-100 1/2 ML</td>
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<tr>
<td>INVOKAMET</td>
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<td>MO</td>
</tr>
<tr>
<td>INVOKAMET XR</td>
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<td>MO</td>
</tr>
<tr>
<td>INVOKANA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>JANUMET</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>JANUMET XR</td>
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<td>MO</td>
</tr>
<tr>
<td>JANUVIA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>JARDIANCE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>KOMBIGLYZE XR</td>
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<td>MO</td>
</tr>
<tr>
<td>LANTUS SOLOSTAR U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>LANTUS U-100 INSULIN</td>
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<td>MO</td>
</tr>
<tr>
<td>metformin oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>metformin oral tablet</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>metformin oral tablet extended release 24 hr (generic - GLUCOPHAGE XR)</td>
<td>6</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>miglitol</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>nateglinide</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>NEEDLES, INSULIN DISP., SAFETY</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ONETOUCH BLOOD GLUCOSE METERS</td>
<td>MB</td>
<td>QL (1 per 365 days)</td>
</tr>
<tr>
<td>ONETOUCH ULTRA TEST</td>
<td>MB</td>
<td>MO, QL (300 per 30 days)</td>
</tr>
<tr>
<td>ONETOUCH VERIO TEST STRIP</td>
<td>MB</td>
<td>MO, QL (300 per 28 days)</td>
</tr>
<tr>
<td>ONGLYZA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML)</td>
<td>4</td>
<td>ST, MO, QL (1.5 per 28 days)</td>
</tr>
<tr>
<td>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)</td>
<td>4</td>
<td>ST, QL (3 per 28 days)</td>
</tr>
<tr>
<td>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)</td>
<td>4</td>
<td>ST, MO, QL (3 per 28 days)</td>
</tr>
<tr>
<td>pioglitazone</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>pioglitazone-glimepiride</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>pioglitazone-metformin</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>repaglinide</td>
<td>6</td>
<td>MO</td>
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<tr>
<td>RYBELSUS</td>
<td>4</td>
<td>ST, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>SYMLINPEN 120</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7. This drug list was last updated on 12/01/2021.
# ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDURAZYME</td>
<td>5</td>
<td>MO, HI, NEDS</td>
</tr>
<tr>
<td>cabergoline</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcitonin (salmon) injection</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>calcitonin (salmon) nasal</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>calcitriol intravenous solution 1 mcg/ml</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>calcitriol oral capsule</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>calcitriol oral solution</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CERDELGA</td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td>CEREZYME INTRAVENOUS RECON SOLN 400 UNIT</td>
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<td>PA, MO, HI, NEDS</td>
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<tr>
<td>CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR</td>
<td>3</td>
<td>PA, MO</td>
</tr>
<tr>
<td>cinacalcet oral tablet 30 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cinacalcet oral tablet 60 mg, 90 mg</td>
<td>5</td>
<td>MO, NEDS</td>
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<tr>
<td>clomiphene citrate</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>CRYSVITA</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>danazol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desmopressin injection</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>desmopressin nasal spray with pump</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desmopressin nasal spray, non-aerosol</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desmopressin oral</td>
<td>2</td>
<td>MO</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>PARICALCITOL HEMODIALYSIS PORT INJECTION</td>
<td>3</td>
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<tr>
<td>paricalcitol intravenous</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML</td>
<td>3</td>
<td>HI</td>
</tr>
<tr>
<td>PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML</td>
<td>3</td>
<td>MO, HI</td>
</tr>
<tr>
<td>paricalcitol oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PARSABIV</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>SAMSCA ORAL TABLET 15 MG</td>
<td>5</td>
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<tr>
<td>sapropterin</td>
<td>5</td>
<td>MO, NEDS</td>
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<tr>
<td>SOMAVER</td>
<td>5</td>
<td>MO, NEDS</td>
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<tr>
<td>STRENSIQ</td>
<td>5</td>
<td>LA, NEDS</td>
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<tr>
<td>SYNAREL</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>TEPEZZA</td>
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<td>PA, MO, NEDS</td>
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<tr>
<td>testosterone cypionate intramuscular oil</td>
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<tr>
<td>100 mg/ml, 200 mg/ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate intramuscular oil</td>
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<td>MO</td>
</tr>
<tr>
<td>200 mg/ml (1 ml)</td>
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<td></td>
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<tr>
<td>testosterone enanthate</td>
<td>2</td>
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<tr>
<td>testosterone transdermal gel (generic)</td>
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This drug list was last updated on 12/01/2021.
### ENDOCRINE/DIABETES: THYROID HORMONES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>euthyrox</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levo-t</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levothyroxine intravenous reconstituted soln</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levothyroxine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>liothyronine intravenous</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>liothyronine oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>np thyroid</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>unithroid</td>
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<td>MO</td>
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### GASTROENTEROLOGY: ANTIDIAARRHEALS / ANTISPASMODICS

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<tr>
<th>Drug Name</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>atropine injection solution 0.4 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>chlordiazepoxide-clidinium</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CUVPOSA</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine intramuscular</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diphenoxylate-atropine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</td>
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<tr>
<td>glycopyrrolate injection</td>
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<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>loperamide oral capsule</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>methscopolamine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MYTESI</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>opium tincture</td>
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<td>MO</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alosetron</td>
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<td>MO, QL (60 per 30 days), NEDS</td>
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<tr>
<td>aprepitant</td>
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<td>B/D PA, MO</td>
</tr>
<tr>
<td>balsalazide</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>budesonide oral capsule,delayed,extend.release</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>budesonide oral tablet,delayed and ext.release</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>BYLVAY</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>CHOLBAM</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>CIMZIA</td>
<td>5</td>
<td>PA, MO, QL (3 per 28 days), NEDS</td>
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<td>5</td>
<td>PA, MO, QL (1 per 28 days), NEDS</td>
</tr>
<tr>
<td>CIMZIA STARTER KIT</td>
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<td>MO, HI</td>
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<tr>
<td>compro</td>
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<tr>
<td>constulose</td>
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<tr>
<td>CREON</td>
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<td>cromolyn oral</td>
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<td>CYSTADANE</td>
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<td>dimenhydrinate injection solution</td>
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<td>doxylamine-pyridoxine (vit b6)</td>
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<td>dronabinol</td>
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<td>droperidol injection solution</td>
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<tr>
<td>EMEND ORAL SUSPENSION FOR RECONSTITUTION</td>
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<tr>
<td>ENTYVIO</td>
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<td>PA, MO</td>
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<tr>
<td>enulose</td>
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<td>MO</td>
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<tr>
<td>fosaprepitant</td>
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<td>GATTEX 30-VIAL</td>
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<td>GATTEX ONE-VIAL</td>
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<td>gavilyte-c</td>
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<tr>
<td>gavilyte-g</td>
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<tr>
<td>gavilyte-n</td>
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<td>MO</td>
</tr>
<tr>
<td>generlac</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>granisetron hcl intravenous</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>granisetron hcl oral</td>
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</tr>
<tr>
<td>hydrocortisone rectal</td>
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</tr>
<tr>
<td>hydrocortisone topical cream with perineal applicator</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone-pramoxine rectal cream 1-1 %</td>
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<tr>
<td>INFLECTRA</td>
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<td>lactulose oral packet</td>
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</tr>
<tr>
<td>lactulose oral solution 10 gram/15 ml</td>
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<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------</td>
<td>-----------------------------------------</td>
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<td>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</td>
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<tr>
<td>LINZESS</td>
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<tr>
<td>meclizine oral tablet 12.5 mg, 25 mg</td>
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<tr>
<td>mesalamine</td>
<td>2</td>
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</tr>
<tr>
<td>metoclopramide hcl injection solution</td>
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<td>MO, HI</td>
</tr>
<tr>
<td>metoclopramide hcl injection syringe</td>
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<td>HI</td>
</tr>
<tr>
<td>metoclopramide hcl oral solution</td>
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<td>MO</td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet, disintegrating</td>
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<td>MO</td>
</tr>
<tr>
<td>MOTEGRITY</td>
<td>4</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>OCALIVA</td>
<td>5</td>
<td>MO, LA, QL (30 per 30 days), NEDS</td>
</tr>
<tr>
<td>ondansetron hcl (pf)</td>
<td>2</td>
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<tr>
<td>ondansetron hcl intravenous</td>
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<td>MO, HI</td>
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<tr>
<td>ondansetron hcl oral solution</td>
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<td>B/D PA, MO</td>
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<tr>
<td>ondansetron hcl oral tablet 24 mg</td>
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<td>B/D PA</td>
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<tr>
<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<td>B/D PA, MO</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>prochlorperazine maleate oral</td>
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<td>procto-med hc</td>
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<td>MO</td>
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<td>procto-pak</td>
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<tr>
<td>proctosol hc topical</td>
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<td>proctozone-hc</td>
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<td>MO</td>
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<tr>
<td>RECTIV</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>RELISTOR ORAL</td>
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<td>MO, NEDS</td>
</tr>
<tr>
<td>RELISTOR SUBCUTANEOUS SOLUTION</td>
<td>5</td>
<td>MO, NEDS</td>
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<tr>
<td>RELISTOR SUBCUTANEOUS SYRINGE</td>
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<td>scopolamine base</td>
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<td>MO</td>
</tr>
<tr>
<td>SUCRAID</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>sulfasalazine oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>sulfasalazine oral tablet, delayed release (dr/ec)</td>
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<td>SYNDROS</td>
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<td>B/D PA, NEDS</td>
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<td>trimethobenzamide oral</td>
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<td>B/D PA, MO</td>
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<td>UCERIS RECTAL</td>
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<td>ursodiol oral capsule 300 mg</td>
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<td>VARUBI ORAL</td>
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<td>B/D PA</td>
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### GASTROENTEROLOGY: ULCER THERAPY

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>amoxicil-clarithromy-lansopraz</td>
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</tr>
<tr>
<td>cimetidine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cimetidine hcl oral</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</td>
<td>2</td>
<td>ST, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</td>
<td>2</td>
<td>ST, MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</td>
<td>2</td>
<td>ST, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral granules dr for susp in packet 40 mg</td>
<td>2</td>
<td>ST, MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole sodium intravenous recon soln 40 mg</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>famotidine (pf)</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>famotidine (pf)-nacl (iso-os)</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>famotidine intravenous solution</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>famotidine oral suspension</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine oral tablet 20 mg, 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</td>
<td>2</td>
<td>ST, MO, QL (30 per 30 days)</td>
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</tbody>
</table>

### GASTROENTEROLOGY: ULCER THERAPY (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</td>
<td>2</td>
<td>ST, MO, QL (60 per 30 days)</td>
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<tr>
<td>lansoprazole oral tablet,disintegrat, delay rel 15 mg</td>
<td>2</td>
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<td>lansoprazole oral tablet,disintegrat, delay rel 30 mg</td>
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<td>misoprostol</td>
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<tr>
<td>nizatidine oral capsule</td>
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<tr>
<td>nizatidine oral solution</td>
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<td>omeprazole oral capsule,delayed release(dr/ec) 10 mg</td>
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<tr>
<td>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</td>
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<tr>
<td>pantoprazole intravenous</td>
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<td>MO, HI</td>
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<td>pantoprazole oral granules dr for susp in packet</td>
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<td>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</td>
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<tr>
<td>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</td>
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<td>rabeprazole oral tablet,delayed release (dr/ec)</td>
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<tr>
<td>sucralfate</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tr>
<td>ACTIMMUNE</td>
<td>5</td>
<td>PA, MO, NEDS</td>
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<td>ARCALYST</td>
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<tr>
<td>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</td>
<td>5</td>
<td>MO, QL (4 per 28 days), NEDS</td>
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<tr>
<td>AVONEX INTRAMUSCULAR SYRINGE KIT</td>
<td>5</td>
<td>MO, QL (4 per 28 days), NEDS</td>
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<tr>
<td>EGRIFTA SV</td>
<td>5</td>
<td>PA, MO, NEDS</td>
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<tr>
<td>FULPHILA</td>
<td>5</td>
<td>MO, QL (1.2 per 30 days), NEDS</td>
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<tr>
<td>GRANIX</td>
<td>5</td>
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<tr>
<td>ILARIS (PF)</td>
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<td>INTRON A INJECTION</td>
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<tr>
<td>LEUKINE INJECTION RECON SOLN</td>
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<td>MOZOBIL</td>
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<td>MO, NEDS</td>
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<tr>
<td>NEULASTA</td>
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<td>PA, MO, NEDS</td>
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<td>NEULASTA ONPRO</td>
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<td>NEUPOGEN</td>
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<td>NIVESTYM</td>
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<td>NYVEPRIA</td>
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<td>OMNITROPE</td>
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<td>PEGASYS SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>PEGASYS SUBCUTANEOUS SYRINGE</td>
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<td>MO, QL (2 per 28 days), NEDS</td>
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<td>PLEGRIDY INTRAMUSCULAR</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML - 94 MCG/0.5 ML</td>
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<td>MO, QL (1 per 180 days), NEDS</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS SYRINGE</td>
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<td>REBIF (WITH ALBUMIN)</td>
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<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</td>
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<td>MO, QL (6 per 28 days), NEDS</td>
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<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8 MCG/0.2 ML - 22 MCG/0.5 ML (6)</td>
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<td>MO, QL (4.2 per 180 days), NEDS</td>
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<td>REBIF TITRATION PACK</td>
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<td>MO, QL (4.2 per 180 days), NEDS</td>
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<td>REBLOZYL</td>
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<th>Drug Name</th>
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<tr>
<td>RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
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<td>RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</td>
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<tr>
<td>SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG</td>
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<td>UDENYCA</td>
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<td>MO, QL (1.2 per 30 days), NEDS</td>
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<td>ZARXIO</td>
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<td>MO, NEDS</td>
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<tr>
<td>ZIEXTENZO</td>
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<td>MO, QL (1.2 per 28 days), NEDS</td>
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<td>ZORBTIVE</td>
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<tr>
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<tr>
<td>FLUBLOK QUAD 2021-2022 (PF)</td>
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<tr>
<td>FLUCELVAX QUAD 2021-2022</td>
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<tr>
<td>FLUCELVAX QUAD 2021-2022 (PF)</td>
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<tr>
<td>FLULAVAL QUAD 2021-2022 (PF)</td>
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<tr>
<td>FLUMIST QUAD 2021-2022</td>
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<td>FLUZONE HIGHDOSE QUAD 21-22 PF</td>
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<td>FLUZONE QUAD 2021-2022</td>
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<tr>
<td>FLUZONE QUAD 2021-2022 (PF)</td>
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<td>fomepizole</td>
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<td>GAMASTAN S/D</td>
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<td>GAMMAGARD LIQUID</td>
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<td>GAMMAGARD S-D (IGA &lt; 1 MCG/ML)</td>
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<td>GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)</td>
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<td>GARDASIL 9 (PF)</td>
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<td>GRASTEK</td>
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<td>HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML</td>
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<td>HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML</td>
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<td>HIBERIX (PF)</td>
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<tr>
<td>IMOVAX RABIES VACCINE (PF)</td>
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<td>IPOL</td>
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<tr>
<td>IXIARO (PF)</td>
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<tr>
<td>KINRIX (PF) INTRAMUSCULAR SYRINGE</td>
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<td>MENACTRA (PF) INTRAMUSCULAR SOLUTION</td>
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<td>menquadri (pf)</td>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>MENVEO A-C-Y-W-135-DIP (PF)</td>
<td>6</td>
<td>MO</td>
</tr>
<tr>
<td>M-M-R II (PF)</td>
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<td>ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY</td>
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<td>PEDIARIX (PF)</td>
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<td>MO</td>
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<tr>
<td>PEDVAX HIB (PF)</td>
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<td>PENTACEL (PF)</td>
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<tr>
<td>PNEUMOVAX-23</td>
<td>MB</td>
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<td>PREVNAR 13 (PF)</td>
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<td>MO</td>
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<td>PREVNAR 20 (PF)</td>
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<tr>
<td>PROQUAD (PF)</td>
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<td>QUADRACEL (PF)</td>
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<tr>
<td>RABAVERT (PF)</td>
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<td>MO</td>
</tr>
<tr>
<td>RAGWITEK</td>
<td>4</td>
<td>MO</td>
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<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML</td>
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<td>B/D PA, MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML</td>
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<td>B/D PA, MO</td>
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<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML</td>
<td>6</td>
<td>B/D PA, MO</td>
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### IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: VACCINES / MISCELLANEOUS IMMUNOLOGICALS (continued)

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<tr>
<td>VARIZIG INTRAMUSCULAR SOLUTION</td>
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<td>VAXNEUVANCE</td>
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<tr>
<td>XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT</td>
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<td>PA, MO</td>
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<tr>
<td>XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT</td>
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<td>PA, MO, NEDS</td>
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<td>YF-VAX (PF)</td>
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<tr>
<td>ZINPLAVA</td>
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<tr>
<td>ZOSTAVAX (PF)</td>
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### MUSCULOSKELETAL / RHEUMATOLOGY: GOUT THERAPY

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<tr>
<td>allopurinol</td>
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<td>allopurinol sodium</td>
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<td>HI</td>
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<tr>
<td>alopim</td>
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<td>HI</td>
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<tr>
<td>colchicine oral tablet</td>
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<td>MO</td>
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<tr>
<td>febuxostat</td>
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<td>MO</td>
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<tr>
<td>KRYSTEXXA</td>
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<td>MO</td>
</tr>
<tr>
<td>probenicid</td>
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<tr>
<td>probenicid-colchicine</td>
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### MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

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<tbody>
<tr>
<td>alendronate oral solution</td>
<td>2</td>
<td>MO, QL (300 per 28 days)</td>
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<tr>
<td>alendronate oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO, QL (30 per 30 days)</td>
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<tr>
<td>alendronate oral tablet 35 mg, 70 mg</td>
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<td>MO, QL (4 per 28 days)</td>
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<tr>
<td>EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML</td>
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<td>PA, QL (2.34 per 30 days), NEDS</td>
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<tr>
<td>EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)</td>
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<td>PA, MO, QL (2.4 per 28 days), NEDS</td>
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<td>FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)</td>
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<td>PA, MO, QL (2.4 per 28 days), NEDS</td>
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<td>ibandronate intravenous</td>
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</tr>
<tr>
<td>ibandronate oral</td>
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<td>MO, QL (1 per 30 days)</td>
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<td>PROLIA</td>
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<td>PA, MO</td>
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<tr>
<td>raloxifene</td>
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<td>MO</td>
</tr>
<tr>
<td>risedronate oral tablet 150 mg</td>
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<td>MO, QL (1 per 30 days)</td>
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<tr>
<td>risedronate oral tablet 35 mg</td>
<td>2</td>
<td>MO, QL (4 per 28 days)</td>
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<tr>
<td>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</td>
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<td>QL (4 per 28 days)</td>
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<tr>
<td>risedronate oral tablet 5 mg</td>
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<td>MO, QL (30 per 30 days)</td>
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### MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY (continued)

<table>
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<tbody>
<tr>
<td>risedronate oral tablet, delayed release (dr/ec)</td>
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<td>TYMLOS</td>
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<td>PA, MO, QL (1.56 per 30 days), NEDS</td>
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### MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

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<tbody>
<tr>
<td>ACTEMRA ACTPEN</td>
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<td>PA, MO, QL (3.6 per 28 days), NEDS</td>
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<tr>
<td>ACTEMRA INTRAVENOUS</td>
<td>5</td>
<td>PA, MO, HI, QL (40 per 28 days), NEDS</td>
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<tr>
<td>ACTEMRA SUBCUTANEOUS</td>
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<td>PA, MO, QL (3.6 per 28 days), NEDS</td>
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<td>BENLYSTA INTRAVENOUS</td>
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<td>MO, HI, NEDS</td>
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<tr>
<td>BENLYSTA SUBCUTANEOUS</td>
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</tr>
<tr>
<td>ENBREL MINI</td>
<td>5</td>
<td>PA, MO, QL (8 per 28 days), NEDS</td>
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<tr>
<td>ENBREL SUBCUTANEOUS RECON SOLN</td>
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<td>PA, MO, QL (16 per 28 days), NEDS</td>
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<td>ENBREL SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SYRINGE</td>
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<td>ENBREL SURECLICK</td>
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<td>HUMIRA PEN</td>
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<td>PA, MO, QL (4 per 28 days), NEDS</td>
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<tr>
<td>HUMIRA PEN CROHNS-UC-HS START</td>
<td>5</td>
<td>PA, MO, QL (6 per 180 days), NEDS</td>
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<tbody>
<tr>
<td>HUMIRA PEN PSOR-UVEITS-ADOL HS</td>
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<td>PA, MO, QL (4 per 180 days), NEDS</td>
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<tr>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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### OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

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<td>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</td>
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### OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS (continued)

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This drug list was last updated on 12/01/2021.
## OBSTETRICS / GYNECOLOGY: MISCELLANEOUS OB/GYN

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## OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

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This drug list was last updated on 12/01/2021.
## OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

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## OBSTETRICS / GYNECOLOGY: OXYTOCICS

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## OPHTHALMOLOGY: ANTIBIOTICS

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<td>bacitracin opthalmic (eye)</td>
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<td>bacitracin-polymyxin b ophthalmic (eye)</td>
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<td>ciprofloxacin hcl ophthalmic (eye)</td>
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<td>erythromycin ophthalmic (eye)</td>
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<td>gatifloxacin</td>
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<td>gentak ophthalmic (eye) ointment</td>
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<td>levofloxacin ophthalmic (eye)</td>
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<td>moxifloxacin ophthalmic (eye) drops</td>
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<td>moxifloxacin ophthalmic (eye) drops, viscous</td>
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<td>neo-polycin</td>
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<td>polymyxin b sulf-trimethoprim</td>
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<td>tobramycin ophthalmic (eye)</td>
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### Ophthalmology: Antivirals

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### Ophthalmology: Beta-Blockers

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<td>carteolol</td>
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<td>levobunolol ophthalmic (eye) drops 0.5 %</td>
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<td>timolol maleate (pf)</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops, once daily</td>
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<td>timolol maleate ophthalmic (eye) gel forming solution</td>
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### Ophthalmology: Miscellaneous Ophthalmologies

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<td>atropine ophthalmic (eye) drops</td>
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<td>azelastine ophthalmic (eye)</td>
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### Ophthalmology: Non-Steroidal Anti-Inflammatory Agents

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### Ophthalmology: Oral Drugs for Glaucoma

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### Ophthalmology: Other Glaucoma Drugs

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<td>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>latanoprost</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>miostat</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>travoprost</td>
<td>2</td>
<td>MO</td>
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### Ophthalmology: Steroid-Antibiotic Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>neomycin-bacitracin-poly-hc</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin-polymyxin b-dexameth</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophthalmic (eye)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>neo-polycin hc</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tobramycin-dexamethasone</td>
<td>2</td>
<td>MO</td>
</tr>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

This drug list was last updated on 12/01/2021.
### Ophthalmology: Steroids

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexamethasone sodium phosphate ophthalmic (eye)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>difluprednate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluorometholone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>loteprednol etabonate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednisolone acetate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate ophthalmic (eye)</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

### Ophthalmology: Sympathomimetics

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>apraclonidine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>brimonidine ophthalmic (eye) drops 0.15 %</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>brimonidine ophthalmic (eye) drops 0.2 %</td>
<td>1</td>
<td>MO</td>
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</table>

### Respiratory and Allergy: Antihistamine / Antiallergenic Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>adrenalin injection solution 1 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>adrenalin injection solution 1 mg/ml (1 ml)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>carbinoxamine maleate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cetirizine oral solution 1 mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clemastine oral syrup</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clemastine oral tablet 2.68 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cyproheptadine</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desloratadine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desloratadine oral tablet, disintegrating</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexchlorpheniramine maleate oral solution</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl injection solution 50 mg/ml</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>diphenhydramine hcl injection syringe</td>
<td>2</td>
<td>MO, HI</td>
</tr>
<tr>
<td>diphenhydramine hcl oral elixir</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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### RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (BRAND - EPIPIEN)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>epinephrine injection solution 1 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>epinephrine injection syringe 0.1 mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl intramuscular</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>hydroxyzine hcl oral</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>hydroxyzine pamoate</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>levocetirizine oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levocetirizine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>promethazine injection solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>promethazine oral</td>
<td>2</td>
<td>PA, MO</td>
</tr>
<tr>
<td>promethazine rectal suppository 12.5 mg, 25 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>promethegan</td>
<td>2</td>
<td>MO</td>
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</table>

### RESPIRATORY AND ALLERGY: PULMONARY AGENTS

<table>
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<tr>
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<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>acetylcysteine</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>ADEMPAS</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>ADVAIR DISKUS</td>
<td>2</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA</td>
<td>4</td>
<td>PA, MO, QL (24 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</td>
<td>2</td>
<td>QL (25.5 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</td>
<td>2</td>
<td>QL (20.1 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation solution for nebulization</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>albuterol sulfate oral syrup</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate oral tablet extended release 12 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>alyq</td>
<td>5</td>
<td>PA, NEDS</td>
</tr>
<tr>
<td>ambrisentan</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>aminophylline intravenous</td>
<td>2</td>
<td>HI</td>
</tr>
<tr>
<td>ANORO ELLIPTA</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>arformoterol</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA</td>
<td>3</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

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### RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ATROVENT HFA</td>
<td>3</td>
<td>MO, QL (25.8 per 30 days)</td>
</tr>
<tr>
<td>azelastine-fluticasone</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BEVESPI AEROSPHERE</td>
<td>3</td>
<td>MO, QL (10.7 per 30 days)</td>
</tr>
<tr>
<td>bosentan</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>BREO ELLIPTA</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>BRONCHITOL</td>
<td>5</td>
<td>PA, MO, QL (560 per 28 days), NEDS</td>
</tr>
<tr>
<td>BROVANA</td>
<td>3</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>budesonide inhalation</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>CINRYZE</td>
<td>5</td>
<td>PA, MO, HI, NEDS</td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT</td>
<td>3</td>
<td>MO, QL (8 per 30 days)</td>
</tr>
<tr>
<td>cromolyn inhalation</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>DALIRESP</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>DULERA</td>
<td>3</td>
<td>MO, QL (13 per 30 days)</td>
</tr>
<tr>
<td>ESBRIET</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>FASENRA</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>FASENRA PEN</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>FLOVENT DISCUS INHALATION WITH DEVICE 100 MCG/ACTION</td>
<td>3</td>
<td>MO, QL (240 per 30 days)</td>
</tr>
<tr>
<td>flunisolide</td>
<td>2</td>
<td>MO, QL (50 per 30 days)</td>
</tr>
<tr>
<td>fluticasone propionate nasal</td>
<td>2</td>
<td>MO, QL (16 per 30 days)</td>
</tr>
<tr>
<td>forotanol fumarate</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>icatibant</td>
<td>5</td>
<td>MO, NEDS</td>
</tr>
<tr>
<td>INCRUSE ELLIPTA</td>
<td>3</td>
<td>MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>ipratropium bromide inhalation</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>ipratropium-albuterol</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>KALYDECO ORAL GRANULES IN PACKET</td>
<td>5</td>
<td>PA, MO, QL (56 per 28 days), NEDS</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALYDECO ORAL TABLET</td>
<td>5</td>
<td>PA, MO, QL (60 per 30 days), NEDS</td>
</tr>
<tr>
<td>levalbuterol hcl</td>
<td>2</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>metaproterenol oral syrup</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>montelukast</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nebusal inhalation solution for nebulization 3%</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>NUCALA</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>OFEV</td>
<td>5</td>
<td>PA, MO, NEDS</td>
</tr>
<tr>
<td>OPSUMIT</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>ORKAMBI ORAL GRANULES IN PACKET</td>
<td>5</td>
<td>PA, MO, QL (56 per 28 days), NEDS</td>
</tr>
<tr>
<td>ORKAMBI ORAL TABLET</td>
<td>5</td>
<td>PA, MO, QL (112 per 28 days), NEDS</td>
</tr>
<tr>
<td>ORLADEYO</td>
<td>5</td>
<td>PA, NEDS</td>
</tr>
<tr>
<td>PERFOROMIST</td>
<td>3</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>pulmosal</td>
<td>MB</td>
<td>MO</td>
</tr>
<tr>
<td>PULMOZYME</td>
<td>5</td>
<td>B/D PA, MO</td>
</tr>
<tr>
<td>RUCONEST</td>
<td>5</td>
<td>MO, HI, NEDS</td>
</tr>
<tr>
<td>sajazir</td>
<td>5</td>
<td>NEDS</td>
</tr>
<tr>
<td>SEREVENT DISKUS</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>theophylline oral solution</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TRACLEER ORAL TABLET FOR SUSPENSION</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA</td>
<td>3</td>
<td>MO, QL (60 per 30 days)</td>
</tr>
<tr>
<td>TRIKAFTA</td>
<td>5</td>
<td>PA, MO, QL (84 per 28 days), NEDS</td>
</tr>
<tr>
<td>TYVASO</td>
<td>5</td>
<td>B/D PA, MO, NEDS</td>
</tr>
<tr>
<td>TYVASO INSTITUTIONAL START KIT</td>
<td>5</td>
<td>B/D PA, NEDS</td>
</tr>
<tr>
<td>TYVASO REFILL KIT</td>
<td>5</td>
<td>B/D PA, MO, NEDS</td>
</tr>
<tr>
<td>TYVASO STARTER KIT</td>
<td>5</td>
<td>B/D PA, MO, NEDS</td>
</tr>
<tr>
<td>VENTAVIS</td>
<td>5</td>
<td>B/D PA, MO, NEDS</td>
</tr>
<tr>
<td>XOLAIR</td>
<td>5</td>
<td>PA, MO, LA, NEDS</td>
</tr>
<tr>
<td>YUPELRI</td>
<td>5</td>
<td>B/D PA, MO, QL (90 per 30 days), NEDS</td>
</tr>
<tr>
<td>zafirlukast</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>zileuton oral tablet, extended release 12hr mphase</td>
<td>5</td>
<td>MO, NEDS</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>darifenacin oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>flavoxate</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GEMTESA</td>
<td>4</td>
<td>PA, MO, QL (30 per 30 days)</td>
</tr>
<tr>
<td>MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>oxybutynin chloride oral syrup</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet extended release 24hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>solifenacin</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tolterodine oral capsule, extended release 24hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tolterodine oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>trospium oral capsule, extended release 24hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>trospium oral tablet</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>alfuzosin oral tablet extended release 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dutasteride</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>finasteride oral tablet 5 mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>silodosin</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tamsulosin oral capsule, extended release 24 hr</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprostadil</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>bethanechol chloride</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CYSTAGON</td>
<td>3</td>
<td>LA</td>
</tr>
<tr>
<td>ELMIRON</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>glycine urologic</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>glycine urologic solution</td>
<td>2</td>
<td></td>
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<td>tadalafil oral tablet 2.5 mg, 5 mg</td>
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<td>PA, MO, QL (30 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

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<tr>
<td>calcium acetate (phosphat bind)</td>
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<td>calcium chloride</td>
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<td>calcium gluconate intravenous</td>
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<td>effer-k oral tablet, effervescent 25 meq</td>
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<td>GLYCOPHOS</td>
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<td>klor-con 10 oral tablet extended release</td>
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<td>klor-con 20 meq packet</td>
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<td>klor-con 8 oral tablet extended release</td>
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<td>klor-con m10 oral tablet, er particles/crystals</td>
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<td>klor-con m15 oral tablet, er particles/crystals</td>
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<td>potassium chloride oral tablet extended release 10 meq, 8 meq</td>
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<tr>
<td>potassium chloride oral tablet extended release 20 meq</td>
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<tr>
<td>potassium chloride oral tablet,er particles/crystals 10 meq</td>
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<tr>
<td>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</td>
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<td>potassium chloride-0.45 % nacl</td>
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<td>HI</td>
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<tr>
<td>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</td>
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<tr>
<td>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</td>
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<tr>
<td>potassium chloride-d5-0.9%nacl</td>
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<tr>
<td>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</td>
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<td>AMINOSYN-PF 7 % (SULFITE-FREE)</td>
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<td>CLINIMIX 5%/D15W SULFITE FREE</td>
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and doesn’t discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It doesn’t exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language isn’t English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at 1-800-200-4255 (TTY: 711) from April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at 617-246-8506; or email at MedicareAdvantageRXAppeals@bcbsma.com. You can file a grievance in person, by mail, fax, or email, or you can call 1-800-200-4255 (TTY: 711).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.
TRANSLATION RESOURCES

Proficiency of Language Assistance Services

**English:** ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

**Spanish/Español:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, gratuitos. Ligue para 1-800-200-4255 (TTY: 711).

**Chinese/繁體中文:** 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 1-800-200-4255 (TTY: 711).

**French Creole/Kreyòl Ayisyen:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-200-4255 (TTY: 711).

**Vietnamese/Tiếng Việt:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-200-4255 (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (телетайп: 711).

**Arabic/العربية:** ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-200-4255 ( هاتف المسند والبكم: 711).

**Mon-Khmer, Cambodian** 1-800-200-4255 (TTY: 711).

**French/Français:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-200-4255 (ATS: 711).

**Italian/Italiano:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero 1-800-200-4255 (TTY: 711).

**Korean/한국어:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-200-4255 (TTY: 711) 번으로 전화해 주십시오.

**Greek/λληνικά:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

**Polish/Polski:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-200-4255 (TTY: 711).

**Hindi/हिन्दी:** अन्य भाषाओं में भी सहायता प्रदान की जा सकती है। 1-800-200-4255 (TTY: 711).

**Gujarati/ગુજરાતી:** જો તમે ગુજરાતી બોલતા હો, તો બાબતમાં સહાય મળશે. 1-800-200-4255 (TTY: 711).

This drug list was last updated on 11/01/2021.
Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at 1-800-200-4255, or, for TTY users, 711, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit bluecrossma.com/medicare-options.

The formulary may change at any time. You’ll receive notice when necessary.

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