2018 Cigna-HealthSpring
COMPREHENSIVE DRUG LIST
(Formulary)

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

Plan covered
Cigna-HealthSpring Achieve (HMO SNP)

This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

HPMS Approved Formulary File Submission ID 18085, Version 16

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What is the Cigna-HealthSpring Comprehensive Drug List?

A drug list is a list of covered drugs selected by Cigna-HealthSpring 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. Cigna-HealthSpring will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna-HealthSpring 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 Drug List (formulary) change?

Generally, if you are taking a drug on our 2018 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic equivalent of the drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money on the generic equivalent or we can ensure your safety.

If we remove drugs from our drug list, 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 customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of November 2018. To get updated information about the drugs covered by Cigna-HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 7. The drugs in this drug list 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 7. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 51. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.
What are generic drugs?
Cigna-HealthSpring covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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

- Prior Authorization: Cigna-HealthSpring requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring before you fill your prescriptions. If you don’t get approval, Cigna-HealthSpring may not cover the drug.

- Quantity Limits: For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover. For example, Cigna-HealthSpring allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).

- Step Therapy: In some cases, Cigna-HealthSpring requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring to make an exception to these restrictions or limits by looking in the drug list that begins on page 7. If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna-HealthSpring does not cover your drug, you have two options:

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

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

Options for Maintenance Medications
Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.

- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.

- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?
There may be opportunities for you to save money on your medications using your Cigna-HealthSpring coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.

- Explore whether the ‘CMS extra help’ program may offer additional financial support for your medications.

- If your medication is not covered on the Cigna-HealthSpring drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not in the Drug List?
If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna-HealthSpring does not cover your drug, you have two options:

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

- You can ask Cigna-HealthSpring 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 Cigna-HealthSpring Drug List?
You can ask Cigna-HealthSpring to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.
• You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

• You can ask us to provide a tiering exception for a higher cost sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in the Non-Preferred Drugs tier, you can ask us to cover it at the Preferred Brand Drugs tier, and if your drug is contained in the Generic Drugs tier, you can ask us to cover it at the Preferred Generic Drugs tier. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, Cigna-HealthSpring will only approve your request for an exception if the alternative drugs included on the plan’s drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor 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 existing customer in our plan you may be taking drugs that are not in our drug list. Or, you may be taking a drug that is on our drug list 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 drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a customer of our plan. If you need a drug that is not in our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna-HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring’s Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 51.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 7 along with the amount dispensed per the days supplied. (For example: BYSTOLIC 10MG QL 30/30; this means the drug BYSTOLIC 10MG is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).
What is a preferred network pharmacy?
If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. You will receive a Pharmacy Directory in your Welcome Kit after you enroll, or you can visit www.CignaHealthSpring.com for the most current Pharmacy Directory.

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

If you have questions about Cigna-HealthSpring, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Key:
B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
PA – This drug requires prior authorization
QL – This drug has quantity limits
ST – This drug has step therapy requirements

Drug Tier and Cost-Share Table
The following table represents the plan name, plan service area, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. Tier 1 is for Preferred Generic drugs. Tier 2 is for Generic drugs. Tier 3 is for Preferred Brand drugs. Tier 4 is for Non-Preferred drugs. Tier 5 is for Specialty tier drugs. Tier 6 is for Cigna-HealthSpring plans only and is referred to as Select Diabetic Drugs. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

Cigna-HealthSpring is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4, Tier 5 or Tier 6. Keep in mind that the name “Tier 3: Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

For customers receiving Extra Help: Your Low Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.
To locate your drug cost, please refer to the table(s) below to find your service area and the Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Cigna-HealthSpring has pharmacies with preferred cost-shares. See your Pharmacy Directory or visit www.CignaHealthSpring.com for information on which stores with preferred cost-shares are near you.

### Service Area: Mid-Atlantic

<table>
<thead>
<tr>
<th>H2108-029</th>
<th>Cigna-HealthSpring Achieve (HMO SNP)</th>
<th>District of Columbia, Montgomery and Prince George’s, Maryland; Kent, New Castle and Sussex, Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Retail Cost-Sharing</td>
<td>Standard Retail Cost-Sharing</td>
</tr>
<tr>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic Drugs</td>
<td>$4 / $8 / $8</td>
<td>$9 / $18 / $18</td>
</tr>
<tr>
<td>Tier 2: Generic Drugs</td>
<td>$15 / $30 / $30</td>
<td>$20 / $40 / $40</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand Drugs</td>
<td>$42 / $84 / $126</td>
<td>$47 / $94 / $141</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Drugs</td>
<td>$90 / $180 / $270</td>
<td>$95 / $190 / $285</td>
</tr>
<tr>
<td>Tier 5: Specialty Tier</td>
<td>27% (30-day supply only)</td>
<td>27% (30-day supply only)</td>
</tr>
<tr>
<td>Tier 6: Select Diabetic Drugs Tier</td>
<td>$5 / $10 / $10</td>
<td>$6 / $12 / $12</td>
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</tbody>
</table>

### Service Area: Maryland

<table>
<thead>
<tr>
<th>H2108-030</th>
<th>Cigna-HealthSpring Achieve (HMO SNP)</th>
<th>Anne Arundel, Baltimore, Baltimore City and Harford, Maryland</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Retail Cost-Sharing</td>
<td>Standard Retail Cost-Sharing</td>
</tr>
<tr>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
</tr>
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<tr>
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<td>27% (30-day supply only)</td>
<td>27% (30-day supply only)</td>
</tr>
<tr>
<td>Tier 6: Select Diabetic Drugs Tier</td>
<td>$10 / $20 / $20</td>
<td>$11 / $22 / $22</td>
</tr>
</tbody>
</table>
### My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. - 8 p.m. TTY users can call 711.

<table>
<thead>
<tr>
<th>Service Area: Pennsylvania</th>
<th>Preferred Retail Cost-Sharing</th>
<th>Standard Retail Cost-Sharing</th>
<th>Standard Mail Order Cost-Sharing</th>
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<td>H3949-024</td>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
<td>30/60/90 Days</td>
</tr>
<tr>
<td><strong>Cigna-HealthSpring Achieve (HMO SNP)</strong></td>
<td>Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania</td>
<td>Tier 1: Preferred Generic Drugs</td>
<td>$1 / $2 / $2</td>
</tr>
<tr>
<td>Tier 2: Generic Drugs</td>
<td>$10 / $20 / $20</td>
<td>$15 / $30 / $30</td>
<td>$15 / $30 / $30</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand Drugs</td>
<td>$42 / $84 / $126</td>
<td>$47 / $94 / $141</td>
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</tr>
<tr>
<td>Tier 4: Non-Preferred Drugs</td>
<td>$90 / $180 / $270</td>
<td>$95 / $190 / $285</td>
<td>$95 / $190 / $285</td>
</tr>
<tr>
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<td>27% (30-day supply only)</td>
<td>27% (30-day supply only)</td>
</tr>
<tr>
<td>Tier 6: Select Diabetic Drugs Tier</td>
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<td>$6 / $12 / $12</td>
</tr>
</tbody>
</table>

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# Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine caps</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>butalbital/aspirin/caffeine caps</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>esgic caps</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>zebutal caps 325mg; 50mg; 40mg</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>Nonsteroidal Anti-inflammatory Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>celecoxib caps 400mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>celecoxib caps 100mg, 200mg, 50mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>diclofenac potassium</td>
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<tr>
<td>diclofenac sodium dr tbec 25mg, 50mg</td>
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<td></td>
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<td>diclofenac sodium er</td>
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<td>diflunisal</td>
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<tr>
<td>etodolac</td>
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<td>etodolac er</td>
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<td>fenoprofen calcium caps 400mg</td>
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<td>QL(30/30)</td>
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<tr>
<td>nabumetone</td>
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</tr>
<tr>
<td>naproxen dr</td>
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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.

**Lower case italic = Generic drug**

**ST = Step Therapy rules apply**

**B/D = Drugs covered under Medicare Part B or Part D**

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### Analgesics

- **Analgesics**

### Nonsteroidal Anti-inflammatory Drugs

- **Nonsteroidal Anti-inflammatory Drugs**

### Opioid Analgesics, Long-acting

- **Opioid Analgesics, Long-acting**

### Opioid Analgesics, Short-acting

- **Opioid Analgesics, Short-acting**
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</td>
<td>2</td>
<td>QL(360/30)</td>
</tr>
<tr>
<td>ascomp/codeine</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine/codeine</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>butalbital/aspirin/caffeine/codeine</td>
<td>3</td>
<td>PA QL(180/30)</td>
</tr>
<tr>
<td>butorphanol tartrate inj 2mg/ml</td>
<td>4</td>
<td>QL(240/30)</td>
</tr>
<tr>
<td>butorphanol tartrate inj 1mg/ml</td>
<td>4</td>
<td>QL(480/30)</td>
</tr>
<tr>
<td>butorphanol tartrate nasal soln</td>
<td>2</td>
<td>QL(5/30)</td>
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<td>endocet tabs 325mg; 10mg</td>
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<td>QL(180/30)</td>
</tr>
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<td>endocet tabs 325mg; 7.5mg</td>
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<td>QL(240/30)</td>
</tr>
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<td>endocet tabs 325mg; 2.5mg, 325mg; 5mg</td>
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<td>QL(360/30)</td>
</tr>
<tr>
<td>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</td>
<td>4</td>
<td>B/D PA</td>
</tr>
<tr>
<td>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</td>
<td>4</td>
<td>PA QL(120/30)</td>
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<tr>
<td>hydrocodone bitartrate/acetaminophen oral soln</td>
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## Covered Drugs By Category

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<th>REQUIREMENTS/ LIMITS</th>
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# Covered Drugs By Category

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<td><strong>ZUBSOLV SUBL 1.4MG; 0.36MG; 11.4MG; 2.9MG; 2.9MG; 0.71MG; 5.7MG; 1.4MG; 8.6MG; 2.1MG</strong></td>
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<td><strong>Lower case italic = Generic drug</strong></td>
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<td><strong>Capitalized = Brand Name Drug</strong></td>
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<tr>
<td><strong>QL = Quantity Limits listed as (qty/days)</strong></td>
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<tr>
<td><strong>PA = Prior Authorization may be required</strong></td>
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<tr>
<td><strong>ST = Step Therapy rules apply</strong></td>
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<tr>
<td><strong>B/D = Drugs covered under Medicare Part B or Part D</strong></td>
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You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

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<thead>
<tr>
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<th>REQUIREMENTS/ LIMITS</th>
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### Antibacterials, Other

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<td>bacitracin/polymyxin b</td>
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<td>clindamycin phosphate gel</td>
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<td>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</td>
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## Covered Drugs By Category

<table>
<thead>
<tr>
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### Beta-lactam, Cephalosporins

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### Beta-lactam, Penicillins

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<td>BICILLIN L-A</td>
<td>4</td>
<td></td>
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<tr>
<td>dicloxacillin sodium</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nafcillin sodium inj 10gm, 1gm, 2gm</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>nafcillin sodium inj 2gm</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>oxacillin</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

**ST = Step Therapy rules apply**

**B/D = Drugs covered under Medicare Part B or Part D**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>penicillin g potassium</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium oral soln</td>
<td>1</td>
<td></td>
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<tr>
<td>penicillin v potassium tabs 250mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium tabs 500mg</td>
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<tr>
<td>pfizerpen inj 20mu, 500000unit</td>
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<td></td>
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<tr>
<td>piperacillin sodium/tazobactam sodium</td>
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<tr>
<td>ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML</td>
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**Macrolides**

<table>
<thead>
<tr>
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<tr>
<td>AZASITE</td>
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<tr>
<td>azithromycin inj</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>azithromycin pack</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>azithromycin susr 200mg/5ml</td>
<td>2</td>
<td>QL(75/30)</td>
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<tr>
<td>azithromycin susr 100mg/5ml</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>azithromycin tabs 250mg, 500mg</td>
<td>2</td>
<td>QL(12/28)</td>
</tr>
<tr>
<td>azithromycin tabs 600mg</td>
<td>2</td>
<td>QL(60/30)</td>
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<tr>
<td>clarithromycin er</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>clarithromycin susr</td>
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<td></td>
</tr>
<tr>
<td>clarithromycin tabs</td>
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<td>QL(42/14)</td>
</tr>
<tr>
<td>e.e.s. 400</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ery</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ERY-TAB</td>
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<tr>
<td>ERYPED 400</td>
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<td>ERYTHROCIN LACTOBIONATE</td>
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</tr>
<tr>
<td>erythromycin stearate</td>
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<tr>
<td>erythromycin base</td>
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</tr>
<tr>
<td>erythromycin ethylsuccinate</td>
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<td></td>
</tr>
<tr>
<td>erythromycin external soln</td>
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<tr>
<td>erythromycin gel</td>
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<tr>
<td>erythromycin oint</td>
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<tr>
<td>erythromycin pads</td>
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**Sulfonamides**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>BLEPHAMIDE</td>
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<tr>
<td>BLEPHAMIDE S.O.P.</td>
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<tr>
<td>sodium sulfacetamide ophthalmic soln</td>
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<tr>
<td>sulfacetamide sodium lotn</td>
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<tr>
<td>sulfacetamide sodium ophthalmic soln</td>
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<td></td>
</tr>
<tr>
<td>sulfacetamide sodium/prednisolone sodium phosphate</td>
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<td></td>
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<tr>
<td>sulfadiazine</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
## Covered Drugs By Category

**DRUG NAME** | **DRUG TIER** | **REQUIREMENTS/LIMITS**
---|---|---
`sulfamethoxazole/trimethoprim ds` | 1 | 
`sulfamethoxazole/trimethoprim inj` | 4 | 
`sulfamethoxazole/trimethoprim susp` | 1 | 
`sulfamethoxazole/trimethoprim tabs` | 1 | 
`sulfatrim pediatric` | 1 | 

**Tetracyclines**

`demeclocycline hcl` | 2 | 
`doxy 100` | 4 | 
`doxycycline hyclate caps` | 1 | 
`doxycycline hyclate tabs 100mg` | 1 | 
`doxycycline hyclate tabs 20mg` | 2 | 
`doxycycline monohydrate caps 100mg, 50mg` | 2 | QL(60/30) |
`doxycycline monohydrate caps 75mg` | 3 | QL(60/30) |
`doxycycline monohydrate tabs` | 2 | 
`doxycycline susr` | 2 | 
`minocycline hcl` | 2 | 
`mendoxyne nl` | 2 | QL(60/30) |
`morgidox 1x100mg caps` | 1 | 
`morgidox 1x50mg` | 1 | 
`morgidox 2x100mg caps` | 1 | 
`tetracycline hydrochloride` | 1 | 

**Anticonvulsants**

**Anticonvulsants, Other**

`APTIOM TABS 200MG, 400MG, 800MG` | 5 | QL(30/30) |
`APTIOM TABS 600MG` | 5 | QL(60/30) |
`BRIVIACT INJ` | 5 | QL(600/30) |
`BRIVIACT ORAL SOLN` | 5 | QL(1200/30) |

**Calcium Channel Modifying Agents**

**Gamma-aminobutyric Acid (GABA) Augmenting Agents**

`clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg` | 2 | QL(90/30) |
`clonazepam odt tbdp 1mg` | 2 | QL(120/30) |
`clonazepam odt tbdp 2mg` | 2 | QL(300/30) |
`clonazepam tabs 0.5mg` | 2 | QL(90/30) |
`clonazepam tabs 1mg` | 2 | QL(120/30) |
`clonazepam tabs 2mg` | 2 | QL(300/30) |
`DIASTAT ACUDIAL GEL 10MG` | 4 | QL(20/30) |

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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>Lamotrigine odt</td>
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<tr>
<td>Topiramate</td>
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<tr>
<td>TROKENDI XR CP24 100MG, 25MG, 50MG</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>TROKENDI XR CP24 200MG</td>
<td>5</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>Sodium Channel Agents</td>
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<td></td>
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<tr>
<td>BANZEL SUSP</td>
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<td>PA QL(2400/30)</td>
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<tr>
<td>BANZEL TABS 200MG</td>
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<td>PA QL(60/30)</td>
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<td>BANZEL TABS 400MG</td>
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<td>PA QL(240/30)</td>
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<td>Carbamazepine</td>
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<td>Carbamazepine er</td>
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<td>Dilantin Caps 30mg</td>
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<td>Epitol</td>
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<td>Fosphenytoin Sodium</td>
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<td>Oxcarbazepine</td>
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<td>Peganone</td>
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<td>Phenytoin Sodium</td>
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<td>Phenytoin Sodium Extended</td>
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<tr>
<td>Vimpat Inj</td>
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<td>QL(1200/30)</td>
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<td>Vimpat Oral Soln</td>
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<td>QL(1200/30)</td>
</tr>
<tr>
<td>Vimpat Tabs</td>
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<tr>
<td>Antidementia Agents</td>
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<td></td>
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<tr>
<td>Antidementia Agents, Other</td>
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<td>Ergoloid Mesylates</td>
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<tr>
<td>Namzaric C4PK</td>
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<tr>
<td>Namzaric CP24</td>
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<td>Cholinesterase Inhibitors</td>
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<td>Donepezil Hcl tabs 23mg, 5mg</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>Donepezil Hcl tabs 10mg</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>Donepezil Hcl Tbdp 5mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>Donepezil Hcl Tbdp 10mg</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>Donepezil Hydrochloride tabs 5mg</td>
<td>2</td>
<td>QL(30/30)</td>
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<tr>
<td>Donepezil Hydrochloride tabs 10mg</td>
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<td>QL(60/30)</td>
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<tr>
<td>Galantamine Hydrobromide Er</td>
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<td>QL(30/30)</td>
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</table>

**Glutamate Reducing Agents**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
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<tbody>
<tr>
<td>Felbamate susp</td>
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<tr>
<td>Felbamate tabs</td>
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<td></td>
</tr>
<tr>
<td>Lamotrigine</td>
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</tr>
<tr>
<td>Lamotrigine Er</td>
<td>2</td>
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</table>
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>galantamine hydrobromide oral soln</td>
<td>4</td>
<td>QL(200/30)</td>
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<tr>
<td>galantamine hydrobromide tabs</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>rivastigmine tartrate</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>rivastigmine transdermal system</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td><strong>N-methyl-D-aspartate (NMDA) Receptor Antagonist</strong></td>
<td></td>
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</tr>
<tr>
<td>memantine hcl tabs 10mg</td>
<td>2</td>
<td>PA QL(60/30)</td>
</tr>
<tr>
<td>memantine hcl tabs 5mg</td>
<td>2</td>
<td>PA QL(90/30)</td>
</tr>
<tr>
<td>memantine hcl titration pak</td>
<td>2</td>
<td>PA QL(49/28)</td>
</tr>
<tr>
<td>memantine hydrochloride er</td>
<td>3</td>
<td>PA QL(30/30)</td>
</tr>
<tr>
<td>memantine hydrochloride oral soln</td>
<td>2</td>
<td>PA QL(300/30)</td>
</tr>
<tr>
<td>NAMENDA XR</td>
<td>3</td>
<td>PA QL(30/30)</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK</td>
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<td>PA QL(56/365)</td>
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### Antidepressants

#### Antidepressants, Other

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>bupropion hcl er tb12 100mg, 200mg</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>bupropion hcl sr</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>bupropion hcl tabs 100mg</td>
<td>3</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>bupropion hcl xl</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>bupropion hydrochloride tabs 75mg</td>
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<td>QL(180/30)</td>
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<tr>
<td>maprotiline hcl</td>
<td>4</td>
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</tr>
<tr>
<td>mirtazapine</td>
<td>2</td>
<td>QL(30/30)</td>
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<tr>
<td>mirtazapine odt</td>
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<tr>
<td>nefazodone hcl</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>nefazodone hydrochloride</td>
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<td>QL(60/30)</td>
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<tr>
<td>trazodone hydrochloride tabs 300mg</td>
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<td>QL(60/30)</td>
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<tr>
<td>trazodone hydrochloride tabs 100mg, 150mg, 50mg</td>
<td>1</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>TRINTELLIX</td>
<td>4</td>
<td>QL(30/30) ST</td>
</tr>
</tbody>
</table>

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You can find more information on the symbols by going to page 4.  

### Monoamine Oxidase Inhibitors

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>EMSAM</td>
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<tr>
<td>MARPLAN</td>
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<td>QL(180/30)</td>
</tr>
<tr>
<td>phenelzine sulfate</td>
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<tr>
<td>tranylcypromine sulfate</td>
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</tr>
</tbody>
</table>

### SSRI/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>citalopram hydrobromide oral soln</td>
<td>1</td>
<td>QL(600/30)</td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 10mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 40mg</td>
<td>1</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 20mg</td>
<td>1</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>desvenlafaxine er</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>duloxetine hcl cpep 20mg</td>
<td>2</td>
<td>QL(60/30)</td>
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<tr>
<td>duloxetine hydrochloride cpep 60mg</td>
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<td>QL(60/30)</td>
</tr>
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<td>duloxetine hydrochloride cpep 30mg</td>
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<td>QL(90/30)</td>
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<tr>
<td>escitalopram oxalate oral soln</td>
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<td>QL(600/30)</td>
</tr>
<tr>
<td>escitalopram oxalate tabs 5mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>escitalopram oxalate tabs 10mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>escitalopram oxalate tabs 20mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>FETZIMA</td>
<td>4</td>
<td>QL(30/30) ST</td>
</tr>
<tr>
<td>FETZIMA TITRATION PACK</td>
<td>4</td>
<td>QL(56/365) ST</td>
</tr>
<tr>
<td>fluoxetine caps 10mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fluoxetine caps 20mg</td>
<td>2</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>fluoxetine dr</td>
<td>2</td>
<td>QL(4/28)</td>
</tr>
<tr>
<td>fluoxetine hcl caps 10mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fluoxetine hcl caps 40mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>fluoxetine hcl caps 20mg</td>
<td>2</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>fluoxetine hcl oral soln</td>
<td>2</td>
<td>QL(600/30)</td>
</tr>
<tr>
<td>fluoxetine hydrochloride tabs 10mg</td>
<td>2</td>
<td>QL(30/30)</td>
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</tbody>
</table>
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluoxetine hydrochloride tabs 20mg</td>
<td>2</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>fluvoxamine maleate er</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>fluvoxamine maleate tabs 25mg, 50mg</td>
<td>2</td>
<td>QL(30/30)</td>
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<td>fluvoxamine maleate tabs 100mg</td>
<td>2</td>
<td>QL(90/30)</td>
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<td>olanzapine/fluoxetine</td>
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<td>QL(30/30)</td>
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<td>paroxetine hcl er tb24 12.5mg</td>
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<td>QL(30/30)</td>
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<td>paroxetine hcl er tb24 25mg, 37.5mg</td>
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<td>QL(60/30)</td>
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<td>paroxetine hcl tabs 10mg</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 20mg</td>
<td>1</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 30mg, 40mg</td>
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<td>QL(60/30)</td>
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## Covered Drugs By Category (continued)

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### Emetogenic Therapy Adjuncts

- ALOXI 5 B/D PA
- aprepitant caps 40mg 3 B/D PA QL(1/30)
- aprepitant caps 125mg 3 B/D PA QL(2/28)
- aprepitant caps 80mg 3 B/D PA QL(4/28)
- aprepitant caps 3 B/D PA QL(6/28)
- dronabinol 4 PA QL(60/30)
- EMEND SUSR 3 B/D PA QL(6/28)
- granisetron hcl inj 4 B/D PA
- granisetron hcl tabs 2 B/D PA QL(30/30)
- ondansetron hcl inj 40mg/20ml, 4mg/2ml 4
- ondansetron hcl inj 40mg/20ml, 4mg/2ml 4
- ondansetron hcl inj 40mg/20ml, 4mg/2ml 4
- ondansetron hcl inj 40mg/20ml, 4mg/2ml 4
- ondansetron hcl tablets 24mg 1 B/D PA QL(15/30)
- ondansetron hcl tabs 4mg, 8mg 1 B/D PA QL(90/30)
- ondansetron odt 1 B/D PA QL(90/30)
- PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML 5 B/D PA
- palonosetron hydrochloride inj 0.25mg/5ml 5 B/D PA
- SANCUSO 5 QL(4/28)

## Antifungals

### Antifungals

- ABELCET 5 PA
- AMBISOME 5 PA
- amphotericin b 4 PA
## Covered Drugs By Category

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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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### Antimyasthenic Agents

#### Parasympathomimetics

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### Antimycobacterials

#### Antimycobacterials, Other

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### Antituberculars

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### Antineoplastics

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### Antiandrogens

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### Antiangiogenic Agents

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### Covered Drugs By Category

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### DRUG NAME

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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

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## Covered Drugs By Category

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**Monoclonal Antibody/Antibody-Drug Conjugate**

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# Covered Drugs By Category

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<tr>
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<tr>
<td>haloperidol lactate</td>
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<td></td>
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<tr>
<td>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</td>
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<tr>
<td>haloperidol tabs 10mg, 20mg</td>
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<td>loxapine caps 25mg, 50mg</td>
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<td>pimozide</td>
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**2nd Generation/Atypical**

| ABILIFY MAINTENA            | 5         | QL(1/28)        |
| aripiprazole odt            | 5         | QL(60/30)       |
| aripiprazole oral soln      | 3         | QL(900/30)      |
| aripiprazole tabs           | 3         | QL(30/30)       |
| ARISTADA INITIO             | 5         | QL(4.8/365)     |

- **CAPITALIZED** = BRAND NAME DRUG
- **QL** = Quantity Limits listed as (qty/days)
- **PA** = Prior Authorization may be required
- You can find more information on the symbols by going to page 4.

### Covered Drugs By Category (Continued)

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>ARISTADA INJ 441MG/1.6ML</td>
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<td>QL(2.4/30)</td>
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<tr>
<td>ARISTADA INJ 882MG/3.2ML</td>
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<td>QL(3.2/30)</td>
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<tr>
<td>ARISTADA INJ 1064MG/3.9ML</td>
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<td>QL(3.9/60)</td>
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<td>FANAPT TABS 10MG, 12MG, 6MG, 8MG</td>
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<td>QL(60/30) ST</td>
</tr>
<tr>
<td>FANAPT TABS 1MG, 2MG, 4MG</td>
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<td>QL(60/30) ST</td>
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<tr>
<td>FANAPT TITRATION PACK</td>
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<td>QL(16/365) ST</td>
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<td>GEODON INJ</td>
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<td>INVEGA SUSTENNA INJ 39MG/0.25ML</td>
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<td>INVEGA SUSTENNA INJ 78MG/0.5ML</td>
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<td>QL(0.5/28)</td>
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<td>INVEGA SUSTENNA INJ 117MG/0.75ML</td>
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<td>QL(0.75/28)</td>
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<tr>
<td>INVEGA SUSTENNA INJ 156MG/ML</td>
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<td>QL(1/28)</td>
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<tr>
<td>INVEGA SUSTENNA INJ 234MG/1.5ML</td>
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<td>QL(1.5/28)</td>
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<tr>
<td>INVEGA SUSTENNA INJ 273MG/0.875ML</td>
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<td>QL(0.88/90)</td>
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<td>INVEGA SUSTENNA INJ 410MG/1.315ML</td>
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<td>QL(1.32/90)</td>
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<tr>
<td>INVEGA SUSTENNA INJ 546MG/1.75ML</td>
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<td>QL(1.75/90)</td>
</tr>
<tr>
<td>INVEGA SUSTENNA INJ 819MG/2.625ML</td>
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<td>QL(2.63/90)</td>
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<td>LATUDA TABS 80MG</td>
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<td>NUPLAZID TABS 17MG</td>
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<td>QL(30/30)</td>
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<tr>
<td>olanzapine tabs</td>
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<td>QL(30/30)</td>
</tr>
</tbody>
</table>

- **Lower case italic** = Generic drug
- **ST** = Step Therapy rules apply
- **B/D** = Drugs covered under Medicare Part B or Part D

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### Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>paliperidone er tb24 1.5mg, 3mg</td>
<td>2</td>
<td>QL(30/30) ST</td>
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<tr>
<td>paliperidone er tb24 6mg</td>
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<td>QL(60/30) ST</td>
</tr>
<tr>
<td>paliperidone er tb24 9mg</td>
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<td>QL(30/30) ST</td>
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<tr>
<td>quetiapine fumarate</td>
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<tr>
<td>quetiapine fumarate er tb24 150mg, 200mg</td>
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<td>QL(30/30)</td>
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<tr>
<td>quetiapine fumarate er tb24 300mg, 400mg, 50mg</td>
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<td>QL(60/30)</td>
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<tr>
<td>REEXULTI</td>
<td>5</td>
<td>QL(30/30)</td>
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<tr>
<td>RISPERDAL CONSTA INJ 50MG</td>
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<td>QL(2/28)</td>
</tr>
<tr>
<td>RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG</td>
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<td>QL(2/28)</td>
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<tr>
<td>risperidone m-tab</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>risperidone odt tbdp 4mg</td>
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<td>QL(120/30)</td>
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<td>risperidone oral soln</td>
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<td>QL(240/30)</td>
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<tr>
<td>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</td>
<td>2</td>
<td>QL(60/30)</td>
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<tr>
<td>risperidone tabs 4mg</td>
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<td>QL(120/30)</td>
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<td>SAPHRIS</td>
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<td>QL(60/30)</td>
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<td>VRAYLAR CAPS</td>
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<td>QL(30/30) ST</td>
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<td>VRAYLAR CPPK</td>
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<td>ziprasidone hcl</td>
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<td>QL(60/30)</td>
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<td>ZYPREXA RELPREVV INJ 210MG</td>
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<td>ZYPREXA RELPREVV INJ 405MG</td>
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<td>QL(1/28)</td>
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<td>ZYPREXA RELPREVV INJ 300MG</td>
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### Treatment-Resistant

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<tbody>
<tr>
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<tr>
<td>clozapine odt tbdp 150mg</td>
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<td>QL(270/30)</td>
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<tr>
<td>clozapine odt tbdp 100mg</td>
<td>5</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>clozapine odt tbdp 200mg</td>
<td>5</td>
<td>QL(270/30)</td>
</tr>
<tr>
<td>clozapine tabs 25mg, 50mg</td>
<td>3</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>clozapine tabs 200mg</td>
<td>3</td>
<td>QL(270/30)</td>
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<tr>
<td>clozapine tabs 100mg</td>
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### Antispasticity Agents

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<td>baclofen tabs 10mg</td>
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<tr>
<td>baclofen tabs 20mg, 5mg</td>
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</tr>
<tr>
<td>dantrolene sodium</td>
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<tr>
<td>tizanidine hcl</td>
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### Antivirals

#### Anti-cytomegalovirus (CMV) Agents

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<tr>
<td>cidofovir</td>
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<tr>
<td>FOSCAVIR</td>
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<tr>
<td>ganciclovir inj 500mg, 500mg/10ml</td>
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<td>B/D PA</td>
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<tr>
<td>valganciclovir</td>
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<tr>
<td>valganciclovir hydrochloride</td>
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<td>ZIRGAN</td>
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### Anti-hepatitis B (HBV) Agents

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<tbody>
<tr>
<td>adefovir dipivoxil</td>
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<td>QL(30/30)</td>
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<tr>
<td>BARACLUDE ORAL SOLN</td>
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<td>entecavir</td>
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<tr>
<td>EPIVIR HBV ORAL SOLN</td>
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<tr>
<td>INTRON A INJ 18MU, 6000000UNIT/ML</td>
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<tr>
<td>INTRON A INJ 10MU, 10MU/ML, 50MU</td>
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<td>lamivudine tabs 100mg</td>
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### Anti-hepatitis C (HCV) Agents, Direct Acting Agents

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<td>HARVONI</td>
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<td>PA QL(28/28)</td>
</tr>
<tr>
<td>VOSEVI</td>
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<td>PA QL(30/30)</td>
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### Anti-hepatitis C (HCV) Agents, Other

<table>
<thead>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>PEGASYS INJ 180MCG/0.5ML</td>
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<td>PA QL(2/28)</td>
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<td>PEGASYS INJ 180MCG/ML</td>
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<td>PA QL(4/28)</td>
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<td>PEGASYS PROCLICK</td>
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<td>PA QL(2/28)</td>
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<td>ribavirin caps</td>
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<td>QL(168/28)</td>
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<tr>
<td>ribavirin tabs</td>
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### Anti-HIV Agents, Integrase Inhibitors (INSTI)

<table>
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<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
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<td>BIKTARVY</td>
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<td>QL(30/30)</td>
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<td>GENVOYA</td>
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## Covered Drugs By Category

<table>
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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>ISENTRESS CHEW 100MG</td>
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<td>QL(180/30)</td>
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<tr>
<td>ISENTRESS CHEW 25MG</td>
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<td>QL(180/30)</td>
</tr>
<tr>
<td>ISENTRESS PACK</td>
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<td>QL(180/30)</td>
</tr>
<tr>
<td>ISENTRESS TABS</td>
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<td>JULUCA</td>
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<td>TIVICAY TABS 50MG</td>
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<tr>
<td>TIVICAY TABS 10MG, 25MG</td>
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</table>

**Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)**

<table>
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<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<td>EDURANT</td>
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<tr>
<td>efavirenz caps 200mg</td>
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<td>QL(60/30)</td>
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<tr>
<td>efavirenz caps 50mg</td>
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<td>efavirenz tabs</td>
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<td>QL(30/30)</td>
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<td>INTELENCE TABS 100MG, 200MG</td>
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<td>QL(60/30)</td>
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<td>nevirapine er tb24 400mg</td>
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<td>QL(30/30)</td>
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<tr>
<td>nevirapine er tb24 100mg</td>
<td>2</td>
<td>QL(90/30)</td>
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<tr>
<td>nevirapine tabs</td>
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<td>QL(60/30)</td>
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<tr>
<td>ODEFSEY</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>REScriptor TABS 200MG</td>
<td>3</td>
<td>QL(180/30)</td>
</tr>
<tr>
<td>REScriptor TABS 100MG</td>
<td>3</td>
<td>QL(270/30)</td>
</tr>
<tr>
<td>STRIBILD</td>
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<td>QL(30/30)</td>
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<td>SUSTIVA CAPS 200MG</td>
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<td>QL(60/30)</td>
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<tr>
<td>SUSTIVA CAPS 50MG</td>
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<td>SUSTIVA TABS</td>
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<td>QL(30/30)</td>
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<td>SYMFI LO</td>
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<td>VIRAMUNE SUSP</td>
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</table>

**Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)**

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<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>abacavir oral soln</td>
<td>3</td>
<td>QL(960/30)</td>
</tr>
<tr>
<td>abacavir sulfate/lamivudine/zidovudine</td>
<td>5</td>
<td>QL(60/30)</td>
</tr>
</tbody>
</table>

**Lower case italic = Generic drug**

- **ST** = Step Therapy rules apply
- **B/D** = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<td>B/D PA</td>
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<tr>
<td>TYBOST</td>
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### Anti-HIV Agents, Protease Inhibitors

<table>
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<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>APTIVUS CAPS</td>
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<td>QL(120/30)</td>
</tr>
<tr>
<td>APTIVUS ORAL SOLN</td>
<td>5</td>
<td>QL(285/28)</td>
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<tr>
<td>atazanavir caps 300mg</td>
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<td>CRIXIVAN CAPS 200MG</td>
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<td>EVOTAZ</td>
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<tr>
<td>fosamprenavir calcium</td>
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<td>QL(120/30)</td>
</tr>
<tr>
<td>INVIRASE CAPS</td>
<td>5</td>
<td>QL(300/30)</td>
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<tr>
<td>INVIRASE TABS</td>
<td>5</td>
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<tr>
<td>KALETRA ORAL SOLN</td>
<td>4</td>
<td>QL(480/30)</td>
</tr>
<tr>
<td>KALETRA TABS 100MG; 25MG</td>
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<tr>
<td>KALETRA TABS 200MG; 50MG</td>
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<td>QL(120/30)</td>
</tr>
<tr>
<td>LEXIVA SUSP</td>
<td>4</td>
<td>QL(1575/28)</td>
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<td>LEXIVA TABS</td>
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<td>QL(120/30)</td>
</tr>
<tr>
<td>lopinavir/ritonavir</td>
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<tr>
<td>NORVIR CAPS</td>
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<td>QL(360/30)</td>
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<tr>
<td>NORVIR ORAL SOLN</td>
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</tr>
<tr>
<td>NORVIR PACK</td>
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<td>QL(360/30)</td>
</tr>
<tr>
<td>NORVIR TABS</td>
<td>4</td>
<td>QL(360/30)</td>
</tr>
<tr>
<td>PREZ COBIX</td>
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<tr>
<td>PREZISTA SUSP</td>
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<td>QL(400/30)</td>
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<tr>
<td>PREZISTA TABS 800MG</td>
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<td>PREZISTA TABS 600MG</td>
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</tr>
<tr>
<td>PREZISTA TABS 150MG</td>
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</tr>
<tr>
<td>PREZISTA TABS 75MG</td>
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<td>QL(210/30)</td>
</tr>
<tr>
<td>REYATAZ CAPS 150MG, 300MG</td>
<td>5</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>REYATAZ CAPS 200MG</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>REYATAZ PACK</td>
<td>5</td>
<td>QL(180/30)</td>
</tr>
<tr>
<td>ritonavir</td>
<td>4</td>
<td>QL(360/30)</td>
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<tr>
<td>SYMTUZA</td>
<td>5</td>
<td>QL(30/30)</td>
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### Anti-influenza Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>oseltamivir phosphate caps 45mg, 75mg</td>
<td>3</td>
<td>QL(56/365)</td>
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<tr>
<td>oseltamivir phosphate caps 30mg</td>
<td>3</td>
<td>QL(112/365)</td>
</tr>
<tr>
<td>oseltamivir phosphate susr</td>
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<td>QL(700/365)</td>
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<tr>
<td>rimantadine hcl</td>
<td>2</td>
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</tr>
<tr>
<td>TAMIFLU CAPS 45MG, 75MG</td>
<td>4</td>
<td>QL(56/365)</td>
</tr>
<tr>
<td>TAMIFLU CAPS 30MG</td>
<td>4</td>
<td>QL(112/365)</td>
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<tr>
<td>TAMIFLU SUSR</td>
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<td>QL(700/365)</td>
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### Antierpetic Agents

<table>
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<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>acyclovir caps</td>
<td>2</td>
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<tr>
<td>acyclovir oint</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>acyclovir sodium</td>
<td>4</td>
<td>B/D PA</td>
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<tr>
<td>acyclovir susp</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>acyclovir tabs</td>
<td>2</td>
<td></td>
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<tr>
<td>DENAVIR</td>
<td>5</td>
<td>QL(5/30)</td>
</tr>
<tr>
<td>famciclovir</td>
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<td>QL(60/30)</td>
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<tr>
<td>trifluridine</td>
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<tr>
<td>valacyclovir hcl</td>
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<td>QL(30/30)</td>
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<tr>
<td>valacyclovir hydrochloride</td>
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<td>QL(30/30)</td>
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<tr>
<td>ZOVIRAX CREA</td>
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<td>QL(5/30)</td>
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### Anxiolytics

#### Anxiolytics, Other

<table>
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<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>buspirone hcl tabs 10mg, 5mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>buspirone hcl tabs 15mg, 30mg, 7.5mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl</td>
<td>3</td>
<td>PA</td>
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</table>

### Benzodiazepines

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<thead>
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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>alprazolam odt tbdp 2mg</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>alprazolam tabs 0.25mg, 0.5mg, 1mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>alprazolam tabs 2mg</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>clorazepate dipotassium tabs 3.75mg, 7.5mg</td>
<td>3</td>
<td>QL(90/30)</td>
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</tbody>
</table>
### Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>clorazepate dipotassium tabs 15mg</td>
<td>3</td>
<td>QL(180/30)</td>
</tr>
<tr>
<td>diazepam inj 5mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diazepam oral soln</td>
<td>2</td>
<td>QL(1200/30)</td>
</tr>
<tr>
<td>diazepam tabs</td>
<td>2</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>lorazepam conc</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>lorazepam inj 2mg/ml, 4mg/ml</td>
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</tr>
<tr>
<td>lorazepam intension</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>lorazepam tabs 0.5mg, 1mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>lorazepam tabs 2mg</td>
<td>2</td>
<td>QL(150/30)</td>
</tr>
<tr>
<td>oxazepam</td>
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<td>QL(120/30)</td>
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</table>

**Bipolar Agents**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>lithium carbonate caps 300mg</td>
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</tr>
<tr>
<td>lithium carbonate caps 150mg, 600mg</td>
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<td></td>
</tr>
<tr>
<td>lithium carbonate er</td>
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<td></td>
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<tr>
<td>lithium carbonate tabs</td>
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**Mood Stabilizers**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>acarbose</td>
<td>6</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>BYDUREON</td>
<td>6</td>
<td>QL(4/28)</td>
</tr>
<tr>
<td>BYDUREON BCISE</td>
<td>6</td>
<td>QL(4/28)</td>
</tr>
<tr>
<td>BYDUREON PEN</td>
<td>6</td>
<td>QL(4/28)</td>
</tr>
<tr>
<td>BYETTA INJ 5MCG/0.02ML</td>
<td>6</td>
<td>QL(1.2/30)</td>
</tr>
<tr>
<td>BYETTA INJ 10MCG/0.04ML</td>
<td>6</td>
<td>QL(2.4/30)</td>
</tr>
<tr>
<td>CYCLOSET</td>
<td>4</td>
<td>QL(180/30)</td>
</tr>
<tr>
<td>FARXIGA</td>
<td>6</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>glimepiride tabs 4mg</td>
<td>6</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>glimepiride tabs 2mg</td>
<td>6</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>glimepiride tabs 1mg</td>
<td>6</td>
<td>QL(240/30)</td>
</tr>
<tr>
<td>glipizide er tb24 10mg</td>
<td>6</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>glipizide er tb24 5mg</td>
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<td>QL(120/30)</td>
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</table>

**Blood Glucose Regulators**

**Antidiabetic Agents**

<table>
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<tr>
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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>glipizide er tb24 2.5mg</td>
<td>6</td>
<td>QL(240/30)</td>
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<tr>
<td>glipizide tabs 5mg</td>
<td>6</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>glipizide tabs 10mg</td>
<td>6</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>glipizide xl tb24 10mg</td>
<td>6</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>glipizide xl tb24 5mg</td>
<td>6</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>glipizide xl tb24 2.5mg</td>
<td>6</td>
<td>QL(240/30)</td>
</tr>
<tr>
<td>glipizide/metformin hcl tabs 2.5mg; 500mg; 5mg; 500mg</td>
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<td>QL(120/30)</td>
</tr>
<tr>
<td>GLYXAMBI</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>INVOKAMET</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>INVOKAMET XR</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>INVOKANA</td>
<td>6</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>JANUMET</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG</td>
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<td>QL(30/30)</td>
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<tr>
<td>JANUMET XR TB24 1000MG; 50MG</td>
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<td>QL(60/30)</td>
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<tr>
<td>JANUVIA</td>
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<td>QL(30/30)</td>
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<tr>
<td>JARDIANE</td>
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<td>QL(30/30)</td>
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<tr>
<td>JENTADUETO</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>JENTADUETO XR TB24 5MG; 1000MG</td>
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<td>QL(30/30)</td>
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<tr>
<td>JENTADUETO XR TB24 1.5MG; 1000MG</td>
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<td>QL(60/30)</td>
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<tr>
<td>metformin hcl er tb24 1000mg, 500mg, (generic for Fortamet)</td>
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<tr>
<td>metformin hcl er tb24 750mg (generic for Glucophage XR)</td>
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<td>QL(60/30)</td>
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<tr>
<td>metformin hcl er tb24 500mg (generic for Glucophage XR)</td>
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<tr>
<td>metformin hcl tabs 1000mg</td>
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<td>metformin hcl tabs 850mg</td>
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</tr>
<tr>
<td>metformin hydrochloride oral soln</td>
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<td>QL(750/30)</td>
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</tbody>
</table>

**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
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<td>nateglinide</td>
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<td>QL(90/30)</td>
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<td>OZEMPIC</td>
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<tr>
<td>pioglitazone hcl</td>
<td></td>
<td>QL(30/30)</td>
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<tr>
<td>pioglitazone hcl/metformin hcl</td>
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<td>QL(90/30)</td>
</tr>
<tr>
<td>repaglinide tabs 0.5mg, 1mg</td>
<td></td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>repaglinide tabs 2mg</td>
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<td>QL(240/30)</td>
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<td>RIOMET</td>
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<td>QL(750/30)</td>
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<tr>
<td>SYMLINPEN 120</td>
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<td>PA QL(10.8/28)</td>
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<td>SYMLINPEN 60</td>
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<td>PA QL(6/30)</td>
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<td>SYNJARDY</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG</td>
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<td>QL(30/30)</td>
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<tr>
<td>SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG</td>
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<td>QL(60/30)</td>
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<td>TRULICITY</td>
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<td>QL(2/28)</td>
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<td>VICTOZA</td>
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<td>QL(9/30)</td>
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<td>XIGDUO XR TB24 10MG; 1000MG, 10MG, 50MG; 2.5MG; 1000MG</td>
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<td>QL(30/30)</td>
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<tr>
<td>XIGDUO XR TB24 5MG; 1000MG</td>
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<td>QL(60/30)</td>
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</table>

### Glycemic Agents

| GLUCAGEN HYPOKIT                               |           | QL(4/30)              |
| GLUCAGON EMERGENCY KIT                         |           | QL(4/30)              |
| PROGLYCEM                                      |           | 4                     |

### Insulins

| HUMALOG                                        |           | 6                     |
| HUMALOG JUNIOR KWIPKEN                         |           | 6                     |
| HUMALOG KWIPKEN                                |           | 6                     |
| HUMALOG MIX 50/50                              |           | 6                     |
| HUMALOG MIX 50/50 KWIPKEN                      |           | 6                     |
| HUMALOG MIX 75/25                              |           | 6                     |
| HUMALOG MIX 75/25 KWIPKEN                       |           | 6                     |
| HUMULIN 70/30                                  |           | 6                     |

## Blood Products/Modifiers/Volume Expanders

### Anticoagulants

| COUMADIN                                       |           | 4                     |
| ELIQUISTARTERPACK                              |           | QL(74/30)             |
| ELIQUISTABS 2.5MG                              |           | QL(60/30)             |
| ELIQUISTABS 5MG                                |           | QL(74/30)             |
| enoxaparin sodium inj 30mg/0.3ml                |           | QL(9/90)              |
| enoxaparin sodium inj 40mg/0.4ml                |           | QL(12/90)             |
| enoxaparin sodium inj 60mg/0.6ml                |           | QL(18/90)             |
| enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml   |           | QL(24/90)             |
| enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml |           | QL(30/90)             |
| fondaparinux sodium inj 2.5mg/0.5ml            |           | QL(15/90)             |
| fondaparinux sodium inj 5mg/0.4ml              |           | QL(12/90)             |
| fondaparinux sodium inj 7.5mg/0.6ml            |           | QL(18/90)             |
| fondaparinux sodium inj 10mg/0.8ml             |           | QL(24/90)             |
Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
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<tbody>
<tr>
<td>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</td>
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</tr>
<tr>
<td>heparin sodium/d5w</td>
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<td></td>
</tr>
<tr>
<td>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</td>
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<td></td>
</tr>
<tr>
<td>heparin sodium/nacl 0.9%</td>
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<td></td>
</tr>
<tr>
<td>heparin sodium/sodium chloride 0.9%</td>
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<td></td>
</tr>
<tr>
<td>heparin sodium/sodium chloride 0.9% premix</td>
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<td>jantoven</td>
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<tr>
<td>PRADAXA</td>
<td>3</td>
<td>QL(60/30)</td>
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<td>SAVAYSA</td>
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<td>QL(30/30)</td>
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<td>warfarin sodium</td>
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<td>XARELTO STARTER PACK</td>
<td>3</td>
<td>QL(102/365)</td>
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<tr>
<td>XARELTO TABS 20MG</td>
<td>3</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>XARELTO TABS 15MG</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>XARELTO TABS 10MG</td>
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<td>QL(90/90)</td>
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Blood Formation Modifiers

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>anagrelide hydrochloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 60MCG/0.3ML</td>
<td>4</td>
<td>PA QL(1.2/28)</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML</td>
<td>4</td>
<td>PA QL(1.6/28)</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 25MCG/0.42ML</td>
<td>4</td>
<td>PA QL(1.68/28)</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML</td>
<td>4</td>
<td>PA QL(4/28)</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 500MCG/ML</td>
<td>5</td>
<td>PA QL(1/21)</td>
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<tr>
<td>ARANESP ALBUMIN FREE INJ 150MCG/0.3ML</td>
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<tr>
<td>ARANESP ALBUMIN FREE INJ 200MCG/0.4ML</td>
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<td>PA QL(1.6/28)</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE INJ 100MCG/0.5ML</td>
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<td>PA QL(2/28)</td>
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Hemostasis Agents

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<thead>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>tranexamic acid inj</td>
<td>2</td>
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<tr>
<td>tranexamic acid tabs</td>
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Platelet Modifying Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>aspirin/dipyramole</td>
<td>4</td>
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</tr>
<tr>
<td>BRILINTA</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>cilostazol</td>
<td>2</td>
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</tr>
<tr>
<td>clopidogrel tabs 300mg</td>
<td>2</td>
<td>QL(2/365)</td>
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<tr>
<td>clopidogrel tabs 75mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>prasugrel</td>
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Cardiovascular Agents

Alpha-adrenergic Agonists

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</td>
<td>2</td>
<td>QL(4/28)</td>
</tr>
<tr>
<td>clonidine hcl ptwk 0.3mg/24hr</td>
<td>2</td>
<td>QL(8/28)</td>
</tr>
<tr>
<td>clonidine hcl tabs 0.3mg</td>
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</tr>
<tr>
<td>clonidine hcl tabs 0.1mg, 0.2mg</td>
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<td>midodrine hcl</td>
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Alpha-adrenergic Blocking Agents

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<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>phenoxybenzamine hydrochloride</td>
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## Covered Drugs By Category

<table>
<thead>
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<th>REQUIREMENTS/ LIMITS</th>
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<td>QL(30/30) ST</td>
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<tr>
<td>BENICAR HCT</td>
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<td>QL(30/30) ST</td>
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<tr>
<td>candesartan cilexetil</td>
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<td>QL(30/30)</td>
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<tr>
<td>candesartan cilexetil/ hydrochlorothiazide</td>
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<td>QL(30/30)</td>
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<tr>
<td>EDARBI</td>
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<td>ST</td>
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<tr>
<td>EDARBYCLOR</td>
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<td>ST</td>
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<tr>
<td>irbesartan/hydrochlorothiazide</td>
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<td>QL(30/30)</td>
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<td>losartan potassium tabs 100mg</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>losartan potassium tabs 25mg, 50mg</td>
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<td>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</td>
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<td>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 50mg</td>
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<td>olmesartan medoxomil</td>
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<tr>
<td>olmesartan medoxomil/ hydrochlorothiazide</td>
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<tr>
<td>telmisartan/amloidine</td>
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<td>telmisartan/hydrochlorothiazide</td>
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<td>valsartan</td>
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<td>QL(30/30)</td>
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<td>valsartan/hydrochlorothiazide</td>
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<td>QL(30/30)</td>
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<td><strong>Angiotensin-converting Enzyme (ACE) Inhibitors</strong></td>
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<tr>
<td>benazepril hcl/ hydrochlorothiazide tabs 20mg; 12.5mg</td>
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<td>QL(60/30)</td>
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<td>QL(90/30)</td>
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<td>QL(90/30)</td>
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<td>captopril/hydrochlorothiazide</td>
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<tr>
<td>enalapril maleate/ hydrochlorothiazide</td>
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<td>QL(60/30)</td>
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<tr>
<td>fosinopril sodium/ hydrochlorothiazide</td>
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<td>QL(120/30)</td>
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<tr>
<td>lisinopril/hydrochlorothiazide</td>
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<td>QL(60/30)</td>
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<td>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</td>
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<td>QL(120/30)</td>
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<td>moexipril hcl</td>
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<tr>
<td>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</td>
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<td>QL(30/30)</td>
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<tr>
<td>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg; 20mg</td>
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<td>QL(60/30)</td>
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<td>perindopril erbumine</td>
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<td>QL(60/30)</td>
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<td>quinapril hcl</td>
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<td>QL(60/30)</td>
</tr>
<tr>
<td>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg; 20mg</td>
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<td>QL(60/30)</td>
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<td>QL(60/30)</td>
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<td>QL(30/30)</td>
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<tr>
<td>trandolapril tabs 2mg, 4mg</td>
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<td>QL(30/30)</td>
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<td><strong>Antiarrhythmics</strong></td>
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<td>amiodarone hcl tabs</td>
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<td>dofetilide</td>
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<td>QL(60/30)</td>
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<td>lidocaine hcl inj</td>
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<td>propafenone hcl</td>
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<td>propafenone hydrochloride er cp12 425mg</td>
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<td>quinidine sulfate</td>
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## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
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<tbody>
<tr>
<td>propranolol hcl tabs 60mg</td>
<td>2</td>
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</tr>
<tr>
<td>propranolol hcl tabs 10mg, 20mg, 40mg, 80mg</td>
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<td></td>
</tr>
<tr>
<td>propranolol hydrochloride tabs 60mg</td>
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<tr>
<td>propranolol/hydrochlorothiazide</td>
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<td></td>
</tr>
<tr>
<td>timolol maleate tabs</td>
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### Beta-adrenergic Blocking Agents

<table>
<thead>
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<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>acebutolol hcl</td>
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<tr>
<td>amlodipine besylate tabs 10mg</td>
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</tr>
<tr>
<td>amlodipine besylate tabs 2.5mg</td>
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<tr>
<td>amlodipine besylate/beenatepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</td>
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<tr>
<td>amlodipine besylate/beenatepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</td>
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<td>amlodipine besylate/valsartan</td>
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<td></td>
</tr>
<tr>
<td>amlodipine/valsartan medoxomil</td>
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<td></td>
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<td>amlodipine/valsartan/hctz</td>
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<tr>
<td>cardia xt</td>
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<td>dilt-xr</td>
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<td>diltiazem hcl er cp12</td>
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<tr>
<td>diltiazem hcl inj</td>
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<tr>
<td>diltiazem hcl tabs</td>
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<tr>
<td>felodipine er</td>
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<td>isradipine</td>
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<tr>
<td>matzim la</td>
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</tr>
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<td>nicardipine hcl caps</td>
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### Calcium Channel Blocking Agents

<table>
<thead>
<tr>
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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
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<td>afeditab cr</td>
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</tr>
<tr>
<td>amlodipine besylate tabs 10mg</td>
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</tr>
<tr>
<td>amlodipine besylate tabs 5mg</td>
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</tr>
<tr>
<td>amlodipine besylate tabs 2.5mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate/beenatepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate/beenatepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</td>
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<td></td>
</tr>
<tr>
<td>amlodipine besylate/valsartan</td>
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</tr>
<tr>
<td>amlodipine/valsartan medoxomil</td>
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</tr>
<tr>
<td>amlodipine/valsartan/hctz</td>
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<td></td>
</tr>
</tbody>
</table>

CAPITALIZED = BRAND NAME DRUG
QL = Quantity Limits listed as (qty/days)
PA = Prior Authorization may be required
You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>nicardipine hcl inj</td>
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<tr>
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<td>nifedipine er tb24 30mg, 60mg</td>
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<td>nimodipine</td>
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<tr>
<td>nisoldipine er tb24 20mg, 30mg, 40mg</td>
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<td>QL(30/30)</td>
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<tr>
<td>taztia xt cp24 120mg, 180mg, 240mg, 300mg</td>
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<td>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</td>
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<tr>
<td>verapamil hcl er cp24 200mg</td>
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<td>verapamil hcl er tbcr</td>
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<td>verapamil hcl sr cp24 360mg</td>
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<td>QL(30/30)</td>
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### Cardiovascular Agents, Other

<table>
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<tr>
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<td>PA QL(60/30)</td>
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<tr>
<td>CORLANOR</td>
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<tr>
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<tr>
<td>digitek tabs 0.125mg</td>
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<td>digitek tabs 0.25mg</td>
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<td>PA</td>
</tr>
<tr>
<td>digox tabs 125mcg</td>
<td>2</td>
<td>QL(30/30)</td>
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<tr>
<td>digox tabs 250mcg</td>
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<td>PA</td>
</tr>
<tr>
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<td>PA</td>
</tr>
<tr>
<td>digoxin tabs 125mcg</td>
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<td>QL(30/30)</td>
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<tr>
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<tr>
<td>NORTHERA CAPS 100MG</td>
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<td>NORTHERA CAPS 200MG, 300MG</td>
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<td>PA QL(180/30)</td>
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### Diuretics, Carbonic Anhydrase Inhibitors

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetazolamide</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Diuretics, Loop

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>bumetanide inj</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>bumetanide tabs 0.5mg, 1mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bumetanide tabs 2mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ethacrynate sodium</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>furosemide inj</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>furosemide oral soln</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>furosemide tabs</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>torsemide</td>
<td>2</td>
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</table>

### Diuretics, Potassium-sparing

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiloride hcl</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>amiloride/hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>spironolactone tabs 25mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>spironolactone tabs 100mg, 50mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>spironolactone/hydrochlorothiazide</td>
<td>2</td>
<td></td>
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### Diuretics, Thiazide

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>chlorothiazide</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>chlorothiazide sodium</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>chlorthalidone</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>indapamide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metolazone</td>
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</table>

### Dyslipidemics, Fibric Acid Derivatives

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>fenofibrate caps 130mg, 150mg</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fenofibrate caps 43mg, 50mg</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>fenofibrate micronized caps 134mg, 200mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fenofibrate micronized caps 67mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>fenofibrate tabs 145mg, 160mg</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fenofibrate tabs 48mg, 54mg</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>fenofibric acid dr cpdr 135mg</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>fenofibric acid dr cpdr 45mg</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>gemfibrozil</td>
<td>2</td>
<td>QL(60/30)</td>
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</tbody>
</table>
### Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dyslipidemics, HMG CoA Reductase Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>atorvastatin calcium</td>
<td>1</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>CRESTOR</td>
<td>4</td>
<td>QL(30/30) ST</td>
</tr>
<tr>
<td>LIVALO</td>
<td>3</td>
<td>QL(30/30) ST</td>
</tr>
<tr>
<td>lovastatin tabs 40mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>lovastatin tabs 10mg, 20mg</td>
<td>1</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>pravastatin sodium</td>
<td>1</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>rosuvastatin calcium</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>simvastatin</td>
<td>1</td>
<td>QL(30/30)</td>
</tr>
</tbody>
</table>

**Dyslipidemics, Other**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>cholestyramine light</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ezetimibe</td>
<td>3</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>ezetimibe/simvastatin</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>niacin er tbcr 500mg</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>niacin er tbcr 1000mg, 750mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>niacor</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>omega-3-acid ethyl esters</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>prevalite</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>REPATHA</td>
<td>5</td>
<td>PA QL(3/30)</td>
</tr>
<tr>
<td>REPATHA PUSHTRONEX SYSTEM</td>
<td>5</td>
<td>PA QL(3.5/30)</td>
</tr>
<tr>
<td>REPATHA SURECLICK</td>
<td>5</td>
<td>PA QL(3/30)</td>
</tr>
<tr>
<td>VASCEPA CAPS 1GM</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>VASCEPA CAPS 0.5GM</td>
<td>4</td>
<td>QL(240/30)</td>
</tr>
<tr>
<td>WELCHOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZETIA</td>
<td>4</td>
<td>QL(30/30) ST</td>
</tr>
</tbody>
</table>

**Vasodilators, Direct-acting Arterial**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydralazine hcl inj</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl tabs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>minoxidil</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Vasodilators, Direct-acting Arterial/Venous**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIDIL</td>
<td>3</td>
<td>QL(180/30)</td>
</tr>
</tbody>
</table>

#### Central Nervous System Agents

**Attention Deficit Hyperactivity Disorder Agents, Amphetamines**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine/ dextroamphetamine cp24</td>
<td>3</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amphetamine/ dextroamphetamine cp24</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amphetamine/ dextroamphetamine tabs</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>1.25mg; 1.25mg; 1.25mg, 1.25mg, 1.875mg; 1.875mg, 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amphetamine/ dextroamphetamine tabs 5mg; 5mg; 5mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>amphetamine/ dextroamphetamine sulfate er cp24 5mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
</tbody>
</table>

**Lower case italic = Generic drug**

**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>dextroamphetamine sulfate er cp24 10mg</td>
<td>2</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate er cp24 15mg</td>
<td>2</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate oral soln</td>
<td>2</td>
<td>QL(1800/30)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tabs 5mg</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tabs 10mg</td>
<td>2</td>
<td>QL(180/30)</td>
</tr>
</tbody>
</table>

### Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>atomoxetine caps 100mg, 60mg, 80mg</td>
<td>4</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>atomoxetine caps 10mg, 18mg, 25mg, 40mg</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>clonidine hcl er</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>dextmethylphenidate hcl</td>
<td>2</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>metadate er</td>
<td>3</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tb24 27mg, 54mg</td>
<td>3</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tb24 36mg</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tb24 18mg</td>
<td>3</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tbcr 27mg, 54mg</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tbcr 36mg</td>
<td>3</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tbcr 20mg</td>
<td>3</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride er tbcr 18mg</td>
<td>3</td>
<td>QL(90/30)</td>
</tr>
<tr>
<td>methylphenidate hydrochloride tabs</td>
<td>3</td>
<td>QL(90/30)</td>
</tr>
</tbody>
</table>

### Central Nervous System, Other

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HETLIOZ</td>
<td>5</td>
<td>PA QL(30/30)</td>
</tr>
<tr>
<td>NUEDEXTA</td>
<td>3</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>niluzole</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>tetrabenazine tabs 12.5mg</td>
<td>5</td>
<td>PA QL(90/30)</td>
</tr>
<tr>
<td>tetrabenazine tabs 25mg</td>
<td>5</td>
<td>PA QL(120/30)</td>
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</table>

### Fibromyalgia Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYRICA CR TB24 330MG</td>
<td>3</td>
<td>QL(60/30)</td>
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</tbody>
</table>

## Multiple Sclerosis Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPYRA</td>
<td>5</td>
<td>PA QL(60/30)</td>
</tr>
<tr>
<td>AVONEX</td>
<td>5</td>
<td>PA QL(4/28)</td>
</tr>
<tr>
<td>AVONEX PEN</td>
<td>5</td>
<td>PA QL(4/28)</td>
</tr>
<tr>
<td>BETASERON</td>
<td>5</td>
<td>PA QL(14/28)</td>
</tr>
<tr>
<td>COPAXONE INJ 40MG/ML</td>
<td>5</td>
<td>PA QL(12/28)</td>
</tr>
<tr>
<td>COPAXONE INJ 20MG/ML</td>
<td>5</td>
<td>PA QL(30/30)</td>
</tr>
<tr>
<td>GILENYA</td>
<td>5</td>
<td>PA QL(30/30)</td>
</tr>
<tr>
<td>REBIF</td>
<td>5</td>
<td>PA QL(6/28)</td>
</tr>
<tr>
<td>REBIF REBIDOSE</td>
<td>5</td>
<td>PA QL(6/28)</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK</td>
<td>5</td>
<td>PA QL(4.2/28)</td>
</tr>
<tr>
<td>REBIF TITRATION PACK</td>
<td>5</td>
<td>PA QL(4.2/28)</td>
</tr>
<tr>
<td>TECFIDERA CPDR 120MG</td>
<td>5</td>
<td>PA QL(14/30)</td>
</tr>
<tr>
<td>TECFIDERA CPDR 240MG</td>
<td>5</td>
<td>PA QL(60/30)</td>
</tr>
<tr>
<td>TECFIDERA STARTER PACK</td>
<td>5</td>
<td>PA QL(120/365)</td>
</tr>
<tr>
<td>TYSABRI</td>
<td>5</td>
<td>PA QL(15/28)</td>
</tr>
</tbody>
</table>

### Dental and Oral Agents

#### Dental and Oral Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlorhexidine gluconate mouth/throat soln</td>
<td>1</td>
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</tr>
<tr>
<td>oralone dental paste</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>paroex</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>periogard</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl tabs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hydrochloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide dental paste</td>
<td>2</td>
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</tr>
</tbody>
</table>

### Dermatological Agents

#### Dermatological Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
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<tbody>
<tr>
<td>acitretin</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ammonium lactate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>amnesteem</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>avita</td>
<td>2</td>
<td>PA QL(45/30)</td>
</tr>
<tr>
<td>calcipotriene crea</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>calcipotriene external soln</td>
<td>4</td>
<td>QL(60/30)</td>
</tr>
<tr>
<td>calcipotriene oint</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
</tbody>
</table>
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitrene</td>
<td>4</td>
<td>QL(120/30)</td>
</tr>
<tr>
<td>calcitriol oint</td>
<td>3</td>
<td>QL(800/30)</td>
</tr>
<tr>
<td>claravis</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>cureity gauze pads 2”x2”</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium gel 1%</td>
<td>3</td>
<td>QL(1000/30)</td>
</tr>
<tr>
<td>diclofenac sodium transdermal soln</td>
<td>4</td>
<td>QL(1050/30)</td>
</tr>
<tr>
<td>doxepin hydrochloride</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ELIDEL</td>
<td>3</td>
<td>QL(100/90)</td>
</tr>
<tr>
<td>erythromycin/benzoyl peroxide</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>fluorouracil crea 5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorouracil crea 0.5%</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>fluorouracil external soln</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>imiquimod</td>
<td>2</td>
<td>QL(12/30)</td>
</tr>
<tr>
<td>imiquimod pump</td>
<td>5</td>
<td>QL(56/30)</td>
</tr>
<tr>
<td>isotretinoin</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>methoxsalen</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>myorisan</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PICATO GEL 0.05%</td>
<td>4</td>
<td>QL(2/56)</td>
</tr>
<tr>
<td>PICATO GEL 0.015%</td>
<td>4</td>
<td>QL(3/56)</td>
</tr>
<tr>
<td>podofilox</td>
<td>2</td>
<td></td>
</tr>
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<td>REGRANEX</td>
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**CAPITALIZED = BRAND NAME DRUG**

**QL =** Quantity Limits listed as (qty/days)

**PA =** Prior Authorization may be required

You can find more information on the symbols by going to page 4.

## Electrolytes/Minerals/Metals/Vitamins

### Electrolyte/Mineral Replacement

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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tr>
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</tr>
<tr>
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<td>CLINIMIX E 4.25%/ DEXTROSE 10%</td>
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<tr>
<td>dextrose 5%/lactated ringers</td>
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<tr>
<td>dextrose 5%/nacl 0.2%</td>
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<td>dextrose 5%/nacl 0.225%</td>
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<td>DEXTROSE 5%/NACL 0.3%</td>
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<tr>
<td>dextrose 5%/nacl 0.33%</td>
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<td>dextrose 5%/nacl 0.45%</td>
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<td>B/D PA</td>
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<tr>
<td>dextrose 5%/nacl 0.9%</td>
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<td>DEXTROSE 50%</td>
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<tr>
<td>fluoritab chew 0.5mg, 1mg</td>
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<tr>
<td>FREAMINE HBC 6.9%</td>
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</tr>
<tr>
<td>FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML</td>
<td>4</td>
<td>B/D PA</td>
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</table>
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>potassium chloride inj 10meq/100ml, 20meq/100ml, 3meq/ml, 40meq/100ml</td>
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<td>B/D PA</td>
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<tr>
<td>potassium chloride oral soln</td>
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<tr>
<td>potassium chloride sr</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride/dextrose inj 5%; 20meq/ml, 5%; 40meq/ml</td>
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<td>B/D PA</td>
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<tr>
<td>POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L</td>
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<td>B/D PA</td>
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<tr>
<td>potassium chloride/dextrose/sodium chloride</td>
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<td>B/D PA</td>
</tr>
<tr>
<td>potassium chloride/sodium chloride inj 20meq/ml; 0.45%, 20meq/ml; 0.9%, 40meq/ml; 0.9%</td>
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<td>B/D PA</td>
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<tr>
<td>potassium citrate er</td>
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<td>B/D PA</td>
</tr>
<tr>
<td>PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML</td>
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<td>B/D PA</td>
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<td>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</td>
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<td>B/D PA</td>
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<tr>
<td>POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L</td>
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<tr>
<td>potassium chloride/dextrose/sodium chloride</td>
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<td>B/D PA</td>
</tr>
<tr>
<td>potassium chloride/sodium chloride inj 20meq/ml; 0.45%, 20meq/ml; 0.9%, 40meq/ml; 0.9%</td>
<td>4</td>
<td>B/D PA</td>
</tr>
<tr>
<td>potassium citrate er</td>
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</tbody>
</table>

**Lower case italic = Generic drug**

**ST = Step Therapy rules apply**

**B/D = Drugs covered under Medicare Part B or Part D**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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## Covered Drugs By Category

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<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<td><strong>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</strong></td>
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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.

Lower case italic = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D
### Covered Drugs By Category

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### Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

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## Covered Drugs By Category

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<thead>
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<th>DRUG NAME</th>
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<td>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0</td>
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## Covered Drugs By Category

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**CAPITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.

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**Progestins**

**Progestin**

**Lower case italic = Generic drug**

**ST = Step Therapy rules apply**

**B/D = Drugs covered under Medicare Part B or Part D**

---

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## Covered Drugs By Category

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### Selective Estrogen Receptor Modifying Agents

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### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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<tr>
<td>levoxytabs 100mcg, 112mcg, 175mcg</td>
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</tr>
<tr>
<td>liothyronine sodium inj</td>
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<td>liothyronine sodium tabs</td>
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<tr>
<td>SYNTHROID</td>
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### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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<tr>
<td>levoxytabs 100mcg, 112mcg, 175mcg</td>
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### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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### Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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## Covered Drugs By Category

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<td>TRELSTAR MIXJECT INJ 3.75MG</td>
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<td>TRELSTAR MIXJECT INJ 11.25MG</td>
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### Hormonal Agents, Suppressant (Thyroid)

#### Antithyroid Agents
- methimazole
- propylthiouracil

#### Immunological Agents

### Angioedema Agents
- CINRYZE
- FIRAZYR
- RUCONEST

### Immune Suppressants
- ASTAGRAF XL CP24 5MG
- ASTAGRAF XL CP24 0.5MG, 1MG
- AZASAN
- azathioprine inj
- azathioprine tabs
- cyclosporine
- cyclosporine modified
- ENBREL INJ 25MG/0.5ML
- ENBREL INJ 25MG, 50MG/ML
- ENBREL MINI
- ENBREL SURECLICK
- ENVARSUS XR TB24 4MG
- ENVARSUS XR TB24 0.75MG, 1MG
gengraf

### Lower case italic = Generic drug

### ST = Step Therapy rules apply

### B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.
### Covered Drugs By Category

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<td>ZORTRESS TABS 0.5MG</td>
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**Immunizing Agents, Passive**

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<tr>
<td>YF-VAX</td>
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<tr>
<td>ZOSTAVAX</td>
<td>4</td>
<td>QL(1/999)</td>
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</table>

**Immunomodulators**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTEMRA INJ 162MG/0.9ML</td>
<td>5</td>
<td>PA QL(3.6/28)</td>
</tr>
<tr>
<td>ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML</td>
<td>5</td>
<td>PA QL(40/28)</td>
</tr>
<tr>
<td>ACTIMMUNE</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>ARCALYST</td>
<td>5</td>
<td>PA</td>
</tr>
<tr>
<td>BENLYSTA INJ 400MG</td>
<td>5</td>
<td>PA QL(9/28)</td>
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<tr>
<td>BENLYSTA INJ 120MG</td>
<td>5</td>
<td>PA QL(30/28)</td>
</tr>
<tr>
<td>ILARIS</td>
<td>5</td>
<td>PA QL(2/28)</td>
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<tr>
<td>Leflunomide</td>
<td>2</td>
<td>QL(30/30)</td>
</tr>
<tr>
<td>RIDAURA</td>
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<tr>
<td>SIMULECT</td>
<td>5</td>
<td>B/D PA</td>
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<tr>
<td>SYNAGIS</td>
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<td>PA</td>
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**Vaccines**

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<tr>
<td>ACTHIB</td>
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<td></td>
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<tr>
<td>ADACEL</td>
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<td>QL(0.5/365)</td>
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<tr>
<td>BCG VACCINE</td>
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<tr>
<td>BEXSERO</td>
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</tr>
<tr>
<td>BOOSTRIX</td>
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<td>QL(0.5/365)</td>
</tr>
<tr>
<td>DAPACEL</td>
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<tr>
<td>DIPHTHERIA/TETANUS</td>
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<td>TOXOIDS ADSORBED</td>
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<tr>
<td>PEDIATRIC</td>
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<td></td>
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<tr>
<td>ENGERIX-B INJ 10MCG/0.5ML</td>
<td>4</td>
<td>B/D PA QL(3/365)</td>
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<tr>
<td>ENGERIX-B INJ 20MCG/ML</td>
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<td>B/D PA QL(8/365)</td>
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**Inflammatory Bowel Disease Agents**

**Aminosalicylates**

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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>APRISO</td>
<td>3</td>
<td>QL(120/30)</td>
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<tr>
<td>balsalazide disodium</td>
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</tr>
<tr>
<td>LIALDA</td>
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<td>QL(120/30)</td>
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## Covered Drugs By Category

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<th>REQUIREMENTS/ LIMITS</th>
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<td>mesalamine</td>
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### Glucocorticoids

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<tr>
<td>budesonide cpep</td>
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<td>colocort</td>
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<td>hydrocortisone enem</td>
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### Sulfonamides

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#### Metabolic Bone Disease Agents

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<th>REQUIREMENTS/ LIMITS</th>
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<tbody>
<tr>
<td>alendronate sodium tabs 35mg, 70mg</td>
<td>1</td>
<td>QL(4/28)</td>
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<tr>
<td>alendronate sodium tabs 10mg, 40mg, 5mg</td>
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<tr>
<td>BINOSTO</td>
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<tr>
<td>calcitriol caps</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>calcitriol inj</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>calcitriol oral soln</td>
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<td></td>
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<tr>
<td>doxercalciferol caps 0.5mcg</td>
<td>4</td>
<td>QL(90/30)</td>
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<tr>
<td>doxercalciferol caps 1mcg</td>
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<td>QL(240/30)</td>
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<tr>
<td>doxercalciferol caps 2.5mcg</td>
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<td>QL(120/30)</td>
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<tr>
<td>doxercalciferol inj</td>
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<tr>
<td>etidronate disodium</td>
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<tr>
<td>FORTEO</td>
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<td>PA QL(2.4/28)</td>
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<tr>
<td>ibandronate sodium tabs</td>
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<td>QL(1/28)</td>
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<td>MIACALCIN</td>
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<td>pamidronate disodium</td>
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<td>B/D PA</td>
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<tr>
<td>paricalcitol caps 4mcg</td>
<td>4</td>
<td>QL(60/30)</td>
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<tr>
<td>paricalcitol caps 1mcg, 2mcg</td>
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<td>QL(90/30)</td>
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<tr>
<td>PROLIA</td>
<td>4</td>
<td>QL(1/180)</td>
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<tr>
<td>risedronate sodium tabs 150mg</td>
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<td>QL(1/30)</td>
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<tr>
<td>risedronate sodium tabs 35mg</td>
<td>3</td>
<td>QL(4/28)</td>
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<tr>
<td>risedronate sodium tabs 30mg, 5mg</td>
<td>3</td>
<td>QL(30/30)</td>
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### Miscellaneous Therapeutic Agents

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/ LIMITS</th>
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</thead>
<tbody>
<tr>
<td>bd eclipse syringe/1ml/30gx1/2”</td>
<td>2</td>
<td>QL(200/30)</td>
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<tr>
<td>bd insulin syringe safetyglide/1ml/29g x 1/2”</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/0.3ml/31g x 5/16”</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/0.5ml/30g x 1/2”</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/1ml/31g x 5/16”</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd pen needle/mini/ultrafine/31g x 3/16”</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd pen needle/nano/ultrafine/32g x 4mm</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd pen needle/ultrafine/29g x 12.7mm</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>bd safetyglide 27g x 5/8”</td>
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<td>QL(200/30)</td>
</tr>
<tr>
<td>CARNITOR INJ</td>
<td>4</td>
<td>B/D PA</td>
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<tr>
<td>FERRIPROX</td>
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<td>PA</td>
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<tr>
<td>fomepizole</td>
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<tr>
<td>INTRALIPID</td>
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<td>B/D PA</td>
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<tr>
<td>KORLYM</td>
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<td>PA QL(120/30)</td>
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<td>LACTATED RINGERS IRRIGATION</td>
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<tr>
<td>levocarnitine</td>
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<tr>
<td>LIPOSYN III</td>
<td>4</td>
<td>B/D PA</td>
</tr>
<tr>
<td>NATPARA</td>
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<td>PA QL(2/28)</td>
</tr>
<tr>
<td>novofine 31</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
</tbody>
</table>

**CAPITALIZED = BRAND NAME DRUG**
**Lower case italic = Generic drug**
**QL = Quantity Limits listed as (qty/days)**
**PA = Prior Authorization may be required**
**ST = Step Therapy rules apply**
**B/D = Drugs covered under Medicare Part B or Part D**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>novofine 32gx6mm</td>
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<td>QL(200/30)</td>
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<tr>
<td>novofine autocover 30gx8mm</td>
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<td>QL(200/30)</td>
</tr>
<tr>
<td>novotwist 32gx5mm</td>
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<td>QL(200/30)</td>
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<tr>
<td>NUTRILIPID</td>
<td>4</td>
<td>B/D PA</td>
</tr>
<tr>
<td>OMNIPOD 5 PACK</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>OMNIPOD DASH 5 PACK</td>
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<td>QL(30/30)</td>
</tr>
<tr>
<td>OMNIPOD DASH SYSTEM</td>
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<td>QL(1/365)</td>
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<td>OMNIPOD STARTER KIT</td>
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<td>PHYSIOLYTE</td>
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<td>physiosol irrigation</td>
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<td>RINGERS IRRIGATION</td>
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<td>sodium chloride 0.9%</td>
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</tr>
<tr>
<td>sodium chloride 0.9%</td>
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<td></td>
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<tr>
<td>sterile water irrigation</td>
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<td></td>
</tr>
<tr>
<td>sterile water irrigation plastic bottle</td>
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</tr>
<tr>
<td>techlite pen needles/31g x 6mm</td>
<td>2</td>
<td>QL(200/30)</td>
</tr>
<tr>
<td>techlite pen needles/31g x 8mm</td>
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<tr>
<td>techlite pen needles/32g x 4mm</td>
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<tr>
<td>techlite pen needles/32g x 6mm</td>
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<td>QL(200/30)</td>
</tr>
<tr>
<td>techlite pen needles/32g x 8mm</td>
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<td>QL(200/30)</td>
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<tr>
<td>TIS-U-SOL</td>
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</tr>
<tr>
<td>V-GO 20</td>
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<td></td>
</tr>
<tr>
<td>V-GO 30</td>
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<td>V-GO 40</td>
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## Ophthalmic Agents

### Ophthalmic Prostaglandin and Prostamide Analogs

<table>
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<th>DRUG NAME</th>
<th>DRUG TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>bimatoprost ophthalmic soln</td>
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<td>QL(5/30)</td>
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<tr>
<td>COMBIGAN</td>
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<tr>
<td>latanoprost</td>
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<tr>
<td>LUMIGAN</td>
<td>4</td>
<td>QL(5/30) ST</td>
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<tr>
<td>TRAVATAN Z</td>
<td>3</td>
<td>QL(5/30)</td>
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<td>ZIOPTAN</td>
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<td>QL(30/30)</td>
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### Ophthalmic Agents, Other

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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>atropine sulfate ophthalmic soln</td>
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</tr>
<tr>
<td>CYSTARAN</td>
<td>5</td>
<td>PA QL(60/28)</td>
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<tr>
<td>LACRISERT</td>
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<tr>
<td>proparacaine hcl</td>
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### Ophthalmic Anti-allergy Agents

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<tr>
<td>azelastine hcl ophthalmic soln</td>
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</tr>
<tr>
<td>cromolyn sodium ophthalmic soln</td>
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<tr>
<td>epinastine hcl</td>
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<tr>
<td>olopatadine hcl ophthalmic soln</td>
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<td>QL(5/30)</td>
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<tr>
<td>olopatadine hydrochloride ophthalmic soln 0.2%</td>
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<td>QL(2.5/30)</td>
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<td>PAZEO</td>
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<td>QL(2.5/30)</td>
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### Ophthalmic Anti-inflammatories

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<thead>
<tr>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>bromfenac</td>
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<tr>
<td>dexamethasone sodium phosphate ophthalmic soln</td>
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</tr>
<tr>
<td>diclofenac sodium ophthalmic soln</td>
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<td>DUREZOL</td>
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<td>fluorometholone</td>
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<td>flurbiprofen sodium</td>
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<tr>
<td>ILEVRO</td>
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<td>ketorolac tromethamine ophthalmic soln</td>
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<td>LOTEMAX</td>
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</tr>
<tr>
<td>neomycin/polymyxin/dexamethasone</td>
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<td>PRED MILD</td>
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<td>prednisolone acetate</td>
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### Ophthalmic Antiglaucoma Agents

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<td>AZOPT</td>
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<td>betaxolol hcl</td>
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<tr>
<td>DRUG NAME</td>
<td>TIER</td>
<td>REQUIREMENTS/LIMITS</td>
</tr>
<tr>
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<td>------</td>
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<tr>
<td>brimonidine tartrate ophthalmic soln 0.2%</td>
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<tr>
<td>brimonidine tartrate ophthalmic soln 0.15%</td>
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<td>QL(10/30)</td>
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<td>carteol hcl</td>
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<td>dorzolamide hcl</td>
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<td>QL(10/30)</td>
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<td>dorzolamide hcl/timolol maleate</td>
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<td>metipranolol</td>
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**Otic Agents**

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<td>flucinolone acetonide oil</td>
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<tr>
<td>hydrocortisone/acetic acid</td>
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<td>neomycin/polymyxin/hc</td>
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<tr>
<td>neomycin/polymyxin/hydrocortisone</td>
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**Respiratory Tract/Pulmonary Agents**

**Anti-inflammatories, Inhaled Corticosteroids**

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<tr>
<td>ADVAIR DISKUS</td>
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<td>ADVAIR HFA</td>
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<tr>
<td>ARNUITY ELLIPTA</td>
<td>3</td>
<td>QL(30/30)</td>
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<tr>
<td>BREO ELLIPTA</td>
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<td>budesonide susp</td>
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<td>B/D PA QL(120/30)</td>
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<td>FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST</td>
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<tr>
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**Antihistamines**

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<td>2</td>
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<td>desloratadine</td>
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<td>diphenhydramine hcl inj</td>
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<tr>
<td>levocetirizine dihydrochloride oral soln</td>
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<td>levocetirizine dihydrochloride tabs</td>
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**Antileukotrienes**

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**Bronchodilators, Anticholinergic**

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<td>COMBIVENT RESPIMAT</td>
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<td>INCRUSE ELLIPTA</td>
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<td>ipratropium bromide inhalation soln</td>
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**Bronchodilators, Sympathomimetic**

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<td>albuterol sulfate er</td>
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<tr>
<td>albuterol sulfate nebu 0.5%</td>
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<tr>
<td>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</td>
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<td>albuterol sulfate syrp</td>
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**CAPIITALIZED = BRAND NAME DRUG**

**QL = Quantity Limits listed as (qty/days)**

**PA = Prior Authorization may be required**

You can find more information on the symbols by going to page 4.
## Covered Drugs By Category

<table>
<thead>
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## Covered Drugs Index

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