Anthem MediBlue Rx Enhanced (PDP)
2020 Formulary (List of Covered Drugs)

PLEASE READ:
This document contains information about the drugs we cover in this plan.

This formulary was updated on 1/28/2020. For more recent information or other questions, please contact Anthem MediBlue Rx Enhanced (PDP) Customer Service, at 1-833-285-4639 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit https://shop.anthem.com/medicare.
Note to existing members:
This formulary has changed since last year. Please review this
document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it
means Anthem Blue Cross and Blue Shield. When it refers to “plan”
or “our plan,” it means Anthem MediBlue Rx Enhanced (PDP).

This document includes a list of the drugs (formulary) for our plan
which is current as of 2/1/2020. For an updated formulary, please
contact us. Our contact information, along with the date we last
updated the formulary, appears on the front and back cover pages.

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

The Formulary, pharmacy network, and/or provider network may
change at any time. You will receive notice when necessary.
What is the Anthem MediBlue Rx Enhanced (PDP) formulary?
A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

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

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

  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem MediBlue Rx Enhanced (PDP)’s Formulary?”

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

The enclosed formulary is current as of 2/1/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by
sending you a list of these changes, or by sending you an updated formulary.

**How do I use the formulary?**

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

**Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

**What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

**Are there any restrictions on my coverage?**

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Anthem MediBlue Rx Enhanced (PDP)’s formulary?” on page 5 for information about how to request an exception.

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

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

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

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

**You can ask our plan 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 Anthem MediBlue Rx Enhanced (PDP)’s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term-care facility and, you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last
updated the formulary, appears on the front and back cover pages.

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

Our plan’s formulary
The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA) and generic drugs are listed in lowercase italics (e.g., atenolol).

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

<table>
<thead>
<tr>
<th>QLL – Quantity Limits:</th>
<th>Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAR – Prior Authorization:</td>
<td>The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.</td>
</tr>
<tr>
<td>ST – Step Therapy:</td>
<td>The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.</td>
</tr>
<tr>
<td>B/D PAR – Part B vs. Part D:</td>
<td>This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.</td>
</tr>
<tr>
<td>LA – Limited Access:</td>
<td>This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-833-285-4639, 24 hours a day, 7 days a week TTY/TDD users should call 711.</td>
</tr>
</tbody>
</table>

NE – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

CG – Coverage Gap: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

<table>
<thead>
<tr>
<th>Cost-Sharing Tier 1: Preferred Generic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Pharmacy with preferred cost-sharing (30-day supply)</td>
<td>$1.00</td>
</tr>
<tr>
<td>Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)</td>
<td>$9.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost-Sharing Tier 2: Generic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Pharmacy with preferred cost-sharing (30-day supply)</td>
<td>$2.00</td>
</tr>
<tr>
<td>Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost-Sharing Tier 3: Preferred Brand</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Pharmacy with preferred cost-sharing (30-day supply)</td>
<td>20%</td>
</tr>
<tr>
<td>Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)</td>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost-Sharing Tier 4: Non-Preferred Drug</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Pharmacy with preferred cost-sharing (30-day supply)</td>
<td>37%</td>
</tr>
<tr>
<td>Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)</td>
<td>39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost-Sharing Tier 5: Specialty Tier*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Pharmacy with preferred cost-sharing (30-day supply)</td>
<td>25%</td>
</tr>
<tr>
<td>Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)</td>
<td>25%</td>
</tr>
</tbody>
</table>

Please refer to our Evidence of Coverage for more information on cost sharing.

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare’s "Extra Help" program.

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.

* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drug available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.
Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>acetaminophen-codeine #3</strong></td>
<td>2</td>
<td>MO; CG; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td><strong>acetaminophen-codeine #4</strong></td>
<td>2</td>
<td>MO; CG; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td><strong>acetaminophen-codeine oral solution</strong></td>
<td>2</td>
<td>MO; CG; QLL (900 per 30 days); NE</td>
</tr>
<tr>
<td><strong>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</strong></td>
<td>2</td>
<td>MO; CG; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td><strong>buprenorphine hcl injection</strong></td>
<td>4</td>
<td>MO; QLL (90 per 30 days); NE</td>
</tr>
<tr>
<td><strong>buprenorphine hcl sublingual tablet sublingual 2 mg</strong></td>
<td>3</td>
<td>MO; QLL (240 per 30 days)</td>
</tr>
<tr>
<td><strong>buprenorphine hcl sublingual tablet sublingual 8 mg</strong></td>
<td>3</td>
<td>MO; QLL (60 per 30 days)</td>
</tr>
<tr>
<td><strong>celecoxib oral</strong></td>
<td>3</td>
<td>PAR; MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>etodolac oral tablet</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>5</td>
<td>PAR; MO; QLL (120 per 30 days); NE</td>
</tr>
<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>5</td>
<td>PAR; MO; QLL (120 per 30 days); NE</td>
</tr>
<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</td>
<td>4</td>
<td>PAR; MO; QLL (15 per 30 days); NE</td>
</tr>
<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</td>
<td>4</td>
<td>PAR; MO; QLL (15 per 30 days); NE</td>
</tr>
<tr>
<td>flurbiprofen oral</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</td>
<td>4</td>
<td>MO; QLL (2700 per 30 days); NE</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</td>
<td>4</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen oral tablet 7.5-200 mg</td>
<td>4</td>
<td>MO; QLL (50 per 10 days); NE</td>
</tr>
<tr>
<td>hydromorphone hcl injection solution 2 mg/ml</td>
<td>4</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>hydromorphone hcl oral liquid</td>
<td>4</td>
<td>MO; QLL (720 per 30 days); NE</td>
</tr>
<tr>
<td>hydromorphone hcl oral tablet</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML</td>
<td>4</td>
<td>MO; QLL (120 per 30 days); NE</td>
</tr>
<tr>
<td>hydromorphone hcl pf injection solution 50 mg/5ml</td>
<td>4</td>
<td>MO; QLL (120 per 30 days); NE</td>
</tr>
<tr>
<td>hydromorphone hcl pf injection solution 500 mg/50ml</td>
<td>4</td>
<td>MO; QLL (1 per 30 days); NE</td>
</tr>
<tr>
<td>ibu oral tablet 600 mg, 800 mg</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ibuprofen oral suspension</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ketoprofen oral capsule 25 mg</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ketorolac tromethamine oral</td>
<td>3</td>
<td>PAR; MO</td>
</tr>
</tbody>
</table>

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Enhanced_PDP_20229_v8_2002_1

Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine sulfate intravenous solution 50 mg/ml</td>
<td>4</td>
<td>MO; QLL (60 per 30 days); NE</td>
</tr>
<tr>
<td>morphine sulfate oral solution</td>
<td>4</td>
<td>MO; QLL (900 per 30 days); NE</td>
</tr>
<tr>
<td>morphine sulfate oral solution</td>
<td>4</td>
<td>MO; QLL (900 per 30 days); NE</td>
</tr>
<tr>
<td>morphine sulfate oral tablet</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>morphine sulfate oral tablet</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>nabumetone oral</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>nalbuphine hcl injection solution 10 mg/ml</td>
<td>3</td>
<td>MO; QLL (60 per 30 days)</td>
</tr>
<tr>
<td>nalbuphine hcl injection solution 20 mg/ml</td>
<td>4</td>
<td>MO; QLL (90 per 30 days)</td>
</tr>
<tr>
<td>naproxen dr</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>naproxen oral tablet</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>oxaprozin</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>oxycodone hcl oral concentrate 10 mg/0.5ml</td>
<td>4</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
<td>4</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone hcl oral solution</td>
<td>4</td>
<td>MO; QLL (900 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone-ace\textt-minophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone-aspirin oral tablet 4.8355-325 mg</td>
<td>3</td>
<td>MO; QLL (180 per 30 days); NE</td>
</tr>
<tr>
<td>oxycodone-ibuprofen</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>piroxicam oral</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>sulindac oral</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>tramadol hcl oral</td>
<td>2</td>
<td>MO; CG; QLL (240 per 30 days); NE</td>
</tr>
<tr>
<td>tramadol-acetaminophen</td>
<td>3</td>
<td>MO; QLL (40 per 5 days); NE</td>
</tr>
</tbody>
</table>

### Anesthetics

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine external patch 5%</td>
<td>4</td>
<td>PAR; MO; QLL (90 per 30 days)</td>
</tr>
<tr>
<td>lidocaine hcl external solution</td>
<td>2</td>
<td>PAR; MO; CG; QLL (300 per 30 days)</td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>lidocaine viscous hcl</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>lidocaine-prilocaine external cream</td>
<td>3</td>
<td>MO; QLL (30 per 30 days)</td>
</tr>
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### Anti-Addiction/ Subs\tance Abuse Treatment Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 2 mg</td>
<td>3</td>
<td>MO; QLL (240 per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 8 mg</td>
<td>3</td>
<td>MO; QLL (60 per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</td>
<td>2</td>
<td>MO; CG; QLL (360 per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</td>
<td>2</td>
<td>MO; CG; QLL (90 per 30 days)</td>
</tr>
<tr>
<td>bupropion hcl er (smoking det)</td>
<td>3</td>
<td>MO; QLL (60 per 30 days)</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK</td>
<td>4</td>
<td>PAR; MO; QLL (56 per 28 days)</td>
</tr>
<tr>
<td>CHANTIX ORAL TABLET 0.5 MG</td>
<td>4</td>
<td>PAR; MO; QLL (60 per 30 days)</td>
</tr>
<tr>
<td>CHANTIX ORAL TABLET 1 MG</td>
<td>4</td>
<td>PAR; MO; QLL (56 per 28 days)</td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH PAK</td>
<td>4</td>
<td>PAR; MO; QLL (106 per 365 days); NE</td>
</tr>
<tr>
<td>disulfiram oral</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>naloxone hcl injection solution cartridge</td>
<td>2</td>
<td>MO; CG</td>
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<tr>
<td>naloxone hcl injection solution prefilled syringe</td>
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</tr>
<tr>
<td>naltrexone hcl oral</td>
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<tr>
<td>naltrexone hcl oral</td>
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<td>MO; CG</td>
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<tr>
<td>NARCAN</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NICOTROL</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICOTROL NS</td>
<td>4</td>
<td>MO; QLL (120 per 30 days)</td>
</tr>
</tbody>
</table>

**Anti-Inflammatory Agents**

- betamethasone dipropionate aug external cream | 3 | MO |
- betamethasone dipropionate aug external gel | 4 | MO |
- betamethasone dipropionate aug external lotion | 4 | MO |
- betamethasone dipropionate aug external ointment | 4 | MO |
- betamethasone dipropionate external cream | 3 | MO |
- betamethasone dipropionate external lotion | 3 | MO |
- betamethasone dipropionate external ointment | 4 | MO |
- betamethasone valerate external cream | 3 | MO |
- betamethasone valerate external lotion | 3 | MO |
- betamethasone valerate external ointment | 3 | MO |
- celecoxib oral | 3 | PAR; MO |
- cortisone acetate oral | 4 | MO |
- decadron oral tablet | 2 | MO; CG |
- DEXAMETHASONE INTENSOL | 4 | MO |
- dexamethasone oral elixir | 3 | MO |
- dexamethasone oral solution | 3 | MO |
- dexamethasone oral tablet | 2 | MO; CG |
- DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION | 4 | MO |
- dexamethasone sodium phosphate injection | 4 | MO |
- diclofenac potassium | 3 | MO |
- diclofenac sodium er | 2 | MO; CG |
- diclofenac sodium oral | 2 | MO; CG |
- diflunisal oral | 3 | MO |
- etodolac er oral tablet extended release 24 hour 400 mg, 500 mg | 4 | MO |
- etodolac oral capsule 200 mg | 4 | MO |
- etodolac oral tablet | 2 | MO; CG |

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>MO; QLL (120 per 30 days)</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone oral tablet 20 mg, 5 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ibuprofen oral tablet 600 mg, 800 mg</td>
<td>1</td>
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</tr>
<tr>
<td>ibuprofen oral suspension</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>ketorolac tromethamine oral</td>
<td>3</td>
<td>PAR; MO</td>
</tr>
<tr>
<td>meloxicam oral tablet</td>
<td>1</td>
<td>MO; CG</td>
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<tr>
<td>methylprednisolone acetate injection suspension 40 mg/ml</td>
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<tr>
<td>METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML</td>
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<tr>
<td>methylprednisolone oral tablet</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</td>
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<td>MO</td>
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<tr>
<td>nabumetone oral</td>
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<td>MO; CG</td>
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<tr>
<td>naproxen dr</td>
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<td>MO; CG</td>
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<tr>
<td>naproxen oral tablet</td>
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</tr>
<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>oxaprozin</td>
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<td>oxycodeone-ibuprofen</td>
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<td>MO; QLL (28 per 7 days); NE</td>
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<tr>
<td>prednisolone acetate ophthalmic</td>
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<td>MO</td>
</tr>
<tr>
<td>prednisolone oral solution</td>
<td>2</td>
<td>MO; CG</td>
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<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC</td>
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<td>MO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral solution 15 mg/5ml</td>
<td>2</td>
<td>MO; CG</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</td>
<td>4</td>
<td>MO</td>
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<tr>
<td>PREDNISONE INTENSOL</td>
<td>4</td>
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<td>prednisone oral solution</td>
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<td>prednisone oral tablet</td>
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<tr>
<td>prednisone oral tablet therapy pack</td>
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<td>MO; CG</td>
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<td>sulfacetamide-prednisolone ophthalmic solution</td>
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<tr>
<td>sulfazine</td>
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<td>MO; CG</td>
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<tr>
<td>sulindac oral</td>
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<td>MO; CG</td>
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<tr>
<td>triamcinolone acetonide injection suspension 40 mg/ml</td>
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<td><strong>Antibacterials</strong></td>
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<tr>
<td>acetic acid otic</td>
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<td>MO</td>
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<tr>
<td>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</td>
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<td>MO</td>
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<tr>
<td>amoxicillin oral capsule</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>amoxicillin oral suspension reconstituted</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>amoxicillin oral tablet</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>amoxicillin oral tablet chewable 125 mg, 250 mg</td>
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<td>MO; CG</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</td>
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<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension reconstituted 400-57 mg/5ml, 600-42.9 mg/5ml</td>
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<td>MO; CG</td>
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<tr>
<td>amoxicillin-pot clavulanate oral tablet 250-125 mg</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</td>
<td>2</td>
<td>MO; CG</td>
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<tr>
<td>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral capsule 500 mg</td>
<td>2</td>
<td>MO; CG</td>
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<tr>
<td>amoxicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</td>
<td>4</td>
<td>MO</td>
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<tr>
<td>amoxicillin sodium intravenous</td>
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</tr>
<tr>
<td>amoxicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-sulbactam sodium intravenous</td>
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<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</td>
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<td>azithromycin intravenous</td>
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<td>azithromycin oral packet</td>
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<td>MO</td>
</tr>
<tr>
<td>azithromycin oral suspension reconstituted</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</td>
<td>2</td>
<td>CG</td>
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<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
<td>2</td>
<td>MO; CG</td>
</tr>
<tr>
<td>aztreonam injection solution reconstituted</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>BICILLIN C-R</td>
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<td>MO</td>
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<tr>
<td>BICILLIN C-R 900/300</td>
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<td>BICILLIN L-A</td>
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<td>MO</td>
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<tr>
<td>CAYSTON</td>
<td>5</td>
<td>PAR; LA</td>
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<td>bacitracin ophthalmic</td>
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<td>MO</td>
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<tr>
<td>cefadroxil oral capsule</td>
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<td>MO</td>
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<tr>
<td>cefadroxil oral suspension reconstituted</td>
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<td>MO</td>
</tr>
<tr>
<td>cefadroxil oral tablet</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</td>
<td>4</td>
<td>MO</td>
</tr>
</tbody>
</table>

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Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM</td>
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<td>cefazolin sodium intravenous solution reconstituted</td>
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<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%</td>
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<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)</td>
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<td>MO</td>
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<td>cefdinir</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>cefepime hcl injection</td>
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</tr>
<tr>
<td>CEFEPIME HCL INTRAVENOUS</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>cefixime oral suspension reconstituted</td>
<td>4</td>
<td>MO</td>
</tr>
<tr>
<td>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</td>
<td>4</td>
<td>MO</td>
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<tr>
<td>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</td>
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<td>cefoxitin sodium</td>
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<td>cefpodoxime proxetil</td>
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<td>cefprozil oral suspension reconstituted 125 mg/5ml</td>
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<td>cefprozil oral suspension reconstituted 250 mg/5ml</td>
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<td>cefazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</td>
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<tr>
<td>ceftriaxone sodium in dextrose</td>
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<td>MO</td>
</tr>
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<td>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</td>
<td>4</td>
<td>MO</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CEPTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</td>
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<td>CEPTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</td>
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<td>cefuroxime axetil oral tablet</td>
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<td>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</td>
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<td>cephalaxin oral capsule 250 mg, 500 mg</td>
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<td>MO; CG</td>
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<td>cephalaxin oral suspension reconstituted</td>
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<tr>
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<td>chloramphenicol sod succinate</td>
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<td>ciprofloxacin hcl oral tablet 250 mg, 500 mg</td>
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<td>ciprofloxacin hcl oral tablet 750 mg</td>
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</table>

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<td>clindamycin phosphate external gel</td>
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<td>MO</td>
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<td>clindamycin phosphate external lotion</td>
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<tr>
<td>clindamycin phosphate external solution</td>
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<td>clindamycin phosphate external swab</td>
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<td>clindamycin phosphate in d5w</td>
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<td>clindamycin phosphate injection</td>
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<td>clindamycin phosphate vaginal</td>
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<td>doxycycline hyclate intravenous</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Enhanced_PDP_20229_v8_2002_1 14  Effective Date 2/1/2020
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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Effective Date 2/1/2020
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<td>MO; CG; QLL (720 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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Effective Date 2/1/2020
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<th>Drug Name</th>
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Antidepressants

ABILIFY MAINTENA 5 MO; QLL (1 per 28 days)

INTRAMUSCULAR PREFILLED SYRINGE

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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<th>Drug Name</th>
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<th>Requirements/ Limits</th>
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<td>citalopram hydrobromide oral tablet 20 mg</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/ Limits</th>
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<td>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</td>
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</table>

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<th>Drug Name</th>
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<td>venlafaxine hcl oral tablet 100 mg</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
Enhanced_PDP_20229_v8_2002_1 21 Effective Date 2/1/2020
<table>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
Enhanced_PDP_20229_v8_2002_1  22  Effective Date 2/1/2020
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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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>decitabine</td>
<td>5</td>
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<tr>
<td>dexrazoxane hcl</td>
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<td>Drug Name</td>
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<tr>
<td>---------------------------------------</td>
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<tr>
<td>DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML</td>
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<td>doxorubicin hcl liposomal</td>
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<td>DROXIA</td>
<td>4</td>
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<td>everolimus</td>
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<td>exemestane</td>
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<td>FARYDAK ORAL CAPSULE 10 MG</td>
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<td>PAR; LA; QLL (60 per 30 days)</td>
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<td>PAR</td>
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<td>fludarabine phosphate</td>
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<td>fluorouracil intravenous</td>
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<td>flutamide</td>
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<tbody>
<tr>
<td>fulvestrant</td>
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<td>PAR; LA</td>
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<td>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</td>
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<tr>
<td>gemcitabine hcl intravenous solution 2 gm/52.6ml</td>
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<tr>
<td>gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg</td>
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<td>GLIOTRIF</td>
<td>5</td>
<td>PAR; LA; QLL (30 per 30 days)</td>
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<td>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</td>
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<td>PAR; MO</td>
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<td>HERCEPTIN HYLECTA</td>
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<tr>
<td>hydroxyprogesterone caproate intramuscular solution</td>
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<td>hydroxyurea oral</td>
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<td>IBRANCE</td>
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<td>ICLUSIG ORAL TABLET 15 MG</td>
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<td>ICLUSIG ORAL TABLET 45 MG</td>
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<td>idarubicin hcl</td>
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<td>IDHIFA ORAL TABLET 100 MG</td>
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<tr>
<td>IDHIFA ORAL TABLET 50 MG</td>
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<tr>
<td>IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM</td>
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<td>ifosfamide intravenous solution</td>
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<td>ifosfamide intravenous solution reconstituted 1 gm</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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Effective Date 2/1/2020
<table>
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<th>Drug Name</th>
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<tbody>
<tr>
<td><strong>imatinib mesylate oral tablet 400 mg</strong></td>
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<tr>
<td><strong>IMBRUVICA ORAL CAPSULE 140 MG</strong></td>
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<td>PAR; LA; QLL (90 per 30 days)</td>
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<td><strong>IMBRUVICA ORAL CAPSULE 70 MG</strong></td>
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<td><strong>IMBRUVICA ORAL TABLET 140 MG</strong></td>
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<td><strong>IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG</strong></td>
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<td>PAR; LA; QLL (30 per 30 days)</td>
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<td><strong>IMFINZI INTRAVENOUS SOLUTION 500 MG/10ML</strong></td>
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<td>PAR; LA</td>
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<td><strong>INLYTA ORAL TABLET 1 MG</strong></td>
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<td><strong>INLYTA ORAL TABLET 5 MG</strong></td>
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<td><strong>IRESSA</strong></td>
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<td>LA</td>
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<td><strong>irinotecan hcl</strong></td>
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<tr>
<td><strong>JAKAFI ORAL TABLET 10 MG</strong></td>
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<td><strong>JAKAFI ORAL TABLET 15 MG</strong></td>
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<td><strong>JAKAFI ORAL TABLET 20 MG</strong></td>
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<td><strong>JAKAFI ORAL TABLET 25 MG</strong></td>
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<td><strong>JAKAFI ORAL TABLET 50 MG</strong></td>
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<td><strong>KADCYLA</strong></td>
<td>5</td>
<td>PAR</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>MATULANE</td>
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</tr>
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<td>MEKINIST ORAL TABLET 2 MG</td>
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<td>PAR; LA; QLL (30 per 30 days)</td>
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<td>MEKTOVI</td>
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<td>miluphenan</td>
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<td>B/D PAR</td>
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<td>miluphenan hcl</td>
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<td>B/D PAR</td>
</tr>
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</tr>
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<td>mitomycin intravenous solution reconstituted 40 mg</td>
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<td>B/D PAR</td>
</tr>
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<td>mitoxantrone hcl</td>
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<td>B/D PAR</td>
</tr>
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<td>NEXAVAR</td>
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<td>nilutamide</td>
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<td>NINLARO</td>
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<td>PAR; QLL (3 per 28 days)</td>
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<td>NUBEQA</td>
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<td>ODOMZO</td>
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<td>OFEV ORAL CAPSULE 150 MG</td>
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<td>oxaliplatin intravenous solution reconstituted</td>
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<td>B/D PAR</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
<table>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>STIVARGA</td>
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<td>SUTENT ORAL CAPSULE 25 MG, 37.5</td>
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<td>MG, 50 MG</td>
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<td>SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG</td>
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<td>PAR</td>
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<td>SYNRIBO</td>
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<td>PAR</td>
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<td>TABLOID</td>
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<td>MO</td>
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<tr>
<td>TAFINLAR</td>
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<td>TAGRISSO ORAL TABLET 40 MG</td>
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<td>TAGRISSO ORAL TABLET 80 MG</td>
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<td>TALZENNA ORAL CAPSULE 0.25 MG</td>
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<td>TALZENNA ORAL CAPSULE 1 MG</td>
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<td>PAR; LA; QLL (60 per 30 days)</td>
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<td>tamoxifen citrate oral</td>
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<td>VIZIMPRO ORAL TABLET 30 MG, 45 MG</td>
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<td>VOTRIENT</td>
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<td>PAR; LA; QLL (120 per 30 days)</td>
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<td>XALKORI</td>
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<td>XOSPATA</td>
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<td>XPOVIO (80 MG TWICE WEEKLY)</td>
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<td>XTANDI</td>
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<td>ZYDELIG</td>
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<td>chloroquine phosphate oral</td>
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</table>

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Enhanced_PDP_20229_v8_2002_1
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<thead>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ropinirole hcl</td>
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<td>MO; CG</td>
</tr>
<tr>
<td>ropinirole hcl er</td>
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<td>MO</td>
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<td>selegiline hcl oral</td>
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<td>MO</td>
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<td>trihexyphenidyl hcl oral tablet</td>
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<td>PAR; MO; CG</td>
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<td><strong>Antipsychotics</strong></td>
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<td>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML</td>
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<td>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML</td>
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<td>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML</td>
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<td>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML</td>
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<td>LATUDA ORAL TABLET 80 MG</td>
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<td>molindone hcl</td>
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<td>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10 ml</td>
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<td>MO; CG; QLL</td>
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<tr>
<td>ZYPREXA RELPREVV</td>
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</tbody>
</table>

### Antispasticity Agents

- **baclofen oral tablet 10 mg, 20 mg**
  - 2 MO; CG

- **dantrolene sodium oral**
  - 4 MO

- **tizanidine hcl oral tablet**
  - 2 MO; CG

### Antivirals

- **abacavir sulfate oral solution**
  - 4 QLL (960 per 30 days)

- **abacavir sulfate oral tablet**
  - 4 QLL (60 per 30 days)

- **abacavir sulfate-lamivudine**
  - 4 QLL (30 per 30 days)

- **abacavir-lamivudine-zidovudine**
  - 5 QLL (60 per 30 days)

- **acyclovir oral capsule**
  - 2 MO; CG

- **acyclovir oral suspension**
  - 4 MO

- **acyclovir oral tablet**
  - 2 MO; CG

- **acyclovir sodium intravenous solution**
  - 4 B/D PAR; MO

- **adefovir dipivoxil**
  - 4 PAR

- **amantadine hcl oral capsule**
  - 3 MO

- **amantadine hcl oral syrup**
  - 2 MO; CG

- **amantadine hcl oral tablet**
  - 3 MO

- **APTIVUS ORAL CAPSULE**
  - 5 QLL (120 per 30 days)

- **APTIVUS ORAL SOLUTION**
  - 5 QLL (380 per 30 days)

- **atazanavir sulfate oral capsule 150 mg, 200 mg**
  - 5 QLL (60 per 30 days)

- **atazanavir sulfate oral capsule 300 mg**
  - 5 QLL (30 per 30 days)

- **baclofen oral tablet 10 mg, 20 mg**
  - 2 MO; CG

- **dantrolene sodium oral**
  - 4 MO

- **tizanidine hcl oral tablet**
  - 2 MO; CG

- **abacavir sulfate oral solution**
  - 4 QLL (960 per 30 days)

- **abacavir sulfate oral tablet**
  - 4 QLL (60 per 30 days)

- **abacavir sulfate-lamivudine**
  - 4 QLL (30 per 30 days)

- **abacavir-lamivudine-zidovudine**
  - 5 QLL (60 per 30 days)

- **acyclovir oral capsule**
  - 2 MO; CG

- **acyclovir oral suspension**
  - 4 MO

- **acyclovir oral tablet**
  - 2 MO; CG

- **acyclovir sodium intravenous solution**
  - 4 B/D PAR; MO

- **adefovir dipivoxil**
  - 4 PAR

- **amantadine hcl oral capsule**
  - 3 MO

- **amantadine hcl oral syrup**
  - 2 MO; CG

- **amantadine hcl oral tablet**
  - 3 MO

- **APTIVUS ORAL CAPSULE**
  - 5 QLL (120 per 30 days)

- **APTIVUS ORAL SOLUTION**
  - 5 QLL (380 per 30 days)

- **atazanavir sulfate oral capsule 150 mg, 200 mg**
  - 5 QLL (60 per 30 days)

- **atazanavir sulfate oral capsule 300 mg**
  - 5 QLL (30 per 30 days)

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<th>Drug Name</th>
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<td>ganciclovir sodium intravenous solution reconstituted</td>
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<td>GENVOYA</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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<td>PAR; MO; QLL (30 per 30 days)</td>
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<td>PAR; MO; QLL (14 per 365 days); NE</td>
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<tr>
<td>ziprasidone hcl oral capsule 20 mg</td>
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<tr>
<td>ziprasidone hcl oral capsule 40 mg</td>
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<tr>
<td>ziprasidone hcl oral capsule 60 mg, 80 mg</td>
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<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</td>
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<td>MO; QLL (2 per 28 days)</td>
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**Blood Glucose Regulators**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>1ST TIER UNIFINE PENTIPS 29G X 12MM</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>acarbose oral tablet 100 mg</td>
<td>2</td>
<td>MO; CG; QLL (90 per 30 days)</td>
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<tr>
<td>acarbose oral tablet 25 mg</td>
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<td>MO; CG; QLL (360 per 30 days)</td>
</tr>
<tr>
<td>acarbose oral tablet 50 mg</td>
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<td>MO; CG; QLL (180 per 30 days)</td>
</tr>
<tr>
<td>ASSURE ID INSULIN SAFETY SYR 29G X 1/2&quot; 1 ML</td>
<td>3</td>
<td>MO; QLL (200 per 30 days)</td>
</tr>
<tr>
<td>BYDUREON BCISE</td>
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<td>MO; QLL (4 per 28 days)</td>
</tr>
<tr>
<td>BYDUREON SUBCUTANEOUS PEN-INJECTOR</td>
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<tr>
<td>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<tr>
<td>CAREONE UNIFINE PENTIPS PLUS 29G X 12MM</td>
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<tr>
<td>CLEVER CHOICE COMFORT EZ 29G X 12MM</td>
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<td>MO</td>
</tr>
<tr>
<td>coleselam hcl oral tablet</td>
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<tr>
<td>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2&quot; 1 ML</td>
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<td>CVS GAUZE STERILE PAD 2&quot;X2&quot;</td>
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<td>DROPLET PEN NEEDLES 30G X 8 MM</td>
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<td>EASY TOUCH PEN NEEDLES 29G X 12MM</td>
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<td>EXEL COMFORT POINT PEN NEEDLE 29G X 12MM</td>
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<tr>
<td>glimepiride oral tablet 2 mg</td>
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<td>MO; CG; QLL (120 per 30 days)</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
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<tr>
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<tr>
<td>glipizide er oral tablet extended release 24 hour 2.5 mg</td>
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<tr>
<td>glipizide er oral tablet extended release 24 hour 5 mg</td>
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<tr>
<td>glipizide oral tablet 10 mg</td>
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<td>glipizide oral tablet 5 mg</td>
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<td>glipizide xl oral tablet extended release 24 hour 5 mg</td>
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<td>glyburide micronized oral tablet 1.5 mg</td>
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<tr>
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<tr>
<td>glyburide oral tablet 2.5 mg</td>
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<tr>
<td>glyburide oral tablet 5 mg</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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Effective Date 2/1/2020
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<th>Drug Name</th>
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<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</td>
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</tr>
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<tr>
<td>JANUVIA ORAL TABLET 25 MG</td>
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<td>JANUVIA ORAL TABLET 50 MG</td>
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<tr>
<td>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG</td>
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<td>LANTUS</td>
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<table>
<thead>
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<th>Drug Name</th>
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<tr>
<td>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>nateglinide oral tablet 60 mg</td>
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<td>PREferred PLUS INSULIN SYRINGE 28G X 1/2&quot; 0.5 ML</td>
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<tr>
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<td>MO; CG; QLL (240 per 30 days)</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<table>
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<th>Drug Name</th>
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<tbody>
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<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG</td>
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<td>TRADJENTA</td>
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<td>MO; QLL (30 per 30 days)</td>
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<td>TRULICITY</td>
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<td>UNIFINE PENTIPS 30G X 5 MM</td>
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<td><strong>Blood Products/ Modifiers/ Volume Expanders</strong></td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<td>PAR</td>
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<td>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG</td>
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<td>PROMACTA ORAL TABLET 50 MG</td>
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<tr>
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<td>captopril-hydrochlorothiazide oral tablet 50-15 mg, 50-25 mg</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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<th>Requirements/Limits</th>
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<tr>
<td>clonidine</td>
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<td>clonidine hcl oral</td>
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<td>colesvelam hcl oral tablet</td>
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<td>colestipol hcl oral granules</td>
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<td></td>
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<td>colestipol hcl oral packet</td>
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<tr>
<td>colestipol hcl oral tablet</td>
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<td>CORLANOR ORAL SOLUTION</td>
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<tr>
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<td>digitek oral tablet 125 mcg</td>
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<td>digitek oral tablet 250 mcg</td>
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<tr>
<td>digox oral tablet 125 mcg</td>
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<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</td>
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<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</td>
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<tr>
<td>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</td>
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</tr>
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</tr>
<tr>
<td>diltiazem hcl er coated beads oral tablet extended release 24 hour</td>
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<td>diltiazem hcl er oral capsule extended release 12 hour</td>
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<td>diltiazem hcl er oral capsule extended release 24 hour 120 mg</td>
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<td>diltiazem hcl oral</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<td>MO</td>
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<td>MO</td>
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<td>MO; CG</td>
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<td>MO</td>
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<tr>
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<td>MO</td>
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<td>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</td>
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<td>niacin (anti hyperlipidemic)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Enhanced_PDP_20229_v8_2002_1 45  Effective Date 2/1/2020
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<td>sotalol hydrochloride</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Enhanced_PDP_20229_v8_2002_1  
Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>duloxetine hcl oral capsule</td>
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<td>MO; QLL (120 per 30 days)</td>
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<td>delayed release particles 30 mg</td>
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<tr>
<td>duloxetine hcl oral capsule</td>
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<td>MO; QLL (90 per 30 days)</td>
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<tr>
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<td>prefilled syringe 40 mg/ml</td>
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<tr>
<td>glatopa subcutaneous solution</td>
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<td>PAR; QLL (30 per 30 days)</td>
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<td>prefilled syringe 20 mg/ml</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ISOLYTE-S</td>
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<td>KCL in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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Effective Date 2/1/2020
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<th>Drug Tier</th>
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</table>

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Enhanced_PDP_20229_v8_2002_1
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<th>Drug Tier</th>
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<td>ursodiol oral tablet 500 mg</td>
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### Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment

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<tr>
<td>CREON</td>
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<td>CYSTADANE</td>
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<tr>
<td>nitisinone</td>
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<td>PAR</td>
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<td>sodium phenylbutyrate oral tablet</td>
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<td>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT</td>
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### Genitourinary Agents

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<td>acetic acid irrigation</td>
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<tr>
<td>alfuzosin hcl er</td>
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<tr>
<td>bethanechol chloride oral</td>
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<td>calcium acetate (phos binder)</td>
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<td>calcium acetate oral tablet 667 mg</td>
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</tr>
<tr>
<td>darifenacin hydrobromide er</td>
<td>4</td>
<td>MO; QLL (30 per 30 days)</td>
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<td>DEPEN TITRATABS</td>
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<td>MO</td>
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<tr>
<td>doxazosin mesylate oral</td>
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<tr>
<td>dutasteride oral</td>
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<td>dutasteride-tamsulosin hcl</td>
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<td>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</td>
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### Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

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<tr>
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<td>ala-cort external cream 2.5 %</td>
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<td>alclometasone dipropionate</td>
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<td>AMCINONIDE</td>
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<tr>
<td>betamethasone dipropionate aug external cream</td>
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<tr>
<td>betamethasone dipropionate aug external gel</td>
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</tr>
<tr>
<td>betamethasone dipropionate aug external lotion</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Effective Date 2/1/2020
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
Enhanced_PDP_20229_v8_2002_1 53  Effective Date 2/1/2020
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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</tr>
<tr>
<td>levonest</td>
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<tr>
<td>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</td>
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</table>

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>norethindrone acet-ethinyl est oral tablet</td>
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<td>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</td>
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<td>testosterone enanthate intramuscular solution</td>
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</table>

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>levo-t</td>
<td>1</td>
<td>MO; CG</td>
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<td>levothyroxine sodium oral</td>
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<td>MO; CG</td>
</tr>
<tr>
<td>levoxyl</td>
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<td>MO; CG</td>
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<tr>
<td>liothyronine sodium oral</td>
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<td>SYNTHROID</td>
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<td>MO</td>
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<tr>
<td>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</td>
<td>1</td>
<td>MO; CG</td>
</tr>
<tr>
<td>unithroid oral tablet 137 mcg</td>
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<td>MO; CG</td>
</tr>
</tbody>
</table>

**Hormonal Agents, Suppressant (Adrenal)**

- LYSODREN                                      | 3         | MO                  |

**Hormonal Agents, Suppressant (Pituitary)**

- bromocriptine mesylate oral capsule           | 4         | MO                  |
- bromocriptine mesylate oral tablet            | 3         | MO                  |
- cabergoline                                   | 4         | MO                  |

- FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG | 5     | PAR; QLL (4 per 365 days); NE |
- FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4     | PAR; QLL (1 per 28 days) |

- leuprolide acetate injection                  | 4         | PAR |
- LUPRON DEPOT (1-MONTH)                        | 5         | PAR; QLL (1 per 28 days) |
- LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 5     | PAR; QLL (1 per 28 days) |
- octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 4 | PAR |
- SANDOSTATIN LAR DEPOT                         | 5         | PAR |

**Hormonal Agents, Suppressant (Thyroid)**

- methimazole oral                              | 2         | MO; CG              |
- propylthiouracil oral                         | 3         | MO                  |

**Immunological Agents**

- ACTHIB                                        | 3         | MO                  |
- ACTIMMUNE                                     | 5         | PAR; LA             |
- ADACEL                                        | 3         | \(\text{INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)}\) |
- ADACEL                                        | 3         | MO                  |
- ARCALYST                                      | 5         | PAR |
- azathioprine oral                             | 3         | B/D PAR; MO |
- AZATHIOPRINE SODIUM                           | 4         | B/D PAR; MO |
- BCG VACCINE                                   | 3         | MO                  |
- BENLYSTA                                      | 5         | PAR |
- BEXSERO                                       | 3         | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5, 5-2.5-18.5 LF-MCG/0.5</td>
<td>MO</td>
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<tr>
<td>cyclosporine intravenous</td>
<td>B/D</td>
<td>PAR</td>
</tr>
<tr>
<td>cyclosporine modified</td>
<td>B/D</td>
<td>PAR</td>
</tr>
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<td>cyclosporine oral capsule</td>
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<td>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</td>
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<td>DEPEN TITRATABS</td>
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<td>DIPHTHERIA-TETANUS TOXOIDS DT</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</td>
<td>PAR; QLL (4.08 per 28 days)</td>
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<tr>
<td>ENGERIX-B INJECTION</td>
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<td>FIRAZYR</td>
<td>PAR</td>
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<tr>
<td>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</td>
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<td>GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML</td>
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<td>gengraf oral capsule 100 mg, 25 mg</td>
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<td>PAR</td>
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<td>PAR</td>
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<td>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML 1 ML, 720 EL U/0.5ML 0.5 ML</td>
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<td>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</td>
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<td>HIBERIX INJECTION</td>
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<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML</td>
<td>PAR; QLL (6 per 365 days); NE</td>
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<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML</td>
<td>PAR; QLL (12 per 365 days); NE</td>
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<tr>
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<td>PAR; QLL (4 per 28 days)</td>
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<tr>
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<td>PAR; QLL (2 per 28 days)</td>
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</tbody>
</table>

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<table>
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</tr>
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<td>SIROLIMUS ORAL TABLET</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>STAMARIL</td>
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<td>tacrolimus oral</td>
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<tr>
<td>TDVAX</td>
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<td>MO</td>
</tr>
<tr>
<td>TENIVAC</td>
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<td>MO</td>
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<tr>
<td>TRUMENBA</td>
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<td>MO</td>
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<tr>
<td>TWINRIX</td>
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<td>MO</td>
</tr>
<tr>
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</tr>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</td>
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</tr>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (0.5ML SYRINGE)</td>
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<tr>
<td>VAQTA INTRAMUSCULAR SUSTENSION 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML 1 ML</td>
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<tr>
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<td>MO</td>
</tr>
<tr>
<td>VARIVAX</td>
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<tr>
<td>VARIZIG</td>
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<td>XELJANZ</td>
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<td>YF-VAX</td>
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<td>ZORTRESS</td>
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<td>Inflammatory Bowel Disease Agents</td>
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<td>APRISO</td>
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<tr>
<td>budesonide oral</td>
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<thead>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td>DEXAMETHASONE INTENSOL</td>
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<td>dexamethasone oral elixir</td>
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</tr>
<tr>
<td>dexamethasone oral tablet</td>
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<td>MO; CG</td>
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<td>hydrocortisone oral</td>
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<td>MO</td>
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<tr>
<td>hydrocortisone rectal cream</td>
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<tr>
<td>hydrocortisone rectal enema</td>
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<td>mesalamine rectal</td>
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<td>methylprednisolone oral tablet therapy pack</td>
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<td>prednisolone acetate ophthamlic</td>
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<tr>
<td>prednisolone oral solution</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</td>
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<td>PREDNISONE INTENSOL</td>
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<td>prednisone oral solution</td>
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<td>prednisone oral tablet</td>
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<td>MO</td>
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<tr>
<td>proctosol hc</td>
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<tr>
<td>sulfasalazine oral tablet</td>
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<td>sulfasalazine oral tablet delayed release</td>
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<tr>
<th>Metabolic Bone Disease Agents</th>
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<tbody>
<tr>
<td>alendronate sodium oral solution</td>
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<td>MO; QLL (300 per 28 days)</td>
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<tr>
<td>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</td>
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<td>MO; CG; QLL (30 per 30 days)</td>
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<tr>
<td>alendronate sodium oral tablet 35 mg, 70 mg</td>
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<td>MO; CG; QLL (4 per 28 days)</td>
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<td>calcitriol oral capsule</td>
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<td>B/D PAR; MO; CG</td>
</tr>
<tr>
<td>calcitriol oral solution</td>
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<td>B/D PAR; MO</td>
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<tr>
<td>cinacalcet hcl oral tablet 30 mg, 60 mg</td>
<td>5</td>
<td>B/D PAR; QLL (60 per 30 days)</td>
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</tbody>
</table>

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Effective Date 2/1/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td><strong>Cinacalcet hcl oral tablet 90 mg</strong></td>
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<td>B/D PAR; QLL (120 per 30 days)</td>
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<tr>
<td><strong>Doxercalciferol oral</strong></td>
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<td>B/D PAR; MO</td>
</tr>
<tr>
<td><strong>Ibandronate sodium intravenous</strong></td>
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<td>B/D PAR</td>
</tr>
<tr>
<td><strong>Ibandronate sodium oral</strong></td>
<td>3</td>
<td>MO; QLL (1 per 28 days)</td>
</tr>
<tr>
<td><strong>Miacalcin Injection</strong></td>
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<td>B/D PAR; MO</td>
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<tr>
<td><strong>NATPARA</strong></td>
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<td>Pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</td>
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<td><strong>Pamidronate disodium intravenous solution 6 mg/ml</strong></td>
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<tr>
<td><strong>Pamidronate intravenous solution reconstituted</strong></td>
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<td>Paricalcitol oral</td>
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<td><strong>Prolia Subcutaneous Solution Prefilled Syringe</strong></td>
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<tr>
<td><strong>Risedronate sodium oral tablet 150 mg</strong></td>
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<td><strong>Risedronate sodium oral tablet 30 mg, 5 mg</strong></td>
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<td>MO; QLL (30 per 30 days)</td>
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<tr>
<td><strong>Xgeva</strong></td>
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<td>PAR; QLL (1.7 per 28 days)</td>
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<td><strong>Zoledronic acid intravenous concentrate</strong></td>
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<tr>
<td><strong>Zoledronic acid intravenous solution 5 mg/100ml</strong></td>
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<td>Ak-poly-bac</td>
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<td><strong>Alphagan P</strong></td>
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<tr>
<td><strong>Ophthalmic solution 0.1 %</strong></td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</td>
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<td>neomycin-polymyxin-dexameth ophthalmic ointment</td>
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<td>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</td>
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<td>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025</td>
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<tr>
<td>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</td>
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</tr>
<tr>
<td>olopatadine hcl ophthalmic solution 0.2 %</td>
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<tr>
<td>PAZEo</td>
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<td>MO</td>
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<td>PHOSPHOLINE IODIDE</td>
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<td>MO</td>
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<tr>
<td>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</td>
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<tr>
<td>polymyxin b-trimethoprim</td>
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<td>SIMBRINZA</td>
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<td>timolol maleate ophthalmic solution 0.25 %, 0.5 %</td>
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<td>tobramycin-dexamethasone</td>
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<td>TRAVATAN Z</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</td>
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<td>PAR; LA</td>
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<td>cetirizine hcl allergy child</td>
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<td>MO; CG</td>
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<tr>
<td>cetirizine hcl oral solution 1 mg/ml</td>
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<td>MO; CG</td>
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<td>DALIRESP</td>
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<td>PAR; MO; QLL (30 per 30 days)</td>
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<td>diphenhydramine hcl injection</td>
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</tr>
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<td>DULERA</td>
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<td>epinephrine pf injection solution prefilled syringe</td>
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<td>ESBRIET ORAL TABLET 801 MG</td>
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<td>ESBRIET ORAL TABLET 801 MG</td>
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<td>PAR; QLL (90 per 30 days)</td>
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<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST</td>
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<td>PAR; MO; CG</td>
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<td>hydroxyzine pamoate oral capsule 25 mg, 50 mg</td>
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<td>ipratropium bromide inhalation</td>
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<td>B/D PAR; MO; CG</td>
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<td>ipratropium bromide nasal</td>
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<td>MO; CG; QLL (30 per 30 days)</td>
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<td>ipratropium-albuterol</td>
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<td>B/D PAR; MO; CG; QLL (540 per 30 days)</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>KALYDECO ORAL TABLET</td>
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<td>LETAIRIS</td>
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<td>PAR; LA; QLL (30 per 30 days)</td>
<td>SPIRIVA RESPIMAT</td>
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<td>MO; QLL (4 per 30 days)</td>
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<td>B/D PAR; MO; QLL (270 per 30 days)</td>
<td>terbutaline sulfate oral</td>
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<td>MO</td>
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<tr>
<td>levalbuterol tartrate</td>
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<td>MO; QLL (45 per 30 days)</td>
<td>theophylline</td>
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<td>MO</td>
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<td>levocetirizine dihydrochloride oral solution</td>
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<td>MO</td>
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<td>MO</td>
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<td>levocetirizine dihydrochloride oral tablet</td>
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<td>MO; CG</td>
<td>theophylline er oral tablet extended release 12 hour 450 mg</td>
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<td>MO</td>
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<td>metaproterenol sulfate oral syrup</td>
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<td>MO; CG</td>
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<td>mometasone furoate nasal</td>
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<td>MO</td>
<td>VENTAVIS</td>
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<td>PAR; QLL (270 per 30 days)</td>
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<td>montelukast sodium oral packet</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

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<td>PAR; MO; CG; QLL (30 per 30 days)</td>
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.
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### Index of Drugs

**Legend**

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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44 MCG/ACT

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200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%

fluconazole oral suspension reconstituted

fluconazole oral tablet

fluconazole oral capsule 250 mg

fluconazole oral capsule 500 mg

fludarabine phosphate

fludrocortisone acetate oral

flunisolide nasal solution 25 mcg/lact (0.025%)..63

fluocinolone acetonide external

fluocinolone acetonide otic

fluocinolone acetonide scalp

fluocinonide emulsified base

fluocinonide external cream 0.05 %

fluocinonide external gel

fluocinonide external ointment

fluocinonide external solution

fluoritab oral tablet chewable 1.1 (0.5 f) mg...

fluoritab oral tablet chewable 2.2 (1 f) mg...

fluorometholone ophthalmic

fluorouracil external solution

fluorouracil external cream 5 %

fluorouracil external solution

fluorouracil intravenous

fluoxetine hcl oral capsule 10 mg...

fluoxetine hcl oral capsule 20 mg...

fluoxetine hcl oral capsule 40 mg...

fluoxetine hcl oral solution...

fluoxetine hcl oral tablet 10 mg...

fluoxetine hcl oral tablet 20 mg...

fluphenazine decanoate injection...

fluphenazine hcl injection...

fluphenazine hcl oral concentrate...

fluphenazine hcl oral elixir...

fluphenazine hcl oral tablet 1 mg, 10 mg, 5 mg...

fluphenazine hcl oral tablet 2.5 mg...

flurbiprofen oral...

flurbiprofen oral tablet 100 mg...

flurbiprofen sodium...

flutamide...

fluticasone propionate external cream...

fluticasone propionate external cream...

fluticasone propionate external ointment...

fluticasone propionate external ointment...

fluticasone propionate nasal...

fluticasone-salmeterol inhalation aerosol powder
breath activated 100-50 mcg/dose, 250-50 mcg/
dose, 500-50 mcg/dose...

fluticasone-salmeterol inhalation aerosol powder
breath activated 100-50 mcg/dose, 250-50 mcg/
dose, 500-50 mcg/dose...

fluticasone-salmeterol inhalation aerosol powder
breath activated 100-50 mcg/dose, 250-50 mcg/
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52.6ml................................................................. 25

gemcitabine hcl intravenous solution reconstituted
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HUMALOG MIX 75/25 KWIKPEN
SUBCUTANEOUS SUSPENSION PEN-INJECTOR

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HUMIRA PEDIATRIC CROHNS START
SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML

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HUMIRA PEN-CD/UC/HS STARTER
SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML

HUMIRA PEN-CD/UC/HS STARTER
SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML

HUMIRA PEN-PS/UV/ADOL HS START
SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML

HUMIRA PEN-PS/UV/ADOL HS START
SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML

HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.4ML

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SUBCUTANEOUS SUSPENSION PEN-INJECTOR

HUMULIN N
SUBCUTANEOUS SUSPENSION PEN-INJECTOR

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pyridostigmine bromide oral tablet 60 mg.....23
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quetiapine fumarate er oral tablet extended release
 24 hour 150 mg.............................20
SELZENTRY ORAL TABLET 150 MG, 300 MG

SELZENTRY ORAL TABLET 25 MG

SELZENTRY ORAL TABLET 75 MG

SEREVENT DISKUS

sertraline hcl oral concentrate

sertraline hcl oral concentrate

sertraline hcl oral tablet 100 mg

sertraline hcl oral tablet 100 mg

sertraline hcl oral tablet 25 mg

sertraline hcl oral tablet 25 mg

sertraline hcl oral tablet 50 mg

sertraline hcl oral tablet 50 mg

setlakin

sevelamer carbonate oral packet 0.8 gm

sevelamer carbonate oral packet 2.4 gm

sevelamer carbonate oral tablet

sf

sf 5000 plus

sharobel

SHINGRIX INTRAMUSCULAR

SUSPENSION REconstituted 50 MCG/0.5ML

SIGNIFOR

sildenafil citrate oral tablet 20 mg

silver sulfadiazine external

SIMBRINZA

simpese

simvastatin oral

sirolimus oral solution

sirolimus oral tablet

SIRTURO

sodium bicarbonate intravenous solution 7.5 %, 8.4 %

sodium chloride injection solution 2.5 meq/ml

sodium chloride intravenous solution 0.45 %, 3 %, 5 %

sodium chloride intravenous solution 0.9 %

sodium chloride intravenous solution 4 meq/ml

sodium chloride irrigation solution 0.9 %

sodium fluoride 5000 plus

sodium fluoride dental gel 1.1 %

sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg

sodium fluoride oral tablet chewable 2.2 (1 f) mg

SODIUM LACTATE INTRAVENOUS SOLUTION 5 MEQ/ML

sodium phenylbutyrate oral powder 3 gm/tsp

sodium phenylbutyrate oral tablet

sodium polystyrene sulfonate oral powder

sodium polystyrene sulfonate oral suspension

sodium polystyrene sulfonate rectal

solifenacin succinate

SOLTAMOX

SOMATULINE DEPOT

SOMAVERT

sorine

sotalol hcl (af) oral tablet 120 mg

sotalol hcl (af) oral tablet 160 mg, 80 mg

sotalol hcl oral

sotalol hydrochloride

SPIRIVA HANDIHALER

SPIRIVA RESPIMAT

spironolactone oral tablet 100 mg, 50 mg

spironolactone oral tablet 25 mg

spironolactone-htz

SPRAVATO (56 MG DOSE)

SPRAVATO (84 MG DOSE)

sprintec 28

SPRITAM ORAL TABLET

DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG

SPRITAM ORAL TABLET

DISINTEGRATING SOLUBLE 750 MG

SPRYCEL

sp

sronyx

stavudine oral capsule 15 mg, 20 mg

stavudine oral capsule 30 mg

stavudine oral capsule 40 mg

STELARA SUBCUTANEOUS SOLUTION

PREFILLED SYRINGE 45 MG/0.5ML

sterile water for irrigation

STIVARGA

streptomycin sulfate intramuscular

STROBILD

subvenite

sucralfate oral tablet

sulfacetamide sodium (acne)

sulfacetamide sodium ophthalmic

sulfacetamide sodium ophthalmic ointment

sulfacetamide sodium ophthalmic solution

sulfacetamide-prednisolone ophthalmic solution
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%) ........................................ 56
testosterone transdermal gel 20.25 mg/1.25gm (1.62%) ................................................................. 56
testosterone transdermal gel 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) ........................................ 56
tetrahydrozine oral tablet 12.5 mg ........................................... 47
tetrahydrozine oral tablet 25 mg ........................................... 47
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THALOMID ORAL CAPSULE 150 MG, 200 MG ................................................................. 28
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tobramycin sulfate injection solution 10 mg/ml, 2 gm/50ml, 80 mg/2ml ................................................................. 15
tobramycin sulfate injection reconstituted ................................................................. 15
tobramycin-dexamethasone ................................................................. 62
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topiramate oral capsule sprinkle 25 mg ................................................................. 18
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topiramate oral tablet 200 mg ................................................................. 18
topiramate oral tablet 200 mg ................................................................. 23
topiramate oral tablet 25 mg ................................................................. 18
topiramate oral tablet 25 mg ................................................................. 23
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dri tymllos.....................................................61
dri typhim vi intramuscular solution
25 mcg/0.5ml..............................................60

dri typhim vi intramuscular solution
25 mcg/0.5 ml (0.5 ml syringe).......................60

dri uloric oral tablet 80 mg............................23

dri unifine pentips 30g x 5 mm.......................42

dri unithroid oral tablet 100 mcg, 112 mcg, 125 mcg,
150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg,
50 mcg, 75 mcg, 88 mcg.................................57

dri unithroid oral tablet 137 mcg.....................57

dri ursodiol oral capsule...............................52

dri ursodiol oral tablet 250 mg.......................52

dri ursodiol oral tablet 500 mg.......................52

dri valacyclovir hcl oral tablet 1 gm................36

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dri valganciclovir hcl oral solution reconstituted..36

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dri valproate sodium intravenous..................18

dri valproic acid oral capsule......................18

dri valproic acid oral capsule.....................23

dri valproic acid oral capsule.....................39

dri valproic acid oral solution.....................18

dri valproic acid oral solution.....................23

dri valproic acid oral solution.....................39

dri valsartan................................................46

dri valsartan-hydrochlorothiazide oral tablet 160-12.5
mg, 320-25 mg..........................................46

dri valsartan-hydrochlorothiazide oral tablet 160-25
mg, 320-12.5 mg, 80-12.5 mg........................46

dri vancomycin hcl intravenous solution reconstituted
1 gm, 10 gm, 5 gm, 100 mg........................15

dri vancomycin hcl oral capsule 125 mg..15

dri vancomycin hcl oral capsule 250 mg......15

dri vandazole................................................16

dri vaqta intramuscular suspension
25 unit/0.5ml 0.5 ml, 50 unit/ml 1
ml.............................................................60

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Effective Date 2/1/2020
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