America’s 1st Choice Health Plans, Inc.

2015 Comprehensive Formulary

(List of Covered Drugs)

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

Approved Formulary ID15124, Version 16

This formulary was updated on 09/01/2015. For more recent information or other questions, please contact America’s 1st Choice Health Plans, Inc. Member Services at 1-866-321-3947 or, for TTY/TDD users 1-800-735-8583. Hours are October 1 to February 14 from 8:00 AM to 8:00 PM 7 days a week and February 15 to September 30 from 8:00 AM to 8:00 PM Monday through Friday, or visit www.americas1stchoice.com.

America’s 1st Choice Health Plans, Inc. is a PPO and PFFS with a Medicare contract. Enrollment in America’s 1st Choice Health Plans, Inc. depends on contract renewal.

Y0003_SC124Formulary2015
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 America’s 1st Choice Health Plans, Inc. When it refers to “plan” or “our plan,” it means America’s 1st Choice Health Plans, Inc. This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

What is the America’s 1st Choice Health Plans, Inc. Comprehensive Formulary?
A formulary is a list of covered drugs selected by America’s 1st Choice Health Plans, Inc. 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. America’s 1st Choice Health Plans, Inc. will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an America’s 1st Choice Health Plans, Inc. 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?
Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 09/01/2015. To get updated information about the drugs covered by America’s 1st Choice Health Plans, Inc., please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, members may be notified by formulary changes posted on our Web site at www.americas1stchoice.com or through written communication such as the EOB.

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 84. 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?**
America’s 1st Choice Health Plans, Inc. 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:** America’s 1st Choice Health Plans, Inc. requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from America’s 1st Choice Health Plans, Inc. before you fill your prescriptions. If you don’t get approval, America’s 1st Choice Health Plans, Inc. may not cover the drug.

- **Quantity Limits:** For certain drugs, America’s 1st Choice Health Plans, Inc. limits the amount of the drug that America’s 1st Choice Health Plans, Inc. will cover. For example, America’s 1st Choice Health Plans, Inc. provides 4 tablets per prescription for alendronate. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, America’s 1st Choice Health Plans, Inc. 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, America’s 1st Choice Health Plans, Inc. may not cover Drug B unless you try Drug A first. If Drug A does not work for you, America’s 1st Choice Health Plans, Inc. 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line, 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 America’s 1st Choice Health Plans, Inc. to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the America’s 1st Choice Health Plans, Inc.’s formulary?” on page 4 for information about how to request an exception.
What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. America’s 1st Choice Health Plans, Inc. pays for certain OTC drugs. America’s 1st Choice Health Plans, Inc. will provide these OTC drugs at no cost to you. The cost to America’s 1st Choice Health Plans, Inc. of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

<table>
<thead>
<tr>
<th>Loratadine</th>
<th>10mg</th>
<th>Prevacid OTC</th>
<th>15mg</th>
</tr>
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<tr>
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<td>Loratadine</td>
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<td>Loratadine D</td>
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<td>Omeprazole OTC</td>
<td>20mg</td>
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<tr>
<td>Cetirizine Chew</td>
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<td>Allegra</td>
<td>180mg</td>
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<td>60mg</td>
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<td>1mg/ml</td>
<td>Allegra D 12HR</td>
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<td>120/5mg</td>
<td>Allegra D 24HR</td>
<td>180/240</td>
</tr>
</tbody>
</table>

What if my drug is not on the Formulary?

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

If you learn that America’s 1st Choice Health Plans, Inc. does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by America’s 1st Choice Health Plans, Inc. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by America’s 1st Choice Health Plans, Inc.

- You can ask America’s 1st Choice Health Plans, Inc. 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 America’s 1st Choice Health Plans, Inc. Formulary?

You can ask America’s 1st Choice Health Plans, Inc. to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, America’s 1st Choice Health Plans, Inc. 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, America’s 1st Choice Health Plans, Inc. will only approve your request for an
exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-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, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Members who have a change in level of care (i.e. hospitalization) will be allowed a one time 31-day transition supply per drug per each change in level of care.

**For more information**

For more detailed information about your America’s 1st Choice Health Plans, Inc. prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about America’s 1st Choice Health Plans, Inc., 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 [www.medicare.gov](http://www.medicare.gov).
**America’s 1st Choice Health Plans, Inc.’s Formulary**

The comprehensive formulary that begins on page 8 provides coverage information about the drugs covered by America’s 1st Choice Health Plans, Inc. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

The information in the Requirements/Limits column tells you if America’s 1st Choice Health Plans, Inc. has any special requirements for coverage of your drug.

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 = Generic and Brand Drugs</td>
<td></td>
</tr>
<tr>
<td>Tier 2 = Non-Preferred Generics and Preferred Brand Drugs</td>
<td></td>
</tr>
<tr>
<td>Tier 3 = Non-Preferred Generics and Non-Preferred Brand Drugs</td>
<td></td>
</tr>
<tr>
<td>Tier 4 = Specialty Tier Drugs</td>
<td></td>
</tr>
</tbody>
</table>

**ED:** Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. These drugs are not covered after you reach the Coverage Gap.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or contact America’s 1st Choice Health Plans, Inc.’s Member Services at 1-866-321-3947 or, for TTY/TDD users 1-800-735-8583. Hours are October 1 to February 14 from 8:00 AM to 8:00 PM 7 days a week and February 15 to September 30 from 8:00 AM to 8:00 PM Monday through Friday, or visit www.americas1stchoice.com.

**QL:** Quantity Limit. For certain drugs, America’s 1st Choice Health Plans, Inc. limits the amount of the drug that America’s 1st Choice Health Plans, Inc. will cover. For example, America’s 1st Choice Health Plans, Inc. provides 4 tablets per prescription for alendronate. This may be in addition to a standard one month or three month supply.

**PA:** Prior Authorization. America’s 1st Choice Health Plans, Inc. requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from America’s 1st Choice Health Plans, Inc. before you fill your prescriptions. If you don't get approval, America’s 1st Choice Health Plans, Inc. may not cover the drug.

**ST:** Step Therapy. In some cases, America’s 1st Choice Health Plans, Inc. 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, America’s 1st Choice Health Plans, Inc. may not cover drug B unless you try Drug A first. If Drug A does not work for you, America’s 1st Choice Health Plans, Inc. will then cover Drug B.

**B/D:** Prior Authorization. America’s 1st Choice Health Plans, Inc. requires authorization to determine whether certain drugs are covered by Medicare Part B or Medicare Part D.
**MO:** Mail Order. These are drugs that can be obtained for an extended number of days’ supply, up to a maximum of 90 days
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td><strong>Analgesics</strong></td>
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<tr>
<td>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 2 40mg; 30mg</td>
<td>2</td>
<td>QL (180 EA per 30 days) PA MO</td>
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<tr>
<td>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</td>
<td>2</td>
<td>QL (180 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</td>
<td>2</td>
<td>QL (180 EA per 30 days) PA MO</td>
</tr>
<tr>
<td><strong>Opioid Analgesics, Long-acting</strong></td>
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<td></td>
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<tr>
<td>DURAMORPH INJ 0.5MG/ML</td>
<td>3</td>
<td>B/D MO</td>
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<tr>
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<td>QL (240 EA per 30 days) MO</td>
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<tr>
<td>hydrocodone/acetaminophen tabs 325mg; 5mg</td>
<td>1</td>
<td>QL (240 EA per 30 days) MO</td>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
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<td>PA</td>
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</tr>
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</tr>
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<td>SUBSYS LIQD 600MCG</td>
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<td>PA</td>
</tr>
<tr>
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</tr>
<tr>
<td>tramadol hcl tabs 50mg</td>
<td>1</td>
<td>QL (240 EA per 30 days) MO</td>
</tr>
</tbody>
</table>

Anesthetics

**Local Anesthetics**

- **lidocaine hcl jelly gel 2%**
  - 1
  - MO
- **lidocaine hcl inj 0.5%**
  - 1
  - B/D MO
- **lidocaine hcl soln 4%**
  - 1
  - MO
- **lidocaine viscous soln 2%**
  - 1
  - MO
- **lidocaine/prilocaine crea 2.5%; 2.5%**
  - 1
  - MO
- **lidocaine oint 5%**
  - 2
  - MO
- **LIDODERM PTCH 5%**
  - 3
  - QL (90 EA per 30 days) PA MO
- **SYNERA PTCH 70MG; 70MG**
  - 3
  - MO

Anti-Addiction/Substance Abuse Treatment Agents

**Alcohol Deterrants/Anti-craving**

- **disulfiram tabs 250mg**
  - 1
  - MO
- **disulfiram tabs 500mg**
  - 1
  - MO
- **naltrexone hcl tabs 50mg**
  - 1
  - MO
- **VIVITROL INJ 380MG**
  - 3
  - MO

**Opioid Dependence Treatments**

- **buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg**
  - 3
  - MO
- **buprenorphine hcl/naloxone hcl subl 8mg; 2mg**
  - 3
  - MO
- **buprenorphine hcl inj 0.3mg/ml**
  - 1
  - MO
- **buprenorphine hcl subl 2mg**
  - 3
  - MO

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 9 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl subl 8mg</td>
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</tr>
<tr>
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<td>BUTRANS PTWK 15MCG/HR</td>
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<tr>
<td>BUTRANS PTWK 20MCG/HR</td>
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<tr>
<td>BUTRANS PTWK 5MCG/HR</td>
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<tr>
<td>BUTRANS PTWK 7.5MCG/HR</td>
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<td>SUBOXONE FILM 12MG; 3MG</td>
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<tr>
<td>SUBOXONE FILM 2MG; 0.5MG</td>
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<td>QL (360 EA per 30 days) MO</td>
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<tr>
<td>SUBOXONE FILM 4MG; 1MG</td>
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<tr>
<td>SUBOXONE FILM 8MG; 2MG</td>
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<td><strong>Smoking Cessation Agents</strong></td>
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<td>buproban tb12 150mg</td>
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<td>CHANTIX TABS 0.5MG</td>
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<tr>
<td>NICOTROL NS SOLN 10MG/ML</td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
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<tr>
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<tr>
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<tr>
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<td>isotonic gentamicin inj 1.2mg/ml; 0.9%</td>
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<tr>
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</tr>
<tr>
<td>tobramycin sulfate inj 10mg/ml</td>
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<td>tobramycin sulfate soln 0.3%</td>
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<td>MO</td>
</tr>
<tr>
<td>TOBREX OINT 0.3%</td>
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<td>MO</td>
</tr>
<tr>
<td><strong>Antibacterials, Other</strong></td>
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<td>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</td>
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<td>BACITRACIN INJ 50000UNIT</td>
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</tr>
<tr>
<td>bacitracin oint 500unit/gm</td>
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</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>BACTROBAN CREA 2%</td>
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<td>MO</td>
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<tr>
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<td>MO</td>
</tr>
<tr>
<td>CLEOCIN IN D5W INJ 600MG/50ML; 5%</td>
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<td>MO</td>
</tr>
<tr>
<td>CLEOCIN IN D5W INJ 900MG/50ML; 5%</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin hcl caps 150mg</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin hcl caps 300mg</td>
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<td>MO</td>
</tr>
<tr>
<td>CLINDAMYCIN PHOSPHATE CREA 2%</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate lotn 1%</td>
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<td>MO</td>
</tr>
<tr>
<td>clindamycin phosphate soln 1%</td>
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<td>vancomycin hcl inj 10gm</td>
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<tr>
<td>XIFAXAN TABS 200MG</td>
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<tr>
<td>XIFAXAN TABS 550MG</td>
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<tr>
<td>ZYVOX INJ 2MG/ML</td>
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</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZYVOX SUSR 100MG/5ML</td>
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<td>PA</td>
</tr>
<tr>
<td>ZYVOX TABS 600MG</td>
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<td>QL (56 EA per 28 days) PA</td>
</tr>
</tbody>
</table>

**Beta-lactam, Cephalosporins**

- **cefaclor er tb12 500mg**
- **cefaclor caps 250mg**
- **cefaclor caps 500mg**
- **cefadroxil caps 500mg**
- **cefadroxil susr 250mg/5ml**
- **cefadroxil susr 500mg/5ml**
- **cefadroxil tabs 1gm**
- **CEFAZOLIN SODIUM INJ 1GM; 5%**
- **cefdinir caps 300mg**
- **cefdinir susr 125mg/5ml**
- **cefdinir susr 250mg/5ml**
- **cefepeime inj 1gm**
- **cefepeime inj 2gm**
- **cefotaxime sodium inj 1gm**
- **cefotaxime sodium inj 2gm**
- **cefotaxime sodium inj 500mg**
- **cefoxitin sodium inj 1gm**
- **cefpodoxime proxetil tabs 100mg**
- **cefpodoxime proxetil tabs 200mg**
- **ceftazidime inj 6gm**
- **ceftriaxone sodium inj 10gm**
- **ceftriaxone sodium inj 1gm**
- **ceftriaxone sodium inj 250mg**
- **ceftriaxone sodium inj 2gm**
- **ceftriaxone sodium inj 500mg**
- **cefuroxime axetil caps 250mg**
- **cefuroxime axetil tabs 500mg**
- **cefuroxime sodium inj 750mg**
- **cephalexin caps 250mg**
- **cephalexin caps 500mg**
- **cephalexin susr 125mg/5ml**
- **cephalexin susr 250mg/5ml**
- **SUPRAX SUSR 100MG/5ML**
- **SUPRAX SUSR 200MG/5ML**
- **SUPRAX CAPS 400MG**
- **TEFLARO INJ 400MG**
- **TEFLARO INJ 600MG**
- **AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0**
- **AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0**
- **DORIBAX INJ 500MG**
- **INVANZ INJ 1GM**
- **meropenem inj 500mg**
- **PRIMAXIN IV INJ 250MG; 250MG**

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 13 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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</tr>
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<td>clonazepam tabs 2mg</td>
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</tr>
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<td>clorazepate dipotassium tabs 15mg</td>
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<td>clorazepate dipotassium tabs 3.75mg</td>
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<tr>
<td>clorazepate dipotassium tabs 7.5mg</td>
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<tr>
<td>DEPAKOTE SPRINKLES CPSP 125MG</td>
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<td>diazepam gel 10mg</td>
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<td>PA MO</td>
</tr>
<tr>
<td>diazepam gel 2.5mg</td>
<td>3</td>
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<td>diazepam gel 20mg</td>
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</tr>
<tr>
<td>diazepam soln 1mg/ml</td>
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</tr>
<tr>
<td>diazepam tabs 10mg</td>
<td>1</td>
<td>QL (120 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>diazepam tabs 2mg</td>
<td>1</td>
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</tr>
<tr>
<td>diazepam tabs 5mg</td>
<td>1</td>
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</tr>
<tr>
<td>gabapentin caps 100mg</td>
<td>1</td>
<td>QL (240 EA per 30 days) MO</td>
</tr>
<tr>
<td>gabapentin caps 300mg</td>
<td>1</td>
<td>QL (180 EA per 30 days) MO</td>
</tr>
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<td>gabapentin caps 400mg</td>
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<tr>
<td>gabapentin tabs 600mg</td>
<td>2</td>
<td>QL (90 EA per 30 days) MO</td>
</tr>
<tr>
<td>gabapentin tabs 800mg</td>
<td>2</td>
<td>QL (120 EA per 30 days) MO</td>
</tr>
<tr>
<td>GABITRIL TABS 12MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>GABITRIL TABS 16MG</td>
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<td>MO</td>
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<tr>
<td>GABITRIL TABS 2MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>GABITRIL TABS 4MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NEURONTIN SOLN 250MG/5ML</td>
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<td>MO</td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<th>Drug Name</th>
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<tr>
<td>ONFI SUSP 2.5MG/ML</td>
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<td>MO</td>
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<td>ONFI TABS 10MG</td>
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<td>MO</td>
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<tr>
<td>ONFI TABS 20MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>phenobarbital elix 20mg/5ml</td>
<td>2</td>
<td>PA MO</td>
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<tr>
<td>phenobarbital tabs 100mg</td>
<td>2</td>
<td>PA MO</td>
</tr>
<tr>
<td>phenobarbital tabs 15mg</td>
<td>2</td>
<td>PA MO</td>
</tr>
<tr>
<td>phenobarbital tabs 16.2mg</td>
<td>2</td>
<td>PA MO</td>
</tr>
<tr>
<td>phenobarbital tabs 30mg</td>
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<td>PA MO</td>
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<td>phenobarbital tabs 32.4mg</td>
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<td>phenobarbital tabs 60mg</td>
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<td>phenobarbital tabs 64.8mg</td>
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<td>phenobarbital tabs 97.2mg</td>
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</tr>
<tr>
<td>primidone tabs 250mg</td>
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<td>MO</td>
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<tr>
<td>primidone tabs 50mg</td>
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<td>MO</td>
</tr>
<tr>
<td>SABRIL PACK 500MG</td>
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<td>SABRIL TABS 500MG</td>
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<td>PA</td>
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<tr>
<td>valproate sodium inj 500mg/5ml</td>
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<td>MO</td>
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<tr>
<td>valproic acid caps 250mg</td>
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<td>MO</td>
</tr>
<tr>
<td>valproic acid syrp 250mg/5ml</td>
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**Glutamate Reducing Agents**

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<tbody>
<tr>
<td>FELBATOL SUSP 600MG/5ML</td>
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<td>MO</td>
</tr>
<tr>
<td>FELBATOL TABS 400MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>FELBATOL TABS 600MG</td>
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<td>MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 10MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 12MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 2MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 4MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 6MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>FYCOMPA TABS 8MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>LAMICITLAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0</td>
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<td>MO</td>
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<tr>
<td>LAMICITLAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0</td>
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<td>MO</td>
</tr>
<tr>
<td>LAMICITLAL STARTER/TAKING VALPROATE KIT 25MG</td>
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<td>MO</td>
</tr>
<tr>
<td>lamotrigine er tb24 100mg</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine er tb24 200mg</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine er tb24 250mg</td>
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<td>MO</td>
</tr>
<tr>
<td>lamotrigine er tb24 25mg</td>
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<td>MO</td>
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<tr>
<td>lamotrigine er tb24 300mg</td>
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<td>lamotrigine er tb24 50mg</td>
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<td>lamotrigine odt tbdp 100mg</td>
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<tr>
<td>lamotrigine odt tbdp 200mg</td>
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<td>MO</td>
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<tr>
<td>lamotrigine odt tbdp 25mg</td>
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<tr>
<td>lamotrigine odt tbdp 50mg</td>
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</tr>
<tr>
<td>lamotrigine chew 25mg</td>
<td>2</td>
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<tr>
<td>lamotrigine chew 5mg</td>
<td>2</td>
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<tr>
<td>lamotrigine tabs 100mg</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 18 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>lamotrigine tabs 150mg</td>
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</tr>
<tr>
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<td>MO</td>
</tr>
<tr>
<td>topiramate er cs24 100mg</td>
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<td>MO</td>
</tr>
<tr>
<td>topiramate er cs24 150mg</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>topiramate er cs24 200mg</td>
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<td>topiramate er cs24 50mg</td>
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<tr>
<td>topiramate cpsp 15mg</td>
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<td>topiramate cpsp 25mg</td>
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**Sodium Channel Agents**

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<tr>
<td>APTIOM TABS 400MG</td>
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<td>MO</td>
</tr>
<tr>
<td>APTIOM TABS 600MG</td>
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</tr>
<tr>
<td>APTIOM TABS 800MG</td>
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<td>MO</td>
</tr>
<tr>
<td>BANZEL SUSP 40MG/ML</td>
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<td>MO</td>
</tr>
<tr>
<td>BANZEL TABS 200MG</td>
<td>3</td>
<td>QL (90 EA per 30 days) MO</td>
</tr>
<tr>
<td>BANZEL TABS 400MG</td>
<td>3</td>
<td>QL (240 EA per 30 days) MO</td>
</tr>
<tr>
<td>DILANTIN INFATABS CHEW 50MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DILANTIN CAPS 30MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fosphenytoin sodium inj 100mg pe/2ml</td>
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<td>MO</td>
</tr>
<tr>
<td>oxcarbazepine susp 300mg/5ml</td>
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<td>MO</td>
</tr>
<tr>
<td>oxcarbazepine tabs 150mg</td>
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</tr>
<tr>
<td>oxcarbazepine tabs 300mg</td>
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<td>oxcarbazepine tabs 600mg</td>
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</tr>
<tr>
<td>PEGANONE TABS 250MG</td>
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<td>MO</td>
</tr>
<tr>
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</tr>
<tr>
<td>phenytoin sodium inj 50mg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>phenytoin susp 125mg/5ml</td>
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<td>MO</td>
</tr>
<tr>
<td>VIMPAT INJ 200MG/20ML</td>
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<td>PA MO</td>
</tr>
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<td>VIMPAT SOLN 10MG/ML</td>
<td>3</td>
<td>PA MO</td>
</tr>
<tr>
<td>VIMPAT TABS 100MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>VIMPAT TABS 150MG</td>
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<tr>
<td>VIMPAT TABS 200MG</td>
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<td>QL (60 EA per 30 days) PA MO</td>
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**Antidementia Agents**

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<tbody>
<tr>
<td>ergoloid mesylates tabs 1mg</td>
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**Cholinesterase Inhibitors**

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<tbody>
<tr>
<td>donepezil hcl tabs 10mg</td>
<td>2</td>
<td>QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>donepezil hcl tabs 5mg</td>
<td>2</td>
<td>QL (30 EA per 30 days)</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>donepezil hcl tbdp 10mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>donepezil hcl tbdp 5mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>EXELON CAPS 1.5MG</td>
<td>3</td>
<td>QL (90 EA per 30 days) MO</td>
</tr>
<tr>
<td>EXELON CAPS 3MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>EXELON CAPS 4.5MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
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<td>EXELON CAPS 6MG</td>
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<tr>
<td>EXELON PT24 13.3MG/24HR</td>
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<td>EXELON PT24 4.6MG/24HR</td>
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<td>RAZADYNE ER CP24 24MG</td>
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<tr>
<td>RAZADYNE ER CP24 8MG</td>
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<tr>
<td>NAMENDA XR TITRATION PACK CP24 0</td>
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<td>MO</td>
</tr>
<tr>
<td>NAMENDA SOLN 10MG/5ML</td>
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<td>QL (300 ML per 30 days) MO</td>
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<tr>
<td>NAMENDA TABS 10MG</td>
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<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>NAMENDA TABS 5MG</td>
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<td>QL (60 EA per 30 days) MO</td>
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<td>mirtazapine tabs 30mg</td>
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<tr>
<td>mirtazapine tabs 45mg</td>
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</tr>
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<tr>
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<td>perphenazine/amitriptyline tabs 10mg; 4mg</td>
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<td>perphenazine/amitriptyline tabs 50mg; 4mg</td>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 21 of 99
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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**Antiemetics**

**Antiemetics, Other**

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**Emetogenic Therapy Adjuncts**

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<td>ANZEMET TABS 100MG</td>
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<td>CESAMET CAPS 1MG</td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<thead>
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**Antifungals**

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<td>amphotericin b inj 50mg</td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 25 of 99
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 28 of 99
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<th>Requirements/Limits</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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**Monoclonal Antibodies**
- ARZERRA INJ 100MG/5ML 4 B/D
- KEYTRUDA INJ 50MG 4
- OPDIVO INJ 40MG/4ML 4 B/D
- RITUXAN INJ 10MG/ML 4 B/D

**Retinoids**
- PANRETIN GEL 0.1% 2 MO
- TARGRETIN CAPS 75MG 4
  - tretinoin microsphere gel 0.04% 1 PA MO
  - tretinoin microsphere gel 0.1% 1 PA MO
  - tretinoin caps 10mg 3 MO
  - tretinoin crea 0.025% 1 PA MO

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Page 30 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
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**Antiparasitics**

**Anthelmintics**
- ALBENZA TABS 200MG 3 MO
- BILTRICIDE TABS 600MG 2 MO
- STROMECTOL TABS 3MG 2 MO

**Antiprotozoals**
- ALINIA SUSR 100MG/5ML 2 QL (60 ML per 3 days) MO
- ALINIA TABS 500MG 3 MO
- chloroquine phosphate tabs 500mg 1 MO
- COARTEML TABS 20MG; 120MG 3 MO
- DARAPRIM TABS 25MG 2 MO
- hydroxychloroquine sulfate tabs 200mg 1 MO
- MALARONE TABS 25MG; 100MG 2 MO
- MALARONE TABS 62.5MG; 25MG 2 MO
- mefloquine hcl tabs 250mg 2 MO
- MEPRON SUSP 750MG/5ML 2 MO
- NEBUPENT SOLR 300MG 3 B/D MO
- PENTAM 300 INJ 300MG 3 B/D MO
- primaquine phosphate tabs 26.3mg 2 MO
- QUALAQUIN CAPS 324MG 3 PA MO

**Pediculicides/Scabicides**
- OVIDE LOTN 0.5% 3 MO
- permethrin crea 5% 2 MO
- SPINOSAD SUSP 0.9% 3 MO

**Antiparkinson Agents**

**Anticholinergics**
- benztropine mesylate tabs 0.5mg 1 PA MO
- benztropine mesylate tabs 1mg 1 PA MO
- benztropine mesylate tabs 2mg 1 PA MO
- COGENTIN INJ 1MG/ML 3 MO
- trihexyphenidyl hcl elix 0.4mg/ml 1 PA MO
- trihexyphenidyl hcl tabs 2mg 1 PA MO
- trihexyphenidyl hcl tabs 5mg 1 PA MO

**Antiparkinson Agents, Other**
- amantadine hcl caps 100mg 2 MO
- amantadine hcl tabs 100mg 2 MO
- entacapone tabs 200mg 3 MO
- TASMAR TABS 100MG 2 MO

**Antiparkinson Agents**
- carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg 2 MO
- carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg 2 MO
- carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg 2 MO
- carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg 2 MO

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<table>
<thead>
<tr>
<th>Drug Name</th>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 32 of 99
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2nd Generation/Atypical

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 33 of 99
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**Antispasticity Agents**

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<tr>
<th>Drug Name</th>
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**Antivirals**

*Anti-cytomegalovirus (CMV) agents*
- FOSCARNET SODIUM INJ 24MG/ML
- ganciclovir inj 500mg
- VALCYTE TABS 450MG
- VISTIDE INJ 75MG/ML

*Anti-hepatitis B (HBV) Agents*
- BARACLUDE SOLN 0.05MG/ML
- BARACLUDE TABS 0.5MG
- BARACLUDE TABS 1MG
- EPIVIR HBV SOLN 5MG/ML
- EPIVIR HBV TABS 100MG
- HEPSERA TABS 10MG
- TYZEKA TABS 600MG

*Anti-hepatitis C (HCV) Agents*
- HARVONI TABS 90MG; 400MG
- INTRON A INJ 18MU
- INTRON A INJ 50MU
- INTRON-A W/DILUENT INJ 10MU
- INTRON-A INJ 600000UNIT/ML
- OLYSIO CAPS 150MG
- PEG-INTRON REDIPEN INJ 120MCG/0.5ML
- PEG-INTRON REDIPEN INJ 150MCG/0.5ML
- PEG-INTRON REDIPEN INJ 50MCG/0.5ML
- PEG-INTRON REDIPEN INJ 80MCG/0.5ML
- PEG-INTRON INJ 120MCG/0.5ML
- PEG-INTRON INJ 150MCG/0.5ML
- PEG-INTRON INJ 50MCG/0.5ML
- PEG-INTRON INJ 80MCG/0.5ML
- PEGASYS PROCLICK INJ 135MCG/0.5ML
- PEGASYS PROCLICK INJ 180MCG/0.5ML
- PEGASYS INJ 180MCG/0.5ML
- PEGASYS INJ 180MCG/ML
- REBETOL SOLN 40MG/ML
- ribavirin caps 200mg
- SOVALDI TABS 400MG
- SYLATRON INJ 200MCG
- SYLATRON INJ 300MCG
- SYLATRON INJ 600MCG
- VIRAZONE SOLR 6GM

*Anti-HIV Agents, Integrase Inhibitors (INSTI)*
- ATRIPLA TABS 600MG; 200MG; 300MG
- ISENTRESS CHEW 100MG

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 36 of 99
<table>
<thead>
<tr>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<tr>
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<th>Requirements/Limits</th>
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<td>carbamazepine er tb12 400mg</td>
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<td>carbamazepine susp 100mg/5ml</td>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 40 of 99
<table>
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<th>Requirements/Limits</th>
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**Glycemic Agents**

GLUCAGON EMERGENCY KIT INJ 1MG 2 MO

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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**Blood Products/Modifiers/Volume Expanders**

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<td>ARIXTRA INJ 2.5MG/0.5ML</td>
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<td>PA MO</td>
</tr>
<tr>
<td>ARIXTRA INJ 5MG/0.4ML</td>
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</tr>
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<td>ARIXTRA INJ 7.5MG/0.6ML</td>
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<tr>
<td>ENOXAPARIN SODIUM INJ 100MG/ML</td>
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<td>QL (28 ML per 14 days) MO</td>
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<td>ENOXAPARIN SODIUM INJ 150MG/ML</td>
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<td>QL (28 ML per 14 days) MO</td>
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<td>ENOXAPARIN SODIUM INJ 300MG/3ML</td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 43 of 99
<table>
<thead>
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<td>NEUPOGEN INJ 480MCG/0.8ML</td>
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<td>NEUPOGEN INJ 480MCG/1.6ML</td>
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<td>PROMACTA TABS 50MG</td>
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</tr>
<tr>
<td>PROMACTA TABS 75MG</td>
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<td>PA</td>
</tr>
</tbody>
</table>

**Coagulants**
- tranexamic acid inj 100mg/ml       | 2         | MO                                          |
- tranexamic acid tabs 650mg          | 3         | MO                                          |

**Platelet Modifying Agents**
- AGGRENOX CP12 25MG; 200MG          | 3         | MO                                          |
- BRILINTA TABS 90MG                 | 3         | QL (60 EA per 30 days) PA MO                |
- cilostazol tabs 100mg              | 1         | MO                                          |
- cilostazol tabs 50mg               | 1         | MO                                          |
- clopidogrel tabs 75mg              | 1         | QL (30 EA per 30 days) MO                   |
- EFFIENT TABS 10MG                  | 3         | QL (30 EA per 30 days) PA MO                |
- EFFIENT TABS 5MG                   | 3         | QL (30 EA per 30 days) PA MO                |

**Cardiovascular Agents**

**Alpha-adrenergic Agonists**
- CATAPRES-TTS-1 PTWK 0.1MG/24HR     | 3         | QL (5 EA per 30 days) MO                    |
- CATAPRES-TTS-2 PTWK 0.2MG/24HR     | 3         | QL (5 EA per 30 days) MO                    |
- CATAPRES-TTS-3 PTWK 0.3MG/24HR     | 3         | QL (5 EA per 30 days) MO                    |
- clonidine hcl tabs 0.1mg            | 1         | MO                                          |
- clonidine hcl tabs 0.2mg            | 1         | MO                                          |
- clonidine hcl tabs 0.3mg            | 1         | MO                                          |
- methylldopate hcl inj 250mg/5ml     | 1         | B/D MO                                      |
- midodrine hcl tabs 10mg             | 2         | MO                                          |
- midodrine hcl tabs 2.5mg            | 2         | MO                                          |
- midodrine hcl tabs 5mg              | 2         | MO                                          |

**Alpha-adrenergic Blocking Agents**
- DIBENZYLINE CAPS 10MG              | 2         | MO                                          |
- doxazosin mesylate tabs 1mg         | 1         | QL (30 EA per 30 days) MO                   |
- doxazosin mesylate tabs 2mg         | 1         | QL (60 EA per 30 days) MO                   |
- doxazosin mesylate tabs 4mg         | 1         | QL (60 EA per 30 days) MO                   |
- doxazosin mesylate tabs 8mg         | 1         | QL (60 EA per 30 days) MO                   |
- prazosin hcl caps 1mg               | 1         | MO                                          |
- prazosin hcl caps 2mg               | 1         | MO                                          |
- prazosin hcl caps 5mg               | 1         | MO                                          |
- terazosin hcl caps 10mg             | 1         | QL (60 EA per 30 days) MO                   |
- terazosin hcl caps 1mg              | 1         | QL (30 EA per 30 days) MO                   |

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>terazosin hcl caps 2mg</td>
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</table>

**Angiotensin II Receptor Antagonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENICAR HCT TABS 12.5MG; 20MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>BENICAR HCT TABS 12.5MG; 40MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>BENICAR HCT TABS 25MG; 40MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>BENICAR TABS 20MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
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<tr>
<td>BENICAR TABS 40MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
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<tr>
<td>BENICAR TABS 5MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>DIOVAN HCT TABS 12.5MG; 160MG</td>
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<td>QL (30 EA per 30 days) MO</td>
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<tr>
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<td>QL (30 EA per 30 days) MO</td>
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<tr>
<td>DIOVAN HCT TABS 25MG; 80MG</td>
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**Angiotensin-converting Enzyme (ACE) Inhibitors**

<table>
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<tr>
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<td>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</td>
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<td>QL (60 EA per 30 days) MO</td>
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<tr>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
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<td>enalapril maleate tabs 5mg</td>
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**Antiarrhythmics**

<table>
<thead>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>disopyramide phosphate caps 100mg</td>
<td>2</td>
<td>PA MO</td>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 46 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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**Beta-adrenergic Blocking Agents**

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 47 of 99
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**Calcium Channel Blocking Agents**

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 49 of 99
<table>
<thead>
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**Cardiovascular Agents, Other**

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**Diuretics, Carbonic Anhydrase Inhibitors**

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<tr>
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<tr>
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**Diuretics, Loop**

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<tr>
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<td>furosemide soln 10mg/ml</td>
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<td>furosemide tabs 40mg</td>
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**Diuretics, Potassium-sparing**

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<thead>
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<th>Requirements/Limits</th>
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<tr>
<td>STRATTERA CAPS 80MG</td>
<td>3</td>
<td>QL (38 EA per 30 days) MO</td>
</tr>
</tbody>
</table>

**Central Nervous System, Other**

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 53 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA CAPS 20MG; 10MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RILUTEK TABS 50MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>XENAZINE TABS 12.5MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>XENAZINE TABS 25MG</td>
<td>4</td>
<td>PA</td>
</tr>
</tbody>
</table>

**Fibromyalgia Agents**
- duloxetine hcl cpep 20mg
- duloxetine hcl cpep 30mg
- duloxetine hcl cpep 40mg
- duloxetine hcl cpep 60mg
- SAVELLA TABS 100MG
- SAVELLA TABS 12.5MG
- SAVELLA TABS 25MG
- SAVELLA TABS 50MG

**Multiple Sclerosis Agents**
- AMPYRA TB12 10MG
- AUBAGIO TABS 14MG
- AUBAGIO TABS 7MG
- AVONEX INJ 30MCG/0.5ML
- AVONEX INJ 30MCG/VIAL
- AVONEX AUTO-INJ PEN 60 MCG/VIAL
- BETASERON INJ 0.3MG
- COPAXONE INJ 20MG/ML
- COPAXONE INJ 40MG/ML
- GILENYA CAPS 0.5MG
- TECFIDERA STARTER PACK MISC 0
- TECFIDERA CPDR 120MG
- TECFIDERA CPDR 240MG
- TYSABRI INJ 300MG/15ML

**Dental and Oral Agents**
- chlorhexidine gluconate oral rinse soln 0.12%
- EVOXAC CAPS 30MG
- KEPIVANCE INJ 6.25MG
- ORACEA CPDR 40MG
- pilocarpine hcl tabs 7.5mg
- pilocarpine hydrochloride tabs 5mg
- triamcinolone in orabase pste 0.1%

**Dermatological Agents**
- 8-MOP CAPS 10MG
- ammonium lactate crea 12%
- ammonium lactate lotn 12%
- calcipotriene crea 0.005%
- calcipotriene oint 0.005%
- calcipotriene soln 0.005%
- CARAC CREA 0.5%
- claravis caps 10mg

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>claravis caps 20mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>claravis caps 30mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>claravis caps 40mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>clindamycin/benzoyl peroxide gel 5%; 1%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ELIDEL CREA 1%</td>
<td>2</td>
<td>ST MO</td>
</tr>
<tr>
<td>erythromycin/benzoyl peroxide gel 5%; 3%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>FLECTOR PTCH 1.3%</td>
<td>3</td>
<td>QL (60 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>fluorouracil crea 0.5%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluorouracil crea 5%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluorouracil soln 2%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>fluorouracil soln 5%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>imiquimod crea 5%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>OXSORALEN ULTRA CAPS 10MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>podofilox soln 0.5%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>PROTOPIC OINT 0.03%</td>
<td>3</td>
<td>ST MO</td>
</tr>
<tr>
<td>PROTOPIC OINT 0.1%</td>
<td>3</td>
<td>ST MO</td>
</tr>
<tr>
<td>REGRANEX GEL 0.01%</td>
<td>4</td>
<td>QL (15 GM per 30 days)</td>
</tr>
<tr>
<td>SANTYL OINT 250UNIT/GM</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>selenium sulfide lotn 2.5%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SOLARAZE GEL 3%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SORIATANE CAPS 10MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SORIATANE CAPS 17.5MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>SORIATANE CAPS 25MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TAZORAC CREA 0.05%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TAZORAC CREA 0.1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TAZORAC GEL 0.05%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TAZORAC GEL 0.1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VEREGEN OINT 15%</td>
<td>3</td>
<td>MO</td>
</tr>
</tbody>
</table>

**Enzyme Replacement/Modifiers**

*Enzyme Replacement/Modifiers*

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAGEN INJ 250UNIT/ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ALDURAZYME INJ 2.9MG/5ML</td>
<td>3</td>
<td>PA MO</td>
</tr>
<tr>
<td>CEREZYME INJ 400UNIT</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CYSTADANE POWD 0</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ELAPRASE INJ 6MG/3ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ELELYSO INJ 200UNIT</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>FABRAZYME INJ 35MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>KUVAN TBSO 100MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>KUVAN POWD 100MG/PACK</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>LUMIZYME INJ 50MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>MYOZYME INJ 50MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>NAGLAZYME INJ 1MG/ML</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 55 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORFADIN CAPS 10MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ORFADIN CAPS 2MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ORFADIN CAPS 5MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PANCREAZE CPEP 17500UNIT; 4200UNIT; 10000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PANCREAZE CPEP 43750UNIT; 10500UNIT; 25000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PANCREAZE CPEP 61000UNIT; 21000UNIT; 37000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PANCREAZE CPEP 70000UNIT; 16800UNIT; 40000UNIT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RAVICTI LIQD 1.1GM/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUCRAID SOLN 8500UNIT/ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VPRIV INJ 400UNIT</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ZAVESCA CAPS 100MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ZENPEP CPEP 218000UNIT; 40000UNIT; 13600UNIT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

**Gastrointestinal Agents**

**Antispasmodics, Gastrointestinal**

- **bentyl inj 10mg/ml** 1 PA MO
- **dicyclomine hcl caps 10mg** 1 PA MO
- **dicyclomine hcl tabs 20mg** 1 PA MO
- **glycopyrrolate inj 4mg/20ml** 2 MO
- **glycopyrrolate tabs 1mg** 2 MO
- **glycopyrrolate tabs 2mg** 2 MO
- **methscopolamine bromide tabs 2.5mg** 2 MO
- **methscopolamine bromide tabs 5mg** 2 MO

**Gastrointestinal Agents, Other**

- **diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml** 1 PA MO
- **diphenoxylate/atropine tabs 0.025mg; 2.5mg** 1 PA MO
- **FULYZAQ TBEC 125MG** 3 QL (60 EA per 30 days) MO
- **GATTEX INJ 5MG** 4 QL (30 EA per 30 days) PA
- **loperamide hcl caps 2mg** 1 MO
- **RELISTOR INJ 12MG/0.6ML** 3 QL (18 ML per 30 days) PA MO
- **RELISTOR INJ 20MG/1ML** 3 QL (18 ML per 30 days) PA MO
- **ursodiol caps 300mg** 2 MO
- **ursodiol tabs 250mg** 2 MO
- **ursodiol tabs 500mg** 2 MO
- **ZORBTIVE INJ 8.8MG** 3 PA MO

**Histamine2 (H2) Receptor Antagonists**

- **cimetidine hcl soln 300mg/5ml** 1 MO
- **cimetidine tabs 300mg** 1 MO
- **cimetidine tabs 400mg** 1 MO
- **cimetidine tabs 800mg** 1 MO
- **famotidine inj 20mg/2ml** 1 B/D MO
- **famotidine tabs 20mg** 1 MO
- **famotidine tabs 40mg** 1 MO
- **nizatidine caps 150mg** 1 MO

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nizatidine caps 300mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ranitidine hcl inj 150mg/6ml</td>
<td>1</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ranitidine hcl syrp 15mg/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ranitidine hcl tabs 150mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ranitidine hcl tabs 300mg</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**Irritable Bowel Syndrome Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITIZA CAPS 24MCG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>AMITIZA CAPS 8MCG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>LINZESS CAPS 145MCG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>LINZESS CAPS 290MCG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>LOTRONEX TABS 0.5MG</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>LOTRONEX TABS 1MG</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
</tbody>
</table>

**Laxatives**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>constulose soln 10gm/15ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>enulose soln 10gm/15ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>generlac soln 10gm/15ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>golytely solr 227.1gm; 2.82gm; 6.36gm; 5.53gm; 21.5gm</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>lactulose soln 10gm/15ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>polyethylene glycol 3350 powd 0</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**Protectants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>misoprostol tabs 100mcg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>misoprostol tabs 200mcg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sucralfate tabs 1gm</td>
<td>1</td>
<td>MO</td>
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</table>

**Proton Pump Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lansoprazole cpdr 15mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>lansoprazole cpdr 30mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>NEXIUM I.V. INJ 40MG</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>omeprazole cpdr 10mg</td>
<td>1</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>omeprazole cpdr 20mg</td>
<td>1</td>
<td>QL (120 EA per 30 days) MO</td>
</tr>
<tr>
<td>omeprazole cpdr 40mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pantoprazole sodium tbec 20mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>pantoprazole sodium tbec 40mg</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>PREVACID SOLUTAB TBDP 15MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>PREVACID SOLUTAB TBDP 30MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>PROTONIX INJ 40MG</td>
<td>3</td>
<td>B/D MO</td>
</tr>
</tbody>
</table>

**Genitourinary Agents**

**Antispasmodics, Urinary**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETROL LA CP24 2MG</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>DETROL LA CP24 4MG</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>ENABLEX TB24 15MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ENABLEX TB24 7.5MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>flavoxate hcl tabs 100mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MYRBETRIQ TB24 25MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MYRBETRIQ TB24 50MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>oxybutynin chloride er tb24 10mg</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>oxybutynin chloride er tb24 15mg</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 57 of 99
# Drug Name | Drug Tier | Requirements/Limits
--- | --- | ---
oxybutynin chloride er tb24 5mg | 2 | QL (30 EA per 30 days) MO
oxybutynin chloride syrp 5mg/5ml | 1 | MO
oxybutynin chloride tabs 5mg | 1 | MO
TOVIAZ TB24 4MG | 2 | QL (30 EA per 30 days) MO
TOVIAZ TB24 8MG | 2 | QL (30 EA per 30 days) MO
VESICARE TABS 10MG | 3 | QL (30 EA per 30 days) MO
VESICARE TABS 5MG | 3 | QL (30 EA per 30 days) MO

**Benign Prostatic Hypertrophy Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVODART CAPS 0.5MG</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>CIALIS TABS 2.5MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>CIALIS TABS 5MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>finasteride tabs 5mg</td>
<td>1</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>JALYN CAPS 0.5MG; 0.4MG</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>tamsulosin hcl caps 0.4mg</td>
<td>1</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
</tbody>
</table>

**Genitourinary Agents, Other**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bethanechol chloride tabs 10mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>bethanechol chloride tabs 25mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>bethanechol chloride tabs 50mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>bethanechol chloride tabs 5mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CAVERJECT IMPULSE INJ 10MCG</td>
<td>3</td>
<td>QL (6 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>CAVERJECT INJ 20MCG</td>
<td>3</td>
<td>QL (6 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>CAVERJECT INJ 40MCG</td>
<td>3</td>
<td>QL (6 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>CIALIS TABS 10MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>CIALIS TABS 20MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>DEPEN TITRATABS TABS 250MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ELMIRON CAPS 100MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>LEVITRA TABS 10MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>LEVITRA TABS 2.5MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>LEVITRA TABS 20MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>LEVITRA TABS 5MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>VIAGRA TABS 100MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>VIAGRA TABS 25MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
</tr>
<tr>
<td>VIAGRA TABS 50MG</td>
<td>3</td>
<td>QL (4 EA per 30 days) MO ED</td>
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**Phosphate Binders**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>calcium acetate caps 667mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RENAGEL TABS 400MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RENAGEL TABS 800MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>RENVELA TABS 800MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VELPHORO CHEW 500MG</td>
<td>3</td>
<td>MO</td>
</tr>
</tbody>
</table>

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

**Glucocorticoids/Mineralocorticoids**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>triamcinolone acetonide inj 10mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide inj 40mg/ml</td>
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**Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>alclometasone dipropionate crea 0.05%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>alclometasone dipropionate oint 0.05%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>amcinonide crea 0.1%</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 58 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amcinonide lotn 0.1%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>amcinonide oint 0.1%</td>
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<td>MO</td>
</tr>
<tr>
<td>augmented betamethasone dipropionate crea 0.05%</td>
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<td></td>
</tr>
<tr>
<td>augmented betamethasone dipropionate lotn 0.05%</td>
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<td>MO</td>
</tr>
<tr>
<td>augmented betamethasone dipropionate oint 0.05%</td>
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<td>MO</td>
</tr>
<tr>
<td>betamethasone dipropionate crea 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone dipropionate lotn 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone dipropionate oint 0.05%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone valerate crea 0.1%</td>
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<td>MO</td>
</tr>
<tr>
<td>betamethasone valerate lotn 0.1%</td>
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<td>MO</td>
</tr>
<tr>
<td>betamethasone valerate oint 0.1%</td>
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<td>MO</td>
</tr>
<tr>
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<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clobetasol propionate gel 0.05%</td>
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<td>MO</td>
</tr>
<tr>
<td>clobetasol propionate oint 0.05%</td>
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<td>MO</td>
</tr>
<tr>
<td>clobetasol propionate soln 0.05%</td>
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<td>MO</td>
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<td>cortisone acetate tabs 25mg</td>
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<td>MO</td>
</tr>
<tr>
<td>DEPO-MEDROL INJ 20MG/ML</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>desonide crea 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desonide lotn 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desonide oint 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desoximetasone crea 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>desoximetasone crea 0.25%</td>
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<td>MO</td>
</tr>
<tr>
<td>desoximetasone gel 0.05%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone sodium phosphate inj 120mg/30ml</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>dexamethasone elix 0.5mg/5ml</td>
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</tr>
<tr>
<td>dexamethasone tabs 0.5mg</td>
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<td>MO</td>
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<td>MO</td>
</tr>
<tr>
<td>dexamethasone tabs 1mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone tabs 2mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone tabs 4mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dexamethasone tabs 6mg</td>
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<td>MO</td>
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<tr>
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</tr>
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<td>fluocinolone acetonide oil 0.01%</td>
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<td>MO</td>
</tr>
<tr>
<td>fluocinolone acetonide oint 0.025%</td>
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<td>MO</td>
</tr>
<tr>
<td>fluocinolone acetonide soln 0.01%</td>
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<tr>
<td>fluocinonide-e crea 0.05%</td>
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<tr>
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<td>MO</td>
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<tr>
<td>fluocinonide gel 0.05%</td>
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</tr>
<tr>
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<td>MO</td>
</tr>
<tr>
<td>fluocinonide soln 0.05%</td>
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<td>MO</td>
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<tr>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>fluticasone propionate oint 0.005%</td>
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<td>triamcinolone acetonide oint 0.1%</td>
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</tr>
<tr>
<td>triamcinolone acetonide oint 0.5%</td>
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<td>MO</td>
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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
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<td><strong>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</strong></td>
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</tr>
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<td>MO</td>
</tr>
<tr>
<td>desmopressin acetate soln 0.01%</td>
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<td>MO</td>
</tr>
<tr>
<td>desmopressin acetate tabs 0.1mg</td>
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<td>MO</td>
</tr>
<tr>
<td>desmopressin acetate tabs 0.2mg</td>
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</tr>
<tr>
<td>EGRIFTA INJ 2MG</td>
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<tr>
<td>GENOTROPIN MINIQUICK INJ 0.2MG</td>
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<td>PA MO</td>
</tr>
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<td>4</td>
<td>PA</td>
</tr>
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<td>HUMATROPE INJ 12MG</td>
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<td>PA</td>
</tr>
<tr>
<td>HUMATROPE INJ 24MG</td>
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<td>PA</td>
</tr>
<tr>
<td>INCRELEX INJ 40MG/4ML</td>
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<td>PA</td>
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<td>PA</td>
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<td>pregnyl w/diluent benzyl alcohol/nac1 inj 10000unit</td>
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<td>MUSE PLLT 500MCG</td>
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<td>MO</td>
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<tr>
<td>danazol caps 50mg</td>
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<tr>
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</tr>
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</tr>
<tr>
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<tr>
<td>aranelle tabs 0; 0</td>
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<td>MO</td>
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<tr>
<td>DEPO-ESTRADIOL INJ 5MG/ML</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>ENJUVIA TABS 0.3MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>ENJUVIA TABS 0.45MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 61 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ENJUVIA TABS 0.625MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>ENJUVIA TABS 0.9MG</td>
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</tr>
<tr>
<td>ENJUVIA TABS 1.25MG</td>
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<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>enpresse-28 tabs 0; 0</td>
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<tr>
<td>ESTRACE CREA 0.1MG/GM</td>
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<td>estradiol valerate inj 20mg/ml</td>
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<td>B/D MO</td>
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</tr>
<tr>
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<td>2</td>
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<tr>
<td>estradiol tabs 2mg</td>
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<td>PA MO</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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<tr>
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<td>portia-28 tabs 0.03mg; 0.15mg</td>
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<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>PREMPHASE TABS 0.625MG; 5MG</td>
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<td>QL (30 EA per 30 days) PA MO</td>
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<td>PREMPRO TABS 0.3MG; 1.5MG</td>
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</tr>
<tr>
<td>PREMPRO TABS 0.45MG; 1.5MG</td>
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</tr>
<tr>
<td>PREMPRO TABS 0.625MG; 2.5MG</td>
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<td>QL (30 EA per 30 days) PA MO</td>
</tr>
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<td>PREMPRO TABS 0.625MG; 5MG</td>
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<tr>
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</tr>
<tr>
<td>SEASONIQUE TABS 0; 0</td>
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</tr>
<tr>
<td>sronyx tabs 20mcg; 0.1mg</td>
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</tr>
<tr>
<td>tri-previfem tabs 0; 0</td>
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</tr>
<tr>
<td>VAGIFEM TABS 10MCG</td>
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<td>velvet tabs 0; 0</td>
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</tr>
<tr>
<td>VIVELLE-DOT PTTW 0.025MG/24HR</td>
<td>3</td>
<td>QL (10 EA per 30 days) PA MO</td>
</tr>
</tbody>
</table>

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Page 62 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>VIVELLE-DOT PTTW 0.0375MG/24HR</td>
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<td>VIVELLE-DOT PTTW 0.075MG/24HR</td>
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<td>QL (10 EA per 30 days) PA MO</td>
</tr>
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<td>QL (10 EA per 30 days) PA MO</td>
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<td><strong>Progestins</strong></td>
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<td>MEGACE ES SUSP 625MG/5ML</td>
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<tr>
<td>*norethindrone acetate tabs 5mg</td>
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<td><strong>Selective Estrogen Receptor Modifying Agents</strong></td>
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<td>DUAVEE TABS 20MG; 0.45MG</td>
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<td>EVISTA TABS 60MG</td>
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<tr>
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<td>*lithyronine sodium tabs 5mcg</td>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tr>
<td>SYNTHROID TABS 125MCG</td>
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**Hormonal Agents, Suppressant (Adrenal)**

<table>
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<td>LYSODREN TABS 500MG</td>
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**Hormonal Agents, Suppressant (Parathyroid)**

<table>
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<tr>
<td>SENSIPAR TABS 30MG</td>
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<tr>
<td>SENSIPAR TABS 60MG</td>
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</tr>
<tr>
<td>SENSIPAR TABS 90MG</td>
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**Hormonal Agents, Suppressant (Pituitary)**

<table>
<thead>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>cabergoline tabs 0.5mg</td>
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<tr>
<td>ELIGARD INJ 22.5MG</td>
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<td>ELIGARD INJ 7.5MG</td>
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<td>PA MO</td>
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<tr>
<td>FIRMAGON INJ 120MG</td>
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<td>B/D</td>
</tr>
<tr>
<td>FIRMAGON INJ 80MG</td>
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<td>B/D MO</td>
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<tr>
<td>leuprolide acetate inj 1mg/0.2ml</td>
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<td>PA</td>
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<tr>
<td>LUPRON DEPOT INJ 22.5MG</td>
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<td>PA MO</td>
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<td>LUPRON DEPOT INJ 3.75MG</td>
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<tr>
<td>OCTREOTIDE ACETATE INJ 1000MCG/ML</td>
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<td>PA</td>
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<tr>
<td>octreotide acetate inj 100mcg/ml</td>
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<td>PA MO</td>
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<td>PA MO</td>
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<td>SIGNIFOR INJ 0.6MG/ML</td>
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<td>MO</td>
</tr>
<tr>
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<td>B/D</td>
</tr>
<tr>
<td>SOMATULINE DEPOT INJ 90MG/0.3ML</td>
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<td>B/D</td>
</tr>
<tr>
<td>SOMAVERT INJ 10MG</td>
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<td>PA</td>
</tr>
<tr>
<td>SOMAVERT INJ 15MG</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>SOMAVERT INJ 20MG</td>
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<td>PA</td>
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</tbody>
</table>

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Page 64 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMAVER INJ 25MG</td>
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<td>SOMAVER INJ 30MG</td>
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</tr>
<tr>
<td>SYNAREL SOLN 2MG/ML</td>
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<tr>
<td>TRELSTAR MIXJECT INJ 11.25MG</td>
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</tr>
<tr>
<td>TRELSTAR MIXJECT INJ 3.75MG</td>
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**Hormonal Agents, Suppressant (Thyroid)**

**Antithyroid Agents**

- methimazole tabs 10mg
  - Tier: 1
  - MO: 1
- methimazole tabs 5mg
  - Tier: 1
  - MO: 1
- propylthiouracil tabs 50mg
  - Tier: 2
  - MO: 2

**Immunological Agents**

**Angioedema (HAE) Agents**

- CINRYZE INJ 500UNIT
  - Tier: 4
  - Requires/Limits: PA
- FIRAZYR INJ 30MG/3ML
  - Tier: 4
  - Requires/Limits: QL (9 ML per 30 days) PA

**Immune Suppressants**

- AZASAN TABS 100MG
  - Tier: 2
  - Requires/Limits: B/D MO
- AZASAN TABS 75MG
  - Tier: 2
  - Requires/Limits: B/D MO
- azathioprine tabs 50mg
  - Tier: 1
  - Requires/Limits: B/D MO
- CELLCEPT INTRAVENOUS INJ 500MG
  - Tier: 3
  - Requires/Limits: B/D MO
- CELLCEPT SUSR 200MG/ML
  - Tier: 3
  - Requires/Limits: B/D MO
- CIMZIA INJ 200MG/ML
  - Tier: 4
  - Requires/Limits: QL (6 EA per 30 days) PA
- CIMZIA INJ 200MG
  - Tier: 4
  - Requires/Limits: QL (6 EA per 30 days) PA
- cyclosporine modified caps 100mg
  - Tier: 2
  - Requires/Limits: B/D MO
- cyclosporine modified caps 25mg
  - Tier: 2
  - Requires/Limits: B/D MO
- cyclosporine modified caps 50mg
  - Tier: 2
  - Requires/Limits: B/D MO
- cyclosporine modified soln 100mg/ml
  - Tier: 1
  - Requires/Limits: B/D MO
- cyclosporine caps 100mg
  - Tier: 1
  - Requires/Limits: B/D MO
- cyclosporine caps 25mg
  - Tier: 1
  - Requires/Limits: B/D MO
- cyclosporine inj 50mg/ml
  - Tier: 1
  - Requires/Limits: B/D MO
- ENBREL INJ 25MG
  - Tier: 4
  - Requires/Limits: PA
- ENBREL INJ 50MG/ML
  - Tier: 4
  - Requires/Limits: PA
- ENBREL AUTO-INJ 50MG/ML
  - Tier: 4
  - Requires/Limits: PA
- HUMIRA PEN-CROHNS DISEASESTARTER INJ
  - Requires/Limits: PA
  - 40MG/0.8ML
- HUMIRA INJ 10MG/0.2ML
  - Tier: 4
  - Requires/Limits: PA
- HUMIRA INJ 20MG/0.4ML
  - Tier: 4
  - Requires/Limits: PA
- HUMIRA INJ 40MG/0.8ML
  - Tier: 4
  - Requires/Limits: PA
- KINERET INJ 100MG/0.67ML
  - Tier: 4
  - Requires/Limits: PA
- methotrexate sodium inj 50mg/ml
  - Tier: 1
  - Requires/Limits: B/D MO
- methotrexate sodium inj 1gm/40ml
  - Tier: 1
  - Requires/Limits: B/D MO
- methotrexate tabs 2.5mg
  - Tier: 1
  - Requires/Limits: B/D MO
- mycophenolate mofetil caps 250mg
  - Tier: 2
  - Requires/Limits: B/D MO
- mycophenolate mofetil tabs 500mg
  - Tier: 2
  - Requires/Limits: B/D MO
- MYFORTIC TBEC 180MG
  - Tier: 3
  - Requires/Limits: B/D MO
- MYFORTIC TBEC 360MG
  - Tier: 4
  - Requires/Limits: B/D
- ORENCIA INJ 250MG
  - Tier: 4
  - Requires/Limits: PA
- PROGRAF CAPS 0.5MG
  - Tier: 3
  - Requires/Limits: B/D MO

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 65 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>PROGRAF CAPS 1MG</td>
<td>3</td>
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</tr>
<tr>
<td>PROGRAF CAPS 5MG</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>PROGRAF INJ 5MG/ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>RAPAMUNE SOLN 1MG/ML</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>RAPAMUNE TABS 0.5MG</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>RAPAMUNE TABS 1MG</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>RAPAMUNE TABS 2MG</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>REMICADE INJ 100MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TORISEL INJ 25MG/ML</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>TREVALL TABS 10MG</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>TREVALL TABS 15MG</td>
<td>3</td>
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<td>TREVALL TABS 5MG</td>
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<td>B/D MO</td>
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<tr>
<td>TREVALL TABS 7.5MG</td>
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<tr>
<td>ZORTRESS TABS 0.25MG</td>
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<td>B/D MO</td>
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<tr>
<td>ZORTRESS TABS 0.5MG</td>
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**Immunizing Agents, Passive**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>ATGAM INJ 50MG/ML</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>GAMMAGARD LIQUID INJ 0</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>THYMoglobulin INJ 25MG</td>
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<td>MO</td>
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**Immunological Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>NULOJIX INJ 250MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>SIMULECT INJ 20MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>SYNAGIS INJ 50MG/0.5ML</td>
<td>4</td>
<td>B/D</td>
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**Immunomodulators**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTEMRA INJ 162MG/0.9ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ACTEMRA INJ 200MG/10ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ACTIMMUNE INJ 200000UNIT/0.5ML</td>
<td>3</td>
<td>PA MO</td>
</tr>
<tr>
<td>ARCALYST INJ 220MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>BENLYSTA INJ 120MG</td>
<td>4</td>
<td>QL (30 EA per 28 days) PA</td>
</tr>
<tr>
<td>ILARIS INJ 180MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>leflunomide tabs 10mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>leflunomide tabs 20mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>RIDAURA CAPS 3MG</td>
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**Vaccines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ACTHIB INJ 0</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CERVARIX INJ 0</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ENGERIX-B INJ 10MCG/0.5ML</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ENGERIX-B INJ 10MCG/0.5ML</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ENGERIX-B INJ 20MCG/ML</td>
<td>2</td>
<td>B/D MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>GARDASIL 9 INJ 0</td>
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<td>MO</td>
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<tr>
<td>GARDASIL 9 INJ 0</td>
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<td>MO</td>
</tr>
<tr>
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<td>MO</td>
</tr>
<tr>
<td>GARDASIL INJ 0</td>
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<td>MO</td>
</tr>
<tr>
<td>HAVRIX INJ 1440ELU/ML</td>
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<tr>
<td>HAVRIX INJ 720ELU/0.5ML</td>
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</tr>
<tr>
<td>IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML</td>
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</tr>
<tr>
<td>INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML</td>
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<td>MO</td>
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<tr>
<td>IPOL INACTIVATED IPV INJ 0</td>
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<td>MO</td>
</tr>
<tr>
<td>IPOL INACTIVATED IPV INJ 0</td>
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<td>MO</td>
</tr>
<tr>
<td>IXIARO INJ 0</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>M-M-R II W/DILUENT 10 DOSE INJ 0; 0; 0</td>
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<td>MO</td>
</tr>
<tr>
<td>MENACTRA INJ 0</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>MENOMUNE-A/C/Y/W-135 INJ 0</td>
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<td>MO</td>
</tr>
<tr>
<td>MENVEO INJ 0</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>PEDVAX HIB INJ 7.5MCG/0.5ML</td>
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<td>MO</td>
</tr>
<tr>
<td>PROQUAD INJ 0; 0; 0; 0</td>
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<td>MO</td>
</tr>
<tr>
<td>RABAVER INJ 0</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB INJ 10MCG/ML</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB INJ 10MCG/ML</td>
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<td>MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB INJ 40MCG/ML</td>
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<tr>
<td>RECOMBIVAX HB INJ 5MCG/0.5ML</td>
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<td>MO</td>
</tr>
<tr>
<td>ROTARIX SUSR 0</td>
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</tr>
<tr>
<td>ROTATEQ SOLN 0</td>
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<tr>
<td>tetanus toxoid adsorbed inj 5lfu</td>
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<tr>
<td>tetanus/diphtheria toxoids-adsorbed adult inj 2lf/0.5ml; 2lf/0.5ml</td>
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<tr>
<td>TRUMENBA INJ 0</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>TWINRIX INJ 720ELU/ML; 20MCG/ML</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>TYPHIM VI INJ 25MCG/0.5ML</td>
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<td>MO</td>
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<tr>
<td>TYPHIM VI INJ 50MCG/0.5ML</td>
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<td>MO</td>
</tr>
<tr>
<td>VARIZIG</td>
<td>4</td>
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<tr>
<td>VAQTA INJ 25UNIT/0.5ML</td>
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</tr>
<tr>
<td>VAQTA INJ 25UNIT/0.5ML</td>
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<td>MO</td>
</tr>
<tr>
<td>VAQTA INJ 50UNIT/ML</td>
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<tr>
<td>VARIVAX INJ 1350PFU/0.5ML</td>
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<td>YF-VAX INJ 0</td>
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</tr>
<tr>
<td>ZOSTAVAX INJ 19400UNT/0.65ML</td>
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**Inflammatory Bowel Disease Agents**

**Aminosalicylates**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>APRISO CP24 0.375GM</td>
<td>3</td>
<td>QL (120 EA per 30 days) MO</td>
</tr>
<tr>
<td>balsalazine disodium caps 750mg</td>
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<td>MO</td>
</tr>
<tr>
<td>CANASA SUPP 1000MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
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<tr>
<td>DELZICOL CPDR 400MG</td>
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<td>MO</td>
</tr>
<tr>
<td>DIPENTUM CAPS 250MG</td>
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<td>MO</td>
</tr>
<tr>
<td>mesalamine kit 4gm</td>
<td>1</td>
<td>MO</td>
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</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 67 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>PENTASA CPCR 250MG</td>
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</tr>
<tr>
<td>PENTASA CPCR 500MG</td>
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<td>hydrocortisone enem 100mg/60ml</td>
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<td>QL (3.7 ML per 30 days) MO</td>
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<td>calcitriol caps 0.25mcg</td>
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<tr>
<td>calcitriol caps 0.5mcg</td>
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</tr>
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<td>FORTEO INJ 600MCG/2.4ML</td>
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<tr>
<td>FORTICAL SOLN 200UNIT/ACT</td>
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<td>QL (3.7 ML per 30 days) MO</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
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<td>HECTOROL CAPS 2.5MCG</td>
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</tr>
<tr>
<td>ibandronate sodium tabs 150mg</td>
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<td>QL (1 EA per 30 days) MO</td>
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<tr>
<td>ibandronate sodium 3mg/3ml soln</td>
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<td>ibandronate sodium 1mg/ml</td>
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<tr>
<td>MIACALCIN INJ 200UNIT/ML</td>
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<td>B/D MO</td>
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<tr>
<td>paricalcitol soln 2mcg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>paricalcitol soln 5mcg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>paricalcitol cap 1mcg</td>
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<td>MO</td>
</tr>
<tr>
<td>paricalcitol cap 2mcg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>paricalcitol cap 4mcg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>PROLIA INJ 60MG/ML</td>
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<td>QL (1 ML per 180 days) MO</td>
</tr>
<tr>
<td>risedronate sodium tabs 150mg</td>
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<td>QL (1 EA per 30 days) MO</td>
</tr>
<tr>
<td>XGEVA INJ 120MG/1.7ML</td>
<td>4</td>
<td>QL (2 ML per 28 days) PA</td>
</tr>
<tr>
<td>ZEMPLAR CAPS 1MCG</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>ZEMPLAR CAPS 2MCG</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ZEMPLAR INJ 2MCG/ML</td>
<td>2</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ZOLEDRONIC ACID INJ 4MG/5ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>zoledronic acid inj 5mg/100ml</td>
<td>3</td>
<td>PA MO</td>
</tr>
<tr>
<td>ZOMETA INJ 4MG/100ML</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Therapeutic Agents</strong></td>
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</tr>
<tr>
<td>ALCOHOL PREPS PADS</td>
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<td>MO</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bd insulin syringe safetyglide/1ml/29g x 1/2&quot; misc</td>
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<td>MO</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/0.3ml/31g x 5/16” misc</td>
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<td>MO</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/0.5ml/30g x 1/2” misc</td>
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<td>MO</td>
</tr>
<tr>
<td>bd insulin syringe ultrafine/1ml/31g x 5/16” misc</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>bd pen needle/ultrafine/29g x 12.7mm misc</td>
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<td>MO</td>
</tr>
<tr>
<td>BOTOX INJ 100UNIT</td>
<td>3</td>
<td>PA MO</td>
</tr>
<tr>
<td>curiosity gauze pads 2”x2” pads</td>
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<td>MO</td>
</tr>
<tr>
<td>GRASTEK SUBL 2800BAU</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>RAGWITEK SUBL 12AMB A 1-U</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
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</tbody>
</table>

**Ophthalmic Agents**

**Ophthalmic Agents, Other**

- atropine sulfate inj 0.1mg/ml 1 MO
- atropine sulfate soln 1% 1 MO
- LACRISERT INST 5MG 3 MO
- naphazoline hcl soln 0.1% 1 MO
- proparacaine hcl soln 0.5% 1 MO
- RESTASIS EMUL 0.05% 3 QL (64 EA per 30 days) MO

**Ophthalmic Anti-allergy Agents**

- ALOCRIL SOLN 2% 3 MO
- ALOMIDE SOLN 0.1% 3 MO
- BEPREVE SOLN 1.5% 3 MO
- cromolyn sodium soln 4% 1 MO
- epinastine hcl soln 0.05% 2 MO
- PATANOL SOLN 0.1% 3 QL (10 ML per 30 days) MO

**Ophthalmic Anti-inflammatories**

- ACUVAIL SOLN 0.45% 3 MO
- ALREX SUSP 0.2% 3 MO
- dexamethasone sodium phosphate soln 0.1% 1 MO
- diclofenac sodium soln 0.1% 1 MO
- FLAREX SUSP 0.1% 3 MO
- FLUOROMETHOLONE SUSP 0.1% 2 MO
- FML FORTE SUSP 0.25% 3 MO
- FML OINT 0.1% 3 MO
- ketorolac tromethamine soln 0.4% 1 QL (15 ML per 30 days) MO
- ketorolac tromethamine soln 0.5% 1 QL (15 ML per 30 days) MO
- LOTEMAX SUSP 0.5% 3 MO
- PRED MILD SUSP 0.12% 3 MO
- prednisolone acetate susp 1% 1 MO
- prednisolone sodium phosphate soln 1% 1 MO

**Ophthalmic Antiglaucoma Agents**

- ALPHAGAN P SOLN 0.1% 2 MO
- AZOPT SUSP 1% 2 QL (10 ML per 25 days) MO
- BETAXOLOL HCL SOLN 0.5% 2 MO
- BETOPTIC-S SUSP 0.25% 2 MO
- brimonidine tartrate soln 0.15% 2 MO
- brimonidine tartrate soln 0.2% 2 MO
- carteolol hcl soln 1% 1 MO

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 69 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dorzolamide hcl soln 2%</td>
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</tr>
<tr>
<td>IOPIDINE SOLN 0.5%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>IOPIDINE SOLN 1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ISOPTO CARPINE SOLN 1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ISOPTO CARPINE SOLN 2%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ISOPTO CARPINE SOLN 4%</td>
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<td>MO</td>
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<tr>
<td>levobunolol hcl soln 0.5%</td>
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<td>MO</td>
</tr>
<tr>
<td>metipranolol soln 0.3%</td>
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<td>MO</td>
</tr>
<tr>
<td>pilocarpine hcl soln 1%</td>
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<td>MO</td>
</tr>
<tr>
<td>pilocarpine hcl soln 2%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pilocarpine hcl soln 4%</td>
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<td>MO</td>
</tr>
<tr>
<td>timolol maleate ophthalmic gel forming solg 0.25%</td>
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<td>MO</td>
</tr>
<tr>
<td>timolol maleate ophthalmic gel forming solg 0.5%</td>
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</tr>
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<td>timolol maleate soln 0.25%</td>
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<tr>
<td>timolol maleate soln 0.5%</td>
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**Ophthalmic Prostaglandin and Prostamide Analogs**

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<tr>
<td>bimatoprost soln 0.3mg/ml</td>
<td>2</td>
<td>QL (2.5 ML per 25 days) MO</td>
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<tr>
<td>latanoprost soln 0.005%</td>
<td>1</td>
<td>QL (2.5 ML per 25 days) MO</td>
</tr>
<tr>
<td>LUMIGAN SOLN 0.01%</td>
<td>2</td>
<td>QL (2.5 ML per 25 days) MO</td>
</tr>
<tr>
<td>travoprost soln 0.004%</td>
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<td>QL (2.5 ML per 25 days) MO</td>
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**Otic Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CIPRO HC SUSP 0.2%; 1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CIPRODEX SUSP 0.3%; 0.1%</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone/acetic acid soln 2%; 1%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ofloxacin soln 0.3%</td>
<td>1</td>
<td>MO</td>
</tr>
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</table>

**Respiratory Tract/Pulmonary Agents**

**Anti-inflammatories, Inhaled Corticosteroids**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>BECONASE AQ SUSP 42MCG/SPRAY</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>budesonide susp 0.25mg/2ml</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>budesonide susp 0.5mg/2ml</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>BUDESONIDE SUSP 32MCG/ACT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>FLOVENT HFA AERO 110MCG/ACT</td>
<td>2</td>
<td>QL (12 GM per 30 days) MO</td>
</tr>
<tr>
<td>FLOVENT HFA AERO 220MCG/ACT</td>
<td>2</td>
<td>QL (24 GM per 30 days) MO</td>
</tr>
<tr>
<td>FLOVENT HFA AERO 44MCG/ACT</td>
<td>2</td>
<td>QL (11 GM per 30 days) MO</td>
</tr>
<tr>
<td>flunisolide soln 0.025%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fluticasone propionate susp 50mcg/act</td>
<td>1</td>
<td>QL (16 GM per 30 days) MO</td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>NASONEX SUSP 50MCG/ACT</td>
<td>3</td>
<td>QL (34 GM per 30 days) MO</td>
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<tr>
<td>QVAR AERS 40MCG/ACT</td>
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<td>QL (21 GM per 30 days) MO</td>
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<tr>
<td>QVAR AERS 80MCG/ACT</td>
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<td>QL (18 GM per 30 days) MO</td>
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<tr>
<td><strong>Antihistamines</strong></td>
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<tr>
<td>azelastine hcl soln 137mcg/spray</td>
<td>3</td>
<td>MO</td>
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<td>azelastine hcl soln 0.15%</td>
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<td>MO</td>
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<tr>
<td>cetirizine hcl syrp 1mg/ml</td>
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<td>MO</td>
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<tr>
<td>CLARINEX-D 12 HOUR TB12 2.5MG; 120MG</td>
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<td>ST MO</td>
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<td>clemastine fumarate tabs 2.68mg</td>
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<td>cyproheptadine hcl syrp 2mg/5ml</td>
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<td>PA MO</td>
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<td>cyproheptadine hcl tabs 4mg</td>
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<td>PA MO</td>
</tr>
<tr>
<td>desloratadine odt tbdp 2.5mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) ST MO</td>
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<tr>
<td>desloratadine odt tbdp 5mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>desloratadine tabs 5mg</td>
<td>2</td>
<td>QL (30 EA per 30 days) ST MO</td>
</tr>
<tr>
<td>diphenhydramine hcl inj 50mg/ml</td>
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<td>MO</td>
</tr>
<tr>
<td>LEVOCETIRIZINE DIHYDROCHLORIDE TABS 5MG</td>
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<td>QL (30 EA per 30 days) ST MO</td>
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<tr>
<td>promethazine hcl inj 25mg/ml</td>
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<tr>
<td>promethazine hcl supp 12.5mg</td>
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<td>ST MO</td>
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<tr>
<td>promethazine hcl supp 25mg</td>
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<td>ST MO</td>
</tr>
<tr>
<td>promethazine hcl syrp 6.25mg/5ml</td>
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<td>ST MO</td>
</tr>
<tr>
<td>promethazine hcl tabs 12.5mg</td>
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<td>promethazine hcl tabs 25mg</td>
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<td>promethazine hcl tabs 50mg</td>
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<td>promethegan supp 50mg</td>
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<td><strong>Antileukotrienes</strong></td>
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<tr>
<td>ACCOLATE TABS 10MG</td>
<td>3</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
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<td>montelukast sodium chew 4mg</td>
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<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>montelukast sodium chew 5mg</td>
<td>1</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>montelukast sodium tabs 10mg</td>
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<td>QL (30 EA per 30 days) MO</td>
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<tr>
<td>ZYFLO CR TB12 600MG</td>
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<tr>
<td><strong>Bronchodilators, Anticholinergic</strong></td>
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<tr>
<td>ATROVENT HFA AERS 17MCG/ACT</td>
<td>3</td>
<td>QL (26 GM per 30 days) MO</td>
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<tr>
<td>INCRUSE ELLIPTA AEPB 62.5MCG/INH</td>
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<tr>
<td>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>ipratropium bromide soln 0.02%</td>
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<td>B/D MO</td>
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<tr>
<td>ipratropium bromide soln 0.03%</td>
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<td>MO</td>
</tr>
<tr>
<td>ipratropium bromide soln 0.06%</td>
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</tr>
<tr>
<td>SPIRIVA HANDIHALER CAPS 18MCG</td>
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<td>MO</td>
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<tr>
<td>SPIRIVA RESPIMAT AERS 2.5MCG/ACT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TUDORZA PRESSAIR AEPB 400MCG/ACT</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
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<tr>
<td><strong>Bronchodilators, Sympathomimetic</strong></td>
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<td>albuterol sulfate er tb12 4mg</td>
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<tr>
<td>albuterol sulfate er tb12 8mg</td>
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<tr>
<td>albuterol sulfate nebu 0.083%</td>
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</tr>
<tr>
<td>albuterol sulfate nebu 0.5%</td>
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<td>MO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate nebu 0.63mg/3ml</td>
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<td>MO</td>
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<tr>
<td>albuterol sulfate nebu 1.25mg/3ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate syrp 2mg/5ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate tabs 2mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate tabs 4mg</td>
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<td>MO</td>
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<tr>
<td>ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH</td>
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<td>metaproterenol sulfate tabs 20mg</td>
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<td>PROAIR HFA AERS 108MCG/ACT</td>
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<td>QL (17 GM per 30 days) MO</td>
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<td>PROAIR RESPICLICK 90MCG/ACT</td>
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<td>serevent diskus aepb 50mcg/dose</td>
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<td>terbutaline sulfate tabs 5mg</td>
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<td>VENTOLIN HFA AERS 108MCG/ACT</td>
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<td>QL (36 GM per 30 days) MO</td>
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<td>XOPENEX HFA AERO 45MCG/ACT</td>
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<tr>
<td>CAYSTON SOLR 75MG</td>
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<td>KALYDECO TABS 50MG</td>
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<td>KALYDECO TABS 75MG</td>
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<td>KALYDECO TABS 150MG</td>
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<td>TOBI PODHALER CAPS 28MG</td>
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<td>PA</td>
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<td>cromolyn sodium nebu 20mg/2ml</td>
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<td>B/D MO</td>
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<td>GASTROCROM CONC 100MG/5ML</td>
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<td>Phosphodiesterase Inhibitors, Airways Disease</td>
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<tr>
<td>aminophylline inj 25mg/ml</td>
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</tr>
<tr>
<td>theophylline cr tb12 100mg</td>
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<td>theophylline cr tb12 200mg</td>
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<td>theophylline er tb12 300mg</td>
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<tr>
<td>theophylline er tb12 450mg</td>
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<tr>
<td>theophylline er tb24 400mg</td>
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<td>theophylline er tb24 600mg</td>
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<tr>
<td>ADCIRCA TABS 20MG</td>
<td>4</td>
<td>QL (60 EA per 30 days) PA</td>
</tr>
<tr>
<td>LETAIRIS TABS 10MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>LETAIRIS TABS 5MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ORENITRAM TBCR 0.125MG</td>
<td>3</td>
<td>QL (180 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>ORENITRAM TBCR 0.25MG</td>
<td>3</td>
<td>QL (180 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>ORENITRAM TBCR 1MG</td>
<td>4</td>
<td>QL (150 EA per 30 days) PA</td>
</tr>
<tr>
<td>ORENITRAM TBCR 2.5MG</td>
<td>4</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMODULIN INJ 10MG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>REMODULIN INJ 1MG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>REMODULIN INJ 2.5MG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>REMODULIN INJ 5MG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>sildenafil tabs 20mg</td>
<td>2</td>
<td>QL (90 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>TRACLEER TABS 125MG</td>
<td>4</td>
<td>PA LA</td>
</tr>
<tr>
<td>TRACLEER TABS 62.5MG</td>
<td>4</td>
<td>PA LA</td>
</tr>
<tr>
<td>VENTAVIS SOLN 10MCG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>VENTAVIS SOLN 20MCG/ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>Respiratory Tract Agents, Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetylcysteine soln 10%</td>
<td>1</td>
<td>B/D MO</td>
</tr>
<tr>
<td>acetylcysteine soln 20%</td>
<td>1</td>
<td>B/D MO</td>
</tr>
<tr>
<td>ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE</td>
<td>2</td>
<td>QL (60 EA per 30 days) MO</td>
</tr>
<tr>
<td>ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT</td>
<td>2</td>
<td>QL (120 GM per 30 days) MO</td>
</tr>
<tr>
<td>ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT</td>
<td>2</td>
<td>QL (120 GM per 30 days) MO</td>
</tr>
<tr>
<td>ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT</td>
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<td>QL (120 GM per 30 days) MO</td>
</tr>
<tr>
<td>ARALAST NP INJ 400MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>DULERA AERO 5MCG/ACT; 100MCG/ACT</td>
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<td>QL (120 GM per 30 days) MO</td>
</tr>
<tr>
<td>DULERA AERO 5MCG/ACT; 200MCG/ACT</td>
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<td>QL (120 GM per 30 days) MO</td>
</tr>
<tr>
<td>GLASSIA INJ 1000MG/50ML</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>PROLASTIN-C INJ 1000MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>PULMOZYME SOLN 1MG/ML</td>
<td>4</td>
<td>B/D</td>
</tr>
<tr>
<td>SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT</td>
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<td>QL (60 GM per 30 days) MO</td>
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<tr>
<td>SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT</td>
<td>3</td>
<td>QL (60 GM per 30 days) MO</td>
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<tr>
<td>XOLAIR INJ 150MG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ZEMAIRA INJ 1000MG</td>
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<td>PA</td>
</tr>
<tr>
<td><strong>Skeletal Muscle Relaxants</strong></td>
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<tr>
<td>chlorzoxazone tabs 500mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CYCLOBENZAPRINE HCL TABS 10MG</td>
<td>3</td>
<td>QL (90 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>CYCLOBENZAPRINE HCL TABS 5MG</td>
<td>3</td>
<td>QL (90 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>metaxalone tabs 400mg</td>
<td>2</td>
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<tr>
<td>metaxalone tabs 800mg</td>
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<td>MO</td>
</tr>
<tr>
<td>orphenadrine citrate er tb12 100mg</td>
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<td>PA MO</td>
</tr>
<tr>
<td>orphenadrine citrate inj 30mg/ml</td>
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<td>PA MO</td>
</tr>
<tr>
<td><strong>Sleep Disorder Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GABA Receptor Modulators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUNESTA TABS 1MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>LUNESTA TABS 2MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
</tr>
<tr>
<td>LUNESTA TABS 3MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) MO</td>
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<tr>
<td>temazepam caps 15mg</td>
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</tr>
<tr>
<td>temazepam caps 30mg</td>
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<td>MO</td>
</tr>
<tr>
<td>zolpidem tartrate tabs 10mg</td>
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<td>QL (90 EA per 365 days) PA MO</td>
</tr>
<tr>
<td>zolpidem tartrate tabs 5mg</td>
<td>1</td>
<td>QL (90 EA per 365 days) PA MO</td>
</tr>
<tr>
<td><strong>Sleep Disorders, Other</strong></td>
<td></td>
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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>butisol sodium elix 30mg/5ml</td>
<td>1</td>
<td>PA MO</td>
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<tr>
<td>butisol sodium tabs 30mg</td>
<td>1</td>
<td>PA MO</td>
</tr>
<tr>
<td>HETLIOZ CAPS 20MG</td>
<td>4</td>
<td>QL (30 EA per 30 days) PA</td>
</tr>
<tr>
<td>modafinil tabs 100mg</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>MODAFINIL TABS 200MG</td>
<td>4</td>
<td>QL (30 EA per 30 days) PA</td>
</tr>
<tr>
<td>ROZEREM TABS 8MG</td>
<td>3</td>
<td>QL (30 EA per 30 days) PA MO</td>
</tr>
<tr>
<td>XYREM SOLN 500MG/ML</td>
<td>4</td>
<td>PA LA</td>
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</table>

### Therapeutic Nutrients/ Minerals/ Electrolytes

#### Electrolyte/Mineral Modifiers

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>EXJADE TBSO 125MG</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>EXJADE TBSO 250MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>EXJADE TBSO 500MG</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>FERRIPROX TABS 500MG</td>
<td>4</td>
<td>QL (720 EA per 30 days) PA</td>
</tr>
<tr>
<td>kionex powd 0</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate susp 15gm/60ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SYPRINE CAPS 250MG</td>
<td>2</td>
<td>MO</td>
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</tbody>
</table>

#### Electrolyte/Mineral Replacement

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ammonium chloride inj 5meq/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con 10 tbcr 10meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con 8 tbcr 8meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con m15 tbcr 15meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con m20 tbcr 20meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>magnesium sulfate inj 50%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>magnesium sulfate inj 4meq/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride er cpcr 10meq</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride er cpcr 8meq</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride er tbcr 10meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride er tbcr 20meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride inj 2meq/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride soln 20meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>potassium chloride soln 40meq</td>
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</tr>
<tr>
<td>potassium citrate er tbcr 1080mg</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium citrate er tbcr 540mg</td>
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<td>MO</td>
</tr>
<tr>
<td>sodium chloride 0.45% viaflex inj 0.45%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride 0.9% soln 0.9%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SODIUM CHLORIDE INJ 0.9%</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride inj 2.5meq/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride inj 3%</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride inj 5%</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

### Therapeutic Nutrients/ Minerals/ Electrolytes

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN 8.5%/ELECTROLYTES INJ 142MEQ/L; 3</td>
<td>B/D MO</td>
<td></td>
</tr>
<tr>
<td>1100MG/100ML; 8350MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN II 8.5%/ELECTROLYTES INJ 61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML</td>
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<td>B/D MO</td>
</tr>
<tr>
<td>CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
</tr>
<tr>
<td>CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML</td>
<td>3</td>
<td>B/D MO</td>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L;</td>
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<td>B/D MO</td>
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<tr>
<td>880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML;</td>
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<td>438MG/100ML; 204MG/100ML; 255MG/100ML;</td>
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<tr>
<td>311MG/100ML; 247MG/100ML; 170MG/100ML;</td>
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<td>238MG/100ML; 289MG/100ML; 213MG/100ML;</td>
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<td>179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML</td>
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<td>B/D MO</td>
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<td>438MG/100ML; 204MG/100ML; 255MG/100ML;</td>
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<td>311MG/100ML; 247MG/100ML; 170MG/100ML;</td>
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<td>238MG/100ML; 289MG/100ML; 213MG/100ML;</td>
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<tr>
<td>CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML;</td>
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<td>1035MG/100ML; 575MG/100ML; 20MEQ/1000ML;</td>
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<td>15MG/100ML; 515MG/100ML; 240MG/100ML;</td>
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<td>300MG/100ML; 365MG/100ML; 290MG/100ML;</td>
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<td>200MG/100ML; 280MG/100ML; 340MG/100ML;</td>
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<td>250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML;</td>
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<td>290MG/100ML</td>
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<tr>
<td>CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L;</td>
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<td>B/D MO</td>
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<tr>
<td>1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML;</td>
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<tr>
<td>515MG/100ML; 240MG/100ML; 300MG/100ML;</td>
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<td>365MG/100ML; 290MG/100ML; 200MG/100ML;</td>
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<td>280MG/100ML; 340MG/100ML; 250MG/100ML;</td>
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<td>210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML</td>
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<tr>
<td>CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L;</td>
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<td>B/D MO</td>
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<td>132MG/100ML; 165MG/100ML; 201MG/100ML;</td>
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<tr>
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<tr>
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<tr>
<th>Drug Name</th>
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<tr>
<td>20MG/100ML; 290MG/100ML</td>
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Page 78 of 99
<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
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<td>MO</td>
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<tr>
<td>CLINISOL SF 15% INJ 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML</td>
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<td>B/D MO</td>
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<tr>
<td>dextrose 10%/nacl 0.45% inj 10%; 0.45%</td>
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<tr>
<td>dextrose 10% flex container inj 10%</td>
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<tr>
<td>dextrose 10%/nacl 0.2% inj 10%; 0.2%</td>
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<tr>
<td>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</td>
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<tr>
<td>dextrose 5%/nacl 0.2% inj 5%; 0.2%</td>
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<td>DEXTROSE 5% INJ 5%</td>
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<td>FOMEPIZOLE INJ 1GM/ML</td>
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<td>HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML</td>
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<td>INTRALIPID INJ 20GM/100ML</td>
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<td>INTRALIPID INJ 30GM/100ML</td>
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<td>IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L;2</td>
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<td>5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L</td>
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<tr>
<td>IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%</td>
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<td>23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L</td>
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<tr>
<td>ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%</td>
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<td>3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L</td>
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<tr>
<td>ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 2</td>
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<tr>
<td>5MEQ/L; 140MEQ/L</td>
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<td></td>
</tr>
<tr>
<td>KCL 0.075%/D5W/NACL 0.45% INJ 5%; 10MEQ/L; 0.45%</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>kcl 0.15%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</td>
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<td>KCL 0.15%/D5W/NAACL 0.2% INJ 5%; 20MEQ/L; 0.2%</td>
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<td>MO</td>
</tr>
<tr>
<td>KCL 0.15%/D5W/NAACL 0.225% INJ 5%; 20MEQ/L; 0.225%</td>
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<td>MO</td>
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<td>KCL 0.15%/D5W/NAACL 0.9% INJ 5%; 20MEQ/L; 0.9%</td>
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</tr>
<tr>
<td>KCL 0.3%/D5W/NAACL 0.45% INJ 5%; 40MEQ/L; 0.45%</td>
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<td>MO</td>
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<tr>
<td>lactated ringers dextrose 5% viaflex inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</td>
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<tr>
<td>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</td>
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<tr>
<td>levocarnitine inj 200mg/ml</td>
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<tr>
<td>levocarnitine soln 1gm/10ml</td>
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<td>B/D MO</td>
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<tr>
<td>LIPOSYN III INJ 1.2GM/100ML; 2.5GM/100ML; 10GM/100ML</td>
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<td>B/D MO</td>
</tr>
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<td>LIPOSYN III INJ 1.2GM/100ML; 2.5GM/100ML; 20GM/100ML</td>
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<td>NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML</td>
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<td>NORMOSOL-M IN D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L</td>
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<td>NORMOSOL-R IN D5W INJ 27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L</td>
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<td>PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L</td>
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<td>POTASSIUM CHLORIDE 0.15% D5W/NAACL 0.33% INJ 5%; 20MEQ/L; 0.33%</td>
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<tr>
<td>POTASSIUM CHLORIDE 0.15% D5W/NAACL 0.45% INJ 5%; 20MEQ/L; 0.45%</td>
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<tr>
<td>POTASSIUM CHLORIDE 0.22% D5W/NAACL 0.45% INJ 5%; 30MEQ/L; 0.45%</td>
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<td>MO</td>
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<tr>
<td>PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML</td>
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<td>B/D MO</td>
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Page 80 of 99
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<td>PROSOL INJ 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML</td>
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<td>sodium lactate inj 5meq/ml</td>
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<td>TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML</td>
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<td>TROPHAMINE INJ 0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML</td>
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</table>

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Page 81 of 99
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td><strong>Therapeutic Nutrients/Minerals/Electrolytes</strong></td>
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### OTC products

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You can find information on what the symbols and abbreviations in this table mean by going to pages 6 and 7 of this document.

Page 83 of 99
## Index

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-MOP</td>
<td>54</td>
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<td>ABELCET</td>
<td>24</td>
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<td>33</td>
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<td>33</td>
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<td>73</td>
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<td>71</td>
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<td>58</td>
</tr>
<tr>
<td>ALCOHOL PREPS</td>
<td>68</td>
</tr>
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<td>ALDURAZYME</td>
<td>55</td>
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<td>68</td>
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<td>83</td>
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<td>83</td>
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<tr>
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<td>83</td>
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<td>83</td>
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<td>69</td>
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<td>16</td>
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<td>68</td>
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<td>66</td>
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<td>29</td>
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<td>44</td>
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<td>21</td>
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<td>39</td>
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<td>26</td>
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<td>40</td>
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<td>Page #</td>
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<td>47</td>
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<td>54</td>
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<td>58</td>
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<td>67</td>
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