Foreword
This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection process is essential in ensuring continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P&T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

Access to the most current version of the PEEHIP Commercial Formulary can be obtained by visiting www.rsa-al.gov.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:
- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary
The Formulary is a list of medications available to PEEHIP members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA approved generic is available for the listed generic name, the generic name is italicized.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Guideline</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>Age Edit</td>
<td>Coverage may depend on patient age</td>
</tr>
<tr>
<td>MO</td>
<td>Maintenance Medication</td>
<td>First fill limited to 30 day supply; subsequent fill can be for 90 day supply when prescription is written as 90 day Rx and no more than 130 days have lapsed between fills at retail pharmacy</td>
</tr>
<tr>
<td>G</td>
<td>Gender Edit</td>
<td>Coverage may depend on patient gender</td>
</tr>
<tr>
<td>MD</td>
<td>Physician Specialty Edit</td>
<td>Coverage may depend on prescribing physician’s specialty or board certification</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
<td>Requires specific physician request process</td>
</tr>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
<td>Coverage may be limited to specific quantities per prescription and/or time period</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
<td>Coverage may depend on previous use of another drug</td>
</tr>
</tbody>
</table>

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact MedImpact at (877) 606-0727.

The following topics may apply:

1. Generic Substitution
When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are italicized in the formulary listing wherever an FDA approved generic product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact’s Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:
- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer’s products must have an “A” rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P&T Committee.
- Drug product will be approved for generic substitution by the MedImpact P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. Tier Benefit Design
The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug’s tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a lower tier (lower copay), preferred branded drugs listed on the Formulary will be covered on Tier 2, and non-preferred brand drugs will be covered on Tier 3. Specialty drugs will be covered under the highest tier (highest copay).

Tier Definitions
- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred medications (non-formulary agents)
- Tier 4: Specialty medications

3. Medication Request Process
Depending upon plan benefit design, a medication request process may apply as follows:

A. Coverage Exceptions
Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

Questions or information regarding the medication request or formulary process may be obtained by: faxing a completed Medication Request Form to MedImpact at (877) 606-0726.
MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. **General Exclusions**
   A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
   B. Drugs specifically listed as not covered.
   C. Any drug products used for cosmetic purposes.
   D. Experimental drug products or any drug product used in an experimental manner.
   E. Replacement of lost or stolen medication.
   F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
   G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
   H. Drugs specifically used for the treatment of erectile dysfunction.

The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. **Pharmacist and Physician Communication**
The Formulary is a tool to promote cost-effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA  92131
Medication Request Form
MedImpact Healthcare Systems, Inc.

Instructions:
This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (877) 606-0728 or please call (800) 347-5841 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 347-5841.

Review Criteria:
The following guidelines are used in reviewing medication requests:
1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

Medication Request Information (please complete each section of this form prior to transmittal):

<table>
<thead>
<tr>
<th>PATIENT NAME (REQUIRED):</th>
<th>PATIENT’S HEALTH PLAN (REQUIRED):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT ID # (REQUIRED):</td>
<td>PHYSICIAN NAME/SPECIALTY:</td>
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<tr>
<td>PATIENT HEIGHT AND WEIGHT (REQUIRED):</td>
<td>PHYSICIAN ID#/DEA#:</td>
</tr>
<tr>
<td>PATIENT DOB (REQUIRED):</td>
<td>PHYSICIAN AREA CODE AND TELEPHONE NUMBER:</td>
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<tr>
<td>DIAGNOSIS (REQUIRED):</td>
<td>PHYSICIAN AREA CODE AND FAX NUMBER (REQUIRED):</td>
</tr>
<tr>
<td>PHARMACY USED BY MEMBER:</td>
<td>PHARMACY AREA CODE AND TELEPHONE NUMBER:</td>
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<tr>
<td>DRUG REQUESTED:</td>
<td>QUANTITY (PER MONTH):</td>
</tr>
<tr>
<td>DOSE:</td>
<td>LENGTH OF TREATMENT (PLEASE BE SPECIFIC):</td>
</tr>
<tr>
<td>STRENGTH:</td>
<td>DOSAGE FORM (e.g. ORAL, INJECTION):</td>
</tr>
<tr>
<td>REASON FOR MEDICATION REQUEST (PLEASE BE SPECIFIC, GIVE DETAIL):</td>
<td></td>
</tr>
<tr>
<td>OTHER MEDICATIONS TRIED AND/OR FAILED (PLEASE BE SPECIFIC, GIVE DETAIL INCLUDING REASON FOR FAILURE):</td>
<td></td>
</tr>
<tr>
<td>OTHER PERTINENT HISTORY (RELATIVE OR PERTAINING TO THIS REQUEST):</td>
<td></td>
</tr>
</tbody>
</table>

PROVIDER NAME AND SIGNATURE:
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>ALLERGY</strong></td>
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<tr>
<td><strong>2ND GEN ANTIHISTAMINE &amp; DECONGESTANT COMBINATIONS</strong></td>
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<td></td>
</tr>
<tr>
<td>fexofenadine/pseudoephedrine</td>
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<td></td>
</tr>
<tr>
<td>(ALLEGRA-D 24 HOUR (180-240MG) (TAB ER 24H))</td>
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</tr>
<tr>
<td>PSEUDOEPHEDRINE HCL/ACRIVAS</td>
<td>3</td>
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<tr>
<td>(SEMPREX-D)</td>
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<tr>
<td><strong>ALLERGENIC EXTRACTS, THERAPEUTICS</strong></td>
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<tr>
<td>GR POL-ORC/SW VER/RYE/KENT/TIM</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>WEED POLLEN-SHORT RAGWEED</td>
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<td>PA</td>
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<td><strong>ANTIHISTAMINES - 1ST GENERATION</strong></td>
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<tr>
<td>carbinoxamine maleate</td>
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<tr>
<td>(CLISTIN)</td>
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<tr>
<td>carbinoxamine maleate</td>
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<td>(KARBINAL ER)</td>
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<td>ST, QL: 960 ML PER 30 DAYS</td>
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<td>clemastine fumarate</td>
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<td>cyproheptadine hcl</td>
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<td>(PERIACTIN)</td>
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<td>diphenhydramine hcl</td>
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<td>(BENDRALY)</td>
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<td>diphenhydramine in 0.9 % nacl</td>
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<tr>
<td>hydroxyzine hcl</td>
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<td>(ATARAX)</td>
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<tr>
<td>(VISTARIL)</td>
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<tr>
<td>hydroxyzine pamoate</td>
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<td>(VISTARIL)</td>
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<td>(PHENERGAN)</td>
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<td>promethazine hcl</td>
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<tr>
<td>(PHENERGAN VC)</td>
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<tr>
<td>promethazine hcl in 0.9 % nacl</td>
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<tr>
<td>(PHENERGAN)</td>
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<tr>
<td><strong>ANTIHISTAMINES - 2ND GENERATION</strong></td>
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<tr>
<td>desloratadine</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>(CLARINEX (2.5 MG) (TAB RAPDIS))</td>
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<tr>
<td>desloratadine</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>(CLARINEX (5 MG) (TAB RAPDIS))</td>
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<td>desloratadine</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>(CLARINEX (5 MG) (TABLET))</td>
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<tr>
<td>levocetirizine dihydrochloride</td>
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<td>QL: 300 ML PER 30 DAYS</td>
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<tr>
<td>(XYZAL (2.5 MG/5ML) (SOLUTION))</td>
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<tr>
<td>levocetirizine dihydrochloride</td>
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<td>QL: 34 PER FILL</td>
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<tr>
<td>(XYZAL (5 MG) (TABLET))</td>
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<td><strong>NASAL ANTIHISTAMINE</strong></td>
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<tr>
<td>azelastine hcl</td>
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<td>QL: 60 ML PER FILL</td>
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<td>(ASTELIN)</td>
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<tr>
<td>azelastine hcl</td>
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<td>QL: 60 ML PER FILL</td>
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<td>(ASTEPRO)</td>
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<tr>
<td>olopatadine hcl</td>
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<td>QL: 30.5 GRAMS PER 30 DAYS</td>
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<tr>
<td>(PATANASE)</td>
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<tr>
<td><strong>NASAL ANTI-INFLAMMATORY STEROIDS</strong></td>
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<tr>
<td>BECLOMETHASONE DIPROPIONATE</td>
<td>2</td>
<td>ST, QL: 4.9 GRAMS PER 30 DAYS</td>
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<tr>
<td>(QNORL CHILDREN)</td>
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<td>flunisolide</td>
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<td>QL: 75 ML PER FILL</td>
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<td>(NASALIDE)</td>
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<tr>
<td>mometasone furoate</td>
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<td>QL: 17 GRAMS PER 30 DAYS</td>
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<td>(NASALIDE)</td>
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<tr>
<td><strong>ANTIEMESIS/ANTIVERTIGO</strong></td>
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<tr>
<td><strong>ANTIEMETIC/ANTIVERTIGO AGENTS</strong></td>
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<tr>
<td>APREPICTANT</td>
<td>2</td>
<td>QL: 1 PER FILL</td>
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<tr>
<td>(EMEND (125 MG) (CAPSULE))</td>
<td></td>
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<tr>
<td>APREPICTANT</td>
<td>2</td>
<td>QL: 3 PACKETS PER 21 DAYS</td>
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<tr>
<td>(EMEND (125 MG) (SUSP RECON))</td>
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<td>aprepiCTANT</td>
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<td>QL: 3 PER FILL</td>
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<tr>
<td>(EMEND (125MG-80MG) (CAP DS PK))</td>
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<td>aprepiCTANT</td>
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<td>QL: 1 PER FILL</td>
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<tr>
<td>(EMEND (40 MG) (CAPSULE))</td>
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<tr>
<td>aprepiCTANT</td>
<td>1</td>
<td>QL: 2 PER FILL</td>
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<tr>
<td>(EMEND (80 MG) (CAPSULE))</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------</td>
<td>--------------------------</td>
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<tr>
<td>dimenhydrinate (DRAMAMINE (50 MG/ML) (VIAL))</td>
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</tr>
<tr>
<td>DOLASETRON MESYLATE (ANZEMET)</td>
<td>3</td>
<td>ST, QL: 1 PER FILL</td>
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<tr>
<td>DOXYLAMINE/ PYRIDOXINE HCL (B6) (DICLEGIS)</td>
<td>3</td>
<td>QL: 4 PER DAY</td>
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<tr>
<td>dronabinol (MARINOL)</td>
<td>1</td>
<td>QL: 2 PER DAY</td>
</tr>
<tr>
<td>FOSAPREPITANT DIMEGLUMINE (EMEND)</td>
<td>3</td>
<td></td>
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<tr>
<td>GRANISETRON (SANCUSO)</td>
<td>3</td>
<td>ST, QL: 1 PER FILL</td>
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<tr>
<td>GRANISETRON (SUSTOL)</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>granisetron hcl (KYTRIL (1 MG) (TABLET))</td>
<td>1</td>
<td>ST, QL: 8 PER 30 DAYS</td>
</tr>
<tr>
<td>granisetron hcl (KYTRIL (1 MG/ML(1)) (VIAL))</td>
<td>1</td>
<td>QL: 2 PER DAY</td>
</tr>
<tr>
<td>granisetron hcl (KYTRIL (1 MG/ML) (VIAL))</td>
<td>1</td>
<td>QL: 2 PER DAY</td>
</tr>
<tr>
<td>granisetron hcl/pf</td>
<td>1</td>
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</tr>
<tr>
<td>NABILONE (CESAMET)</td>
<td>3</td>
<td>ST, QL: 6 PER DAY</td>
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<tr>
<td>NETUPITANT/PALONOSETRON HCL (AKYNZEO)</td>
<td>3</td>
<td>PA, QL: 1 PER 28 DAYS</td>
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<tr>
<td>ondansetron (ZOFRAN ODT)</td>
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<td>ONDANSETRON (ZUPLENZ (4 MG) (FILM))</td>
<td>3</td>
<td>ST, QL: 2 PER 3 DAYS</td>
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<tr>
<td>ONDANSETRON (ZUPLENZ (8 MG) (FILM))</td>
<td>3</td>
<td>ST, QL: 1 PER 3 DAYS</td>
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<tr>
<td>ondansetron hcl (ZOFRAN)</td>
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</tr>
<tr>
<td>ondansetron hcl/pf</td>
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</tr>
<tr>
<td>PALONOSETRON HCL (ALOXI)</td>
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<td>QL: 5 PER FILL</td>
</tr>
<tr>
<td>prochlorperazine (COMPAZINE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine edisylate</td>
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</tr>
<tr>
<td>prochlorperazine maleate</td>
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<tr>
<td>promethazine hcl (PHENERGAN (12.5 MG) (SUPP.RECT))</td>
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<td>promethazine hcl (PHENERGAN (25 MG) (SUPP.RECT))</td>
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<td>PROMETHAZINE HCL (PHENERGAN (50 MG) (SUPP.RECT))</td>
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<tr>
<td>promethazine hcl</td>
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<tr>
<td>ROLAPITANT HCL (VARUBI)</td>
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<td>PA</td>
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<tr>
<td>SCOPOLAMINE (TRANSDERM-SCOP)</td>
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<tr>
<td>TRIMETHOBENZAMIDE HCL</td>
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</tr>
<tr>
<td>trimethobenzamide hcl</td>
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</tr>
</tbody>
</table>

**ASTHMA AND COPD**

**ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING**

- ipratropium bromide (ATROVENT) | 1 | MO |
- IPRATROPIUM BROMIDE (ATROVENT HFA) | 2 | QL: 25.8 GRAMS PER FILL |

**ANTICHOLINERGICS, ORALLY INHALED LONG ACTING**

- ACLIDINIUM BROMIDE (TUDORZA PRESSAIR) | 3 | QL: 1 PER 30 DAYS |
- GLYCOPYRROLATE (SEEBRI NEOHALER) | 3 | ST, QL: 60 PER 30 DAYS |
- Tiotropium Bromide (SPIRIVA (18 MCG) (CAP W/DEV)) | 2 | QL: 60 PER FILL |
- Tiotropium Bromide (SPIRIVA RESPIMAT (1.25 MCG) (MIST INHAL)) | 2 | |
- Tiotropium Bromide (SPIRIVA RESPIMAT (2.5) | 2 | QL: 4 GRAMS PER 30 DAYS |
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMECLIDINIUM BROMIDE (INCRUSE ELLIPTA)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>metaproterenol sulfate (ALUPENT)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING</td>
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</tr>
<tr>
<td>albuterol sulfate (ACCUNEB)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>albuterol sulfate (PROAIR HFA)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ALBUTEROL SULFATE (PROAIR RESPICLICK)</td>
<td>2</td>
<td>QL: 2 INHALERS PER 30 DAYS</td>
</tr>
<tr>
<td>albuterol sulfate (PROVENTIL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ALBUTEROL SULFATE (PROVENTIL HFA)</td>
<td>3</td>
<td>QL: 20.1 GRAMS PER FILL, MO</td>
</tr>
<tr>
<td>ALBUTEROL SULFATE (VENTOLIN HFA (90 MCG) (HFA AER ADI))</td>
<td>3</td>
<td>QL: 54 GRAMS PER FILL, MO</td>
</tr>
<tr>
<td>levalbuterol hcl (XOPENEX)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl (XOPENEX CONCENTRATE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol tartrate (XOPENEX HFA)</td>
<td>1</td>
<td>QL: 45 GRAMS PER FILL</td>
</tr>
<tr>
<td>terbutaline sulfate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDACATEROL MALEATE (ARCAPTA NEOHALER)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>OLODATEROL HCL (STRIVERDI RESPIMAT)</td>
<td>3</td>
<td>ST, QL: 4 GRAMS PER 30 DAYS</td>
</tr>
<tr>
<td>BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARFORMOTEROL TARTRATE (BROVANA)</td>
<td>3</td>
<td>QL: 180 PER FILL</td>
</tr>
<tr>
<td>FORMOTEROL FUMARATE (FORADIL)</td>
<td>2</td>
<td>QL: 2 PER DAY, MO</td>
</tr>
<tr>
<td>FORMOTEROL FUMARATE (PERFOROMIST)</td>
<td>2</td>
<td>QL: 240 PER FILL, MO</td>
</tr>
<tr>
<td>Salmeterol Xinafoate (SEREVENT DISKUS)</td>
<td>3</td>
<td>ST, QL: 120 PER FILL, MO</td>
</tr>
<tr>
<td>BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYCOPYRROLATE/FORMOTEROL FUMARATE (BEVESPI AEROSPHERE)</td>
<td>3</td>
<td>ST, QL: 10.7 GRAMS PER 30 DAYS</td>
</tr>
<tr>
<td>INDACATEROL/GLYCOPYRROLATE (UTIBRON NEOHALER)</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>IPRATROPium/ALBUTEROL SULFATE (COMBIVENT RESPIMAT)</td>
<td>2</td>
<td>QL: 8 GRAMS PER 30 DAYS</td>
</tr>
<tr>
<td>ipratropium/albuterol sulfate (DUONEB)</td>
<td>1</td>
<td>QL: 615 ML PER FILL</td>
</tr>
<tr>
<td>Tiotropium BR/OLODATEROL HCL (STIOLOTO RESPIMAT)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UMECLIDINIUM BRM/VILANTEROL TR (ANORO ELLIPTA)</td>
<td>2</td>
<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUDESONIDE/FORMOTEROL FUMARATE (SYMBICORT)</td>
<td>3</td>
<td>ST, QL: 10.2 GRAMS PER 30 DAYS</td>
</tr>
<tr>
<td>FLUTICASONE/SALMETEROL (ADVAIR DISKUS)</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE/SALMETEROL (ADVAIR HFA)</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE/VILANterol (BREO ELLIPTA)</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>MOMETASONE/FORMOTEROL (DULERA)</td>
<td>2</td>
<td>QL: 13 GRAMS PER 30 DAYS, MO</td>
</tr>
<tr>
<td>GLUCOCORTICOIDs, ORALLY INHALED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BECLOMETHASONE DIPROPIONATE (QVAR)</td>
<td>2</td>
<td>QL: 17.4 GRAMS PER FILL, MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>budesonide (PULMICORT (0.25MG/2ML) (AMPUL-NEB))</td>
<td>1</td>
<td>QL: 140 ML PER FILL, MO</td>
</tr>
<tr>
<td>budesonide (PULMICORT (0.5 MG/2 ML) (AMPUL-NEB))</td>
<td>1</td>
<td>QL: 140 ML PER FILL, MO</td>
</tr>
<tr>
<td>budesonide (PULMICORT (1 MG/2 ML) (AMPUL-NEB))</td>
<td>1</td>
<td>QL: 70 ML PER FILL, MO</td>
</tr>
<tr>
<td>BUDESONIDE (PULMICORT FLEXHALER)</td>
<td>2</td>
<td>QL: 1 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>CICLESONIDE (ALVESCO)</td>
<td>3</td>
<td>ST, QL: 12.2 GRAMS PER 25 DAYS</td>
</tr>
<tr>
<td>FLUNISOLIDE (AEROSPAN)</td>
<td>3</td>
<td>ST, QL: 17.8 GRAMS PER 30 DAYS</td>
</tr>
<tr>
<td>FLUTICASONE FUROATE (ARNUITY ELLIPTA)</td>
<td>3</td>
<td>ST, QL: 30 PER 30 DAYS</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT DISCUS (100 MCG) (BLST W/DEV))</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT DISCUS (250 MCG) (BLST W/DEV))</td>
<td>3</td>
<td>ST, QL: 120 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT DISCUS (50 MCG) (BLST W/DEV))</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT HFA (110 MCG) (AER W/ADAP))</td>
<td>3</td>
<td>ST, QL: 12 GRAMS PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT HFA (220 MCG) (AER W/ADAP))</td>
<td>3</td>
<td>ST, QL: 24 GRAMS PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE (FLOVENT HFA (44 MCG) (AER W/ADAP))</td>
<td>3</td>
<td>ST, QL: 21.2 GRAMS PER 30 DAYS, MO</td>
</tr>
<tr>
<td>MOMETASONE FUROATE (ASMANEX)</td>
<td>2</td>
<td>QL: 1 PER 30 DAYS</td>
</tr>
<tr>
<td>MOMETASONE FUROATE (ASMANEX HFA)</td>
<td>3</td>
<td>QL: 13 GRAMS PER 30 DAYS</td>
</tr>
</tbody>
</table>

**LEUKOTRIENE RECEPTOR ANTAGONISTS**

- montelukast sodium (SINGULAIR) 1 MO
- zafirlukast (ACCOLATE) 1 MO

**MAST CELL STABILIZERS**

- cromolyn sodium (GASTROCROM) 1

**MAST CELL STABILIZERS, ORALLY INHALED**

- cromolyn sodium 1 MO

**PHOSPHODIESTERASE-4 (PDE4) INHIBITORS**

- ROFLUMILAST (DALIRESP) 2 ST, QL: 1 PER DAY

**RESPIRATORY AIDS, DEVICES, EQUIPMENT**

- MUCUS CLEARING DEVICE (AEROBIKA) 3
- MUCUS CLEARING DEVICE (FLUTTER) 3
- MUCUS CLEARING DEVICE (QUAKE) 3
- NASAL EXHALATION RESISTANCE DEVICE (PROVENT) 3
- SPIROMETER/DRUG DELIVERY ADAPT (MISTASSIST KIT) 3

**XANTHINES**

- aminophylline 1 MO
- caffeine citrate 1
- caffeine/sodium benzoate 1
- theophylline anhydrous (ELIXOPHYLLIN) 1 MO
- theophylline anhydrous (SLO-PHYLLIN) 1 MO
- THEOPHYLLINE ANHYDROUS (THEO-24) 3 MO
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>theophylline anhydrous (THEO-DUR)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline anhydrous (UNIPHYL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline in dextrose 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUTONOMIC NERVOUS SYSTEM DISORDERS**

**ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>memantine hcl (NAMENDA (10 MG) (TABLET))</td>
<td>1</td>
<td>QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>memantine hcl (NAMENDA (5 MG) (TABLET))</td>
<td>1</td>
<td>QL: 60 PER 30 DAYS, MO</td>
</tr>
<tr>
<td>memantine hcl (NAMENDA (5 MG-10 MG) (TAB DS PK))</td>
<td>1</td>
<td>QL: 49 PER 28 DAYS, MO</td>
</tr>
<tr>
<td>MEMANTINE HCL (NAMENDA XR (14 MG) (CAP SPR 24))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>MEMANTINE HCL (NAMENDA XR (21 MG) (CAP SPR 24))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>MEMANTINE HCL (NAMENDA XR (28 MG) (CAP SPR 24))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>MEMANTINE HCL (NAMENDA XR (7 MG) (CAP SPR 24))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>MEMANTINE HCL (NAMENDA XR (7-14-21-28) (CAP24 DSPK))</td>
<td>2</td>
<td>QL: 28 PER 28 DAYS</td>
</tr>
</tbody>
</table>

**ALZHEIMER'S THX,NMDA RECEPT ANTAG & CHOLINES INHIB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMANTINE HCL/DONEPEZIL HCL (NAMZARIC)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
</tbody>
</table>

**CHOLINESTERASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>donepezil hcl (ARICEPT)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>donepezil hcl (ARICEPT ODT)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>edrophonium chloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDROPHONIUM CHLORIDE/ATROPINE (ENLON-PLUS)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>galantamine hbr (RAZADYNE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>galantamine hbr (RAZADYNE ER)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NEOSTIGMINE METHYLSULFATE (BLOXIVERZ)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEOSTIGMINE METHYLSULFATE (0.5 MG/ML) (VIAL)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEOSTIGMINE METHYLSULFATE (1 MG/ML) (VIAL)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neostigmine methylsulfate (2 mg/2 ml) (syringe)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neostigmine methylsulfate (3 mg/5 ml) (syringe)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neostigmine methylsulfate (4 mg/4 ml) (syringe)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neostigmine methylsulfate (5 mg/5 ml) (syringe)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>physostigmine salicylate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide (MESTINON (180 MG) (TABLET ER))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide (MESTINON (60 MG) (TABLET))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PYRIDOSTIGMINE BROMIDE (MESTINON (60 MG/5 ML) (SYRUP))</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PYRIDOSTIGMINE BROMIDE (REGONOL)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>rivastigmine (EXELON)</td>
<td>1</td>
<td>QL: 1 PER DAY, MO</td>
</tr>
<tr>
<td>rivastigmine tartrate</td>
<td></td>
<td>MO</td>
</tr>
</tbody>
</table>

**BEHAVIORAL HEALTH - ANTIDEPRESSANTS**

**ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mirtazapine (REMERON)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**MAOIS - NON-SELECTIVE & IRREVERSIBLE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOCARBOXAZID (MARPLAN)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenelzine sulfate (NARDIL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tranylcypromine sulfate</td>
<td>(PARNATE)</td>
<td>1</td>
</tr>
<tr>
<td>BUPROPION HCL</td>
<td>(FORFIVO XL)</td>
<td>3 ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>bupropion hcl</td>
<td>(WELLBUTRIN)</td>
<td>1</td>
</tr>
<tr>
<td>bupropion hcl</td>
<td>(WELLBUTRIN SR)</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>bupropion hcl</td>
<td>(WELLBUTRIN XL)</td>
<td>1 QL: 34 PER FILL</td>
</tr>
<tr>
<td><strong>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>citalopram hydrobromide</td>
<td>(CELEXA)</td>
<td>1</td>
</tr>
<tr>
<td>escitalopram oxalate</td>
<td>(LEXAPRO)</td>
<td>1</td>
</tr>
<tr>
<td>FLUOXETINE HCL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl</td>
<td>(PROZAC)</td>
<td>1</td>
</tr>
<tr>
<td>fluoxetine hcl</td>
<td>(PROZAC WEEKLY)</td>
<td>1</td>
</tr>
<tr>
<td>FLUOXETINE HCL</td>
<td>(SARAFEM)</td>
<td>3 ST</td>
</tr>
<tr>
<td>fluvoxamine maleate</td>
<td>(LUVOX (100 MG) (TABLET))</td>
<td>1 QL: 102 PER FILL</td>
</tr>
<tr>
<td>fluvoxamine maleate</td>
<td>(LUVOX (25 MG) (TABLET))</td>
<td>1 QL: 34 PER FILL</td>
</tr>
<tr>
<td>fluvoxamine maleate</td>
<td>(LUVOX (50 MG) (TABLET))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>fluvoxamine maleate</td>
<td>(LUVOX CR)</td>
<td>1 QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl</td>
<td>(PAXIL (10 MG) (TABLET))</td>
<td>1 QL: 34 PER FILL</td>
</tr>
<tr>
<td>PAROXETINE HCL</td>
<td>(PAXIL (10 MG/5 ML) (ORAL SUSP))</td>
<td>2 ST</td>
</tr>
<tr>
<td>paroxetine hcl</td>
<td>(PAXIL (20 MG) (TABLET))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>paroxetine hcl</td>
<td>(PAXIL (30 MG) (TABLET))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>paroxetine hcl</td>
<td>(PAXIL (40 MG) (TABLET))</td>
<td>1 QL: 34 PER FILL</td>
</tr>
<tr>
<td>paroxetine hcl</td>
<td>(PAXIL CR)</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>PAROXETINE MESYLATE</td>
<td>(BRISDELLE)</td>
<td>3 ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>PAROXETINE MESYLATE</td>
<td>(PEXEVA)</td>
<td>3 QL: 1 PER DAY</td>
</tr>
<tr>
<td>sertraline hcl</td>
<td>(ZOLOFT (100 MG) (TABLET))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td>sertraline hcl</td>
<td>(ZOLOFT (20 MG/ML) (ORAL CONC))</td>
<td>1</td>
</tr>
<tr>
<td>sertraline hcl</td>
<td>(ZOLOFT (25 MG) (TABLET))</td>
<td>1 QL: 34 PER FILL</td>
</tr>
<tr>
<td>sertraline hcl</td>
<td>(ZOLOFT (50 MG) (TABLET))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
<tr>
<td><strong>SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nefazodone hcl</td>
<td>(SERZONE)</td>
<td>1</td>
</tr>
<tr>
<td>trazodone hcl</td>
<td>(DESYREL)</td>
<td>1</td>
</tr>
<tr>
<td><strong>SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESVENLAFAXINE ER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine</td>
<td>(KHEDEZLA)</td>
<td>1 ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>DESVENLAFAXINE FUMARATE ER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine succinate</td>
<td>(PRISTIQ (100 MG) (TAB ER 24H))</td>
<td>1 ST, QL: 34 PER FILL</td>
</tr>
<tr>
<td>desvenlafaxine succinate</td>
<td>(PRISTIQ (25 MG) (TAB ER 24H))</td>
<td>1 ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>desvenlafaxine succinate</td>
<td>(PRISTIQ (50 MG) (TAB ER 24H))</td>
<td>1 ST, QL: 34 PER FILL</td>
</tr>
<tr>
<td>duloxetine hcl</td>
<td>(CYMBALTA (20 MG) (CAPSULE DR))</td>
<td>1 QL: 68 PER FILL</td>
</tr>
</tbody>
</table>

PEEHIP  
Effective: April 1, 2017
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>duloxetine hcl (CYMBALTA (30 MG)</td>
<td>1</td>
<td>QL: 34 PER FILL</td>
</tr>
<tr>
<td>(CAPSULE DR))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>duloxetine hcl (CYMBALTA (60 MG)</td>
<td>1</td>
<td>QL: 68 PER FILL</td>
</tr>
<tr>
<td>(CAPSULE DR))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>duloxetine hcl (IRENKA)</td>
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<tr>
<td>LEVOMILNACIPRAN HCL (FETZIMA)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
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<tr>
<td>venlafaxine hcl (EFFEXOR)</td>
<td>1</td>
<td>QL: 102 PER FILL</td>
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<tr>
<td>MG) (CAP ER 24H))</td>
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<td>MG) (CAP ER 24H))</td>
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<td>QL: 34 PER FILL</td>
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**SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT**

| VILAZODONE HCL (VIIBRYD)          | 3         | ST, QL: 1 PER DAY                       |

**SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT**

| VORTIOXETINE HYDROBROMIDE        | 3         | ST, QL: 1 PER DAY                       |

**TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS**

| amitriptyline/chlordiazepoxide   | 1         |                                         |
| amitriptyline/chlordiazepoxide   | 1         |                                         |

**TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS**

| perphenazine/amitriptyline hcl   | 1         |                                         |
| perphenazine/amitriptyline hcl   | 1         |                                         |
| perphenazine/amitriptyline hcl   | 1         |                                         |
| perphenazine/amitriptyline hcl   | 1         |                                         |
| perphenazine/amitriptyline hcl   | 1         |                                         |

**TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB**

| amitriptyline hcl (ELAVIL)        | 1         |                                         |
| amoxapine (ASENDIN)               | 1         |                                         |
| clomipramine hcl (ANAFRANIL)      | 1         |                                         |
| clomipramine hcl (ANAFRANIL)      | 1         |                                         |
| desipramine hcl                   | 1         |                                         |
| desipramine hcl                   | 1         |                                         |
| doxepin hcl (SINEQUAN)            | 1         |                                         |
| imipramine hcl (TOFRANIL)         | 1         |                                         |
| imipramine pamoate (TOFRANIL-PM)  | 1         |                                         |
| maprotiline hcl (LUDIOMIL)        | 1         |                                         |
| norriptyline hcl (PAMELOR)        | 1         |                                         |
| protriptyline hcl (VIVACTIL)      | 1         |                                         |
| trimipramine maleate              | 1         |                                         |
| TRIMIPRAMINE MALEATE              | 3         |                                         |
| trimipramine maleate              | 1         |                                         |
| TRIMIPRAMINE MALEATE              | 3         |                                         |
| trimipramine maleate              | 1         |                                         |
| TRIMIPRAMINE MALEATE              | 3         |                                         |
| trimipramine maleate              | 1         |                                         |
| TRIMIPRAMINE MALEATE              | 3         |                                         |

**BEHAVIORAL HEALTH - OTHER**

**ADRENERGICS, AROMATIC, NON-CATECHOLAMINE**

<p>| AMPHETAMINE SULFATE (EVEKEO)      | 3         | AGE: &lt;= 18 YEARS; &gt;18 YEARS REQUIRES PA, MO |
| dextroamphetamine sulfate        | 1         |                                         |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>dextroamphetamine sulfate</td>
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<td>AGE: &lt;= 18 YEARS; &gt;18 YEARS Requires PA, MO</td>
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<td>LISDEXAMFETAMINE DIMESYLATE</td>
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<td>ST, AGE: &lt;= 18 YEARS; &gt;18 YEARS Requires PA, QL: 1 PER DAY</td>
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<td>LISDEXAMFETAMINE DIMESYLATE</td>
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**ANTI-ALCOHOLIC PREPARATIONS**

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<td>disulfiram</td>
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<td>NALTREXONE MICROSPHERES</td>
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**ANTI-ANXIETY DRUGS**

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<td>buspirone hcl</td>
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<td>clorazepate dipotassium</td>
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<td>lorazepam</td>
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<td>meprobamate</td>
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<td>oxazepam (SERAX)</td>
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<td>LITHIUM CARBONATE (LITHOBID)</td>
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<td>lithium citrate</td>
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<td><strong>ANTI-NARCOLEPSY &amp; ANTI-CATAPLEXY, SEDATIVE-TYPE AGT</strong></td>
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<td>SODIUM OXYBATE (XYREM)</td>
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<td>loxapine (ADASUVE)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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PEEHIP Effective: April 1, 2017
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>CENTRAL NERVOUS SYSTEM STIMULANTS</td>
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<td>doxapram hcl (DOPRAM)</td>
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<td>HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS</td>
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<tr>
<td>TASIMELTEON (HETLIOZ)</td>
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<tr>
<td>MONOAmine Oxidase(MAO) INHIBITORS</td>
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<tr>
<td>SELEGILINE (EMSAM)</td>
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<tr>
<td>NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS</td>
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<tr>
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<td>DEXMEDETOmidINE IN 0.9 % NAcl (PRECEDEX)</td>
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<td>quazepam (DORAL)</td>
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<td>SUVOREXANT (BELSOMRA)</td>
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<td>PIMAVANsERIN TARTRATE (NUPLAZID)</td>
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<td>SSRI &amp;ANtiPSYCH, ATYP, DOPamine&amp;SEROTONIN ANTAG COMB</td>
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<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>AGE: &lt;= 18 YEARS; &gt;18 YEARS REQUIRES PA, QL: 3 PER DAY, MO</td>
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**TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ATOMOXETINE HCL</td>
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**PEEHIP**

Effective: April 1, 2017
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<th>Drug Name</th>
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<td>amiodarone hcl (PACERONE)</td>
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<td>AMIODARONE IN DEXTROSE,ISO-OSM (NESTERONE)</td>
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<td>DISOPYRAMIDE PHOSPHATE (NORPACE CR)</td>
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<td>DROXEDARONE HCL (MULTAQ)</td>
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<td>epinephrine hcl in dextrose 5%</td>
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<td>fosinopril/hydrochlorothiazide (MONOPRIL-HCT)</td>
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<td><strong>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS</strong></td>
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<td>labetalol hcl (TRANDATE (100 MG) (TABLET))</td>
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</tr>
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<td>Requirements/Limits</td>
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<td>(TENORMIN)</td>
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<td>(KERLONE)</td>
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<td>(LEVATOL)</td>
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<td>PROPRANOLOL HCL</td>
<td>(HEMANGEOL)</td>
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<td>(CLEVIPREX)</td>
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**LOOP DIURETICS**

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<th>Requirements/Limits</th>
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<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>furosemide (LASIX)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>torsemide (DEMADEX)</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**OSMOTIC DIURETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mannitol</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MANNITOL (OSMITROL)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MANNITOL (RESECTISOL)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**POTASSIUM SPARING DIURETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiloride hcl (MIDAMOR)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>eplerenone (INSPIRA)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>spironolactone (ALDACTONE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>TRIAMTERENE (DYRENUR)</td>
<td>3</td>
<td>MO</td>
</tr>
</tbody>
</table>

**POTASSIUM SPARING DIURETICS IN COMBINATION**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiloride/hydrochlorothiazide (MODURETIC 5-5O)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>spironolact/hydrochlorothiazid</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>SPIRONOLACT/HYDROCHLOROTHIAZID</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazid</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td><strong>PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIOCIGUAT</td>
<td>4</td>
<td>PA, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td><strong>PULM. ANTI-HTN, SEL. C-GMP PHOSPHODIESTERASE T5 INHIB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sildenafil citrate</td>
<td>1</td>
<td>PA, QL: 102 PER FILL</td>
</tr>
<tr>
<td>TADALAFIL</td>
<td>4</td>
<td>PA, QL: 68 PER FILL</td>
</tr>
<tr>
<td><strong>PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBRISENTAN</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>BOSENTAN</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>MACITENTAN</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td><strong>PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPOPROSTENOL SODIUM (ARGININE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>epoprostol sodium (glycine)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ILOPROST TROMETHAMINE</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SELEXIPAG</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TREPROSTINIL</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TREPROSTINIL DIOLAMINE</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TREPROSTINIL SODIUM</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TREPROSTINIL/NEB ACCESSORIES</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TREPROSTINIL/NEBULIZER/ACCESSOR</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>REIN INHIBITOR, DIRECT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALISKIREN HEMIFUMARATE</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>REIN INHIBITOR, DIRECT &amp; CALCIUM CHANNEL BLOCKER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALISKIREN/AMLODIPINE BESYLATE</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>REIN INHIBITOR, DIRECT/THIAZIDE DIURETIC COMB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALISKIREN/HYDROCHLOROTHIAZIDE</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>THIAZIDE AND RELATED DIURETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CHLOROTHIAZIDE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>chlorothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>chlorothiazide sodium</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>chlorothalidone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrochlorothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrochlorothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrochlorothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>indapamide</td>
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<td>MO</td>
</tr>
<tr>
<td>methylclothiazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>metolazone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td><strong>VASODILATORS, COMBINATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOSORBIBE DINIT/HYDRALAZINE</td>
<td>3</td>
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</tr>
<tr>
<td><strong>VASODILATORS, MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprostadil</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>ALPROSTADIL (PROSTIN VR PEDIATRIC)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**CARDBVASCULAR DISEASE - LIPID IRREGULARITY**

**ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS & CHOLEST. AB. INHIB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EZEITIMIBE/SIMVASTATIN (VYTORIN (10 MG-10MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 34 PER FILL, MO</td>
</tr>
<tr>
<td>EZEITIMIBE/SIMVASTATIN (VYTORIN (10 MG-20MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 34 PER FILL, MO</td>
</tr>
<tr>
<td>EZEITIMIBE/SIMVASTATIN (VYTORIN (10 MG-40MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 34 PER FILL, MO</td>
</tr>
<tr>
<td>EZEITIMIBE/SIMVASTATIN (VYTORIN (10 MG-80MG) (TABLET))</td>
<td>2</td>
<td>ST, QL: 34 PER FILL, MO</td>
</tr>
</tbody>
</table>

**ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS**

- atorvastatin calcium (LIPITOR) | 1 | QL: 34 PER FILL, MO |
- fluvastatin sodium (LESCOL) | 1 | ST, QL: 2 PER DAY, MO |
- fluvastatin sodium (LESCOL XL) | 1 | ST, QL: 1 PER DAY, MO |
- LOVASTATIN (ALTOPREV) | 3 | ST, QL: 34 PER FILL, MO |
- lovastatin (MEVACOR (10 MG) (TABLET)) | 1 | QL: 34 PER FILL, MO |
- lovastatin (MEVACOR (20 MG) (TABLET)) | 1 | QL: 68 PER FILL, MO |
- lovastatin (MEVACOR (40 MG) (TABLET)) | 1 | QL: 68 PER FILL, MO |
- PITAVASTATIN CALCIUM (LIVALO) | 3 | ST, QL: 1 PER DAY |
- pravastatin sodium (PRAVACHOL) | 1 | QL: 34 PER FILL, MO |
- rosuvastatin calcium (CRESTOR) | 1 | MO |
- simvastatin (ZOCOR (10 MG) (TABLET)) | 1 | QL: 34 PER FILL, MO |
- simvastatin (ZOCOR (20 MG) (TABLET)) | 1 | QL: 34 PER FILL, MO |
- simvastatin (ZOCOR (40 MG) (TABLET)) | 1 | QL: 34 PER FILL, MO |
- simvastatin (ZOCOR (5 MG) (TABLET)) | 1 | QL: 34 PER FILL, MO |
- simvastatin (ZOCOR (80 MG) (TABLET)) | 1 | ST, QL: 34 PER FILL, MO |

**BILE SALT SEQUESTRANTS**

- cholestyramine (with sugar) (QUESTRAN) | 1 | MO |
- cholestyramine/aspartame (QUESTRAN LIGHT) | 1 | MO |
- COLESEVELAM HCL (WELCHOL) | 2 | MO |
- colestipol hcl (COLESTID (1 G) (TABLET)) | 1 | |
- colestipol hcl (COLESTID (5 G) (GRANULES)) | 1 | |
- colestipol hcl (COLESTID (5 G) (PACKET)) | 1 | |
- COLESTIPOL HCL (COLESTID (7.5 G) (PACKET)) | 2 | |

**LIPOTROPICS**

- ezetimibe (ZETIA) | 1 | QL: 1 PER DAY, MO |
- fenofibrate | 1 | MO |
- fenofibrate nanocrystallized (TRICOR) | 1 | MO |
- FENOFIBRATE NANOCRYSTALLIZED (TRIGLIDE) | 2 | ST, MO |
- fenofibrate, micronized (ANTARA (130 MG) (CAPSULE)) | 1 | ST, MO |
- FENOFIBRATE, MICRONIZED (ANTARA (30 MG) (CAPSULE)) | 3 | ST |
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fenofibrate,micronized (ANTARA (43 MG) (CAPSULE))</td>
<td>1</td>
<td>ST, MO</td>
</tr>
<tr>
<td>FENOFIBRATE, MICRONIZED (ANTARA (90 MG) (CAPSULE))</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>fenofibrate,micronized (134 mg) (capsule)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fenofibrate,micronized (200 mg) (capsule)</td>
<td>1</td>
<td>ST, MO</td>
</tr>
<tr>
<td>fenofibrate,micronized (67 mg) (capsule)</td>
<td>1</td>
<td>ST, MO</td>
</tr>
<tr>
<td>fenofibric acid</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>fenofibric acid (choline)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gemfibrozil</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ICOSAPENT ETHYL (VASCEPA (0.5 GRAM) (CAPSULE))</td>
<td>2</td>
<td>QL: 6 PER DAY</td>
</tr>
<tr>
<td>ICOSAPENT ETHYL (VASCEPA (1 G) (CAPSULE))</td>
<td>2</td>
<td>QL: 120 PER 30 DAYS</td>
</tr>
<tr>
<td>METHIONINE/INOSI/CHOL/FOLIC AC (LIPOCHOL PLUS)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>niacin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>niacin</td>
<td>1</td>
<td>ST, MO</td>
</tr>
</tbody>
</table>

**CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS**

**ADRENERGIC VASOPRESSOR AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DROXIDOPA (NORTHERA)</td>
<td>4</td>
<td>PA, QL: 180 PER 30 DAYS</td>
</tr>
<tr>
<td>midodrine hcl (PROAMATINE)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACUBITRIL/VALSARTAN (ENTRESTO)</td>
<td>3</td>
<td>PA, QL: 2 PER DAY</td>
</tr>
</tbody>
</table>

**ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RANOLAZINE (RANEXA (1000 MG) (TAB ER 12H))</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>RANOLAZINE (RANEXA (500 MG) (TAB ER 12H))</td>
<td>2</td>
<td>QL: 120 PER 30 DAYS</td>
</tr>
</tbody>
</table>

**ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVABRADINE HCL (CORLANOR)</td>
<td>3</td>
<td>PA, QL: 2 PER DAY</td>
</tr>
</tbody>
</table>

**ANTIHYPERTLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine/atorvastatin</td>
<td>1</td>
<td>ST, QL: 34 PER FILL</td>
</tr>
</tbody>
</table>

**CARDIOVASCULAR DISEASE - VASODILATION**

**VASODILATORS, CORONARY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amyl nitrite</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ISOSORBIDE DINITRATE (DILATRATE-SR)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide dinitrate (ISOCHRON)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide dinitrate (ISORDIL (10 MG) (TABLET))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide dinitrate (ISORDIL (20 MG) (TABLET))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide dinitrate (ISORDIL (30 MG) (TABLET))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ISOSORBIDE DINITRATE (ISORDIL (40 MG) (TABLET))</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide dinitrate (ISORDIL TITRADOSE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide mononitrate (IMDUR)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isosorbide mononitrate (MONOKET)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NITROGLYCERIN (NITRO-BID)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRO-DUR (0.1MG/HR) (PATCH TD24))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRO-DUR (0.2MG/HR) (PATCH TD24))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>NITROGLYCERIN (NITRO-DUR (0.3 MG/HR) (PATCH TD24))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRO-DUR (0.4MG/HR) (PATCH TD24))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRO-DUR (0.6MG/HR) (PATCH TD24))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NITROGLYCERIN (NITRO-DUR (0.8MG/HR) (PATCH TD24))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITROLINGUAL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITROMIST)</td>
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<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRONAL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITROSTAT)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin (NITRO-TIME)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nitroglycerin in 5 % dextrose</td>
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<td></td>
</tr>
<tr>
<td>VASODILATORS, PERIPHERAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ergoloid mesylates (HYDERGINE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>isoxsuprine hcl</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>isoxsuprine hcl</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>papaverine hcl</td>
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<td>MO</td>
</tr>
<tr>
<td>CONTRACEPTION/OXYTOCICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETONOGESTREL/ETHINYL ESTRADIOL (NUVARING)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CONTRACEPTIVES, INJECTABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medroxyprogesterone acetate (DEPO-PROVERA)</td>
<td>1</td>
<td>QL: 1 ML PER 90 DAYS</td>
</tr>
<tr>
<td>MEDROXYPROGESTERONE ACETATE (DEPO-SUBQ PROVERA 104)</td>
<td>3</td>
<td>PA, QL: 0.65 ML PER 90 DAYS</td>
</tr>
<tr>
<td>CONTRACEPTIVES, INTRAVAGINAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONOXYNOL 9</td>
<td>2</td>
<td>G</td>
</tr>
<tr>
<td>nonoxynol 9</td>
<td>1</td>
<td>G</td>
</tr>
<tr>
<td>NONOXYNOL 9</td>
<td>2</td>
<td>G</td>
</tr>
<tr>
<td>nonoxynol 9</td>
<td>1</td>
<td>G</td>
</tr>
<tr>
<td>NONOXYNOL 9</td>
<td>2</td>
<td>G</td>
</tr>
<tr>
<td>NONOXYNOL 9</td>
<td>2</td>
<td>G</td>
</tr>
<tr>
<td>CONTRACEPTIVES, ORAL</td>
<td></td>
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| DERMATOLOGY - ACNE                            |           |                                      |

| DERMATOLOGY - ACNE                            |           |                                      |

| ACNE AGENTS, SYSTEMIC                         |           |                                      |
| isotretinoin (ACCUTANE)                       | 1         |                                      |
| isotretinoin                                  | 1         |                                      |

| ACNE AGENTS, TOPICAL                         |           |                                      |
| clindamycin phos/benzoyl perox               | 1         |                                      |
| clindamycin phos/benzoyl perox               | 1         |                                      |
| sulfacetamide sodium                         | 1         |                                      |

| ANTI-BACTERIALS, MISCELLANEOUS, OTHER         |           |                                      |
| bacitracin                                    | 1         |                                      |

| ANTICORROSIVE AGENTS                         |           |                                      |
| BUTYLATED HYDROXYTOLUENE (BHT)               | 3         |                                      |

| KERATOLYTIC-GLUCOCORTICOID COMBINATIONS      |           |                                      |
| BENZOYL PEROXIDE/HYDROCORTISON              | 2         |                                      |

| ROSACEA AGENTS, TOPICAL                      |           |                                      |
| AZELAIC ACID (FINACEA (15 %) (FOAM))         | 3         |                                      |
| AZELAIC ACID (FINACEA (15 %) (GEL (GRAM)))   | 2         |                                      |
| BRIMONIDINE TARTRATE (MIRVASO)               | 3         | ST, QL: 30 GRAMS PER 30 DAYS          |
| IVERMECTIN (SOOLANTRA)                       | 3         |                                      |
| metronidazole (METROCREAM)                   | 1         |                                      |
| metronidazole (METROGEL)                     | 1         |                                      |
| metronidazole (METHRELOTION)                 | 1         |                                      |
| metronidazole (ROSADAN)                      | 1         |                                      |

| TOPICAL PREPARATIONS, ANTIBACTERIALS         |           |                                      |
| CADEXOMER IODINE (IODOFLEX)                  | 3         |                                      |
| CADEXOMER IODINE (IODOSORB (0.9 %) (GEL (GRAM))) | 2     |                                      |
| CLIQUINOL/HYDROCORTIS/EMOL 88 (DERMASORB AF) | 3         |                                      |
| CLIQUINOL/HYDROCORTISONE (ALA-QUIN)          | 3         |                                      |
| hydrocortisone/iodoquinol (DERMAZENE)        | 1         |                                      |
| hydrocortisone/iodoquinol/aloe               | 1         |                                      |
| hydrocortisone/iodoquinol/aloe              | 1         |                                      |
| HYDROCORTISONE/IDOQUINOL/ALOE (VYTONE)       | 3         |                                      |
| SILVER (SILVRSTAT)                           | 3         |                                      |
| SILVER CARBONATE (NORMLGEL AG)               | 3         |                                      |
| silver nitrate                               | 1         |                                      |

<p>| VITAMIN A DERIVATIVES                        |           |                                      |
| adapalene (DIFFERIN)                         | 1         | AGE: &lt;= 25 YEARS; &gt;25 YEARS REQUIRES PA |
| tretinoin (ATRALIN)                          | 1         | AGE: &lt;= 25 YEARS; &gt;25 YEARS REQUIRES PA |
| tretinoin (RETIN-A)                          | 1         | AGE: &lt;= 25 YEARS; &gt;25 YEARS REQUIRES PA |
| TRETINOIN (TRETIN-X)                         | 3         |                                      |
| tretinoin microspheres (RETIN-A MICRO)       | 1         | AGE: &lt;= 25 YEARS; &gt;25 YEARS REQUIRES PA |
| tretinoin microspheres (RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP)) | 1 | AGE: &lt;= 25 YEARS; &gt;25 YEARS REQUIRES PA |</p>
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<th>Drug Name</th>
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**DERMATOLOGY - ANTIINFLAMMATORY**

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**TOPICAL ANTI-INFLAMMATORY STEROIDAL**

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**PEEHIP**

Effective: April 1, 2017
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<td>lidocaine hcl (PRE-ATTACHED LTA KIT)</td>
<td>1</td>
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</tr>
<tr>
<td>LIDOCAINE HCL/COLLAGEN</td>
<td>3</td>
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<tr>
<td>LIDOCAINE HCL/MENTHOL</td>
<td>3</td>
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<tr>
<td>LIDOCAINE/BENZOCAIN/ME-SAL/CAP</td>
<td>3</td>
<td></td>
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<tr>
<td>lidocaine/prilocaine</td>
<td>1</td>
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<tr>
<td>lidocaine/prilocaine</td>
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<td>lidocaine/prilocaine</td>
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<td>lidocaine/prilocaine</td>
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<td>lidocaine/prilocaine</td>
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</tr>
<tr>
<td>lidocaine/tetracaine</td>
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<td></td>
</tr>
<tr>
<td>LIDOCAINE/TETRACAINE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORFLURANE/PENTAFLUOROPROPAINE</td>
<td>3</td>
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</tr>
<tr>
<td>NORFLURANE/PENTAFLUOROPROPAINE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TETRACAINE/BENZOCAINE/BUTAMBEN</td>
<td>3</td>
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<tr>
<td>TETRACAINE/BENZOCAINE/BUTAMBEN</td>
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<tr>
<td>VIT E/LIDOCAINE/ALOE/COLLAGEN</td>
<td>3</td>
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</tr>
<tr>
<td><strong>TOPICAL PREPARATIONS,MISCELLANEOUS</strong></td>
<td></td>
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<tr>
<td>POVIDONE-IODINE</td>
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<tr>
<td><strong>TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES</strong></td>
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<tr>
<td>COLLAGENASE CLOSTRIDIUM HIST.</td>
<td>3</td>
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<tr>
<td>HYALURONIDASE,OVINE</td>
<td>3</td>
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<tr>
<td><strong>DERMATOLOGY - PSORIASIS/ECZEMA</strong></td>
<td></td>
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<tr>
<td><strong>ANTIPSORIATIC AGENTS,SYSTEMIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin (SORIATANE)</td>
<td>4</td>
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</table>

PEEHIP Effective: April 1, 2017
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>IXEKIZUMAB (TALTZ AUTOINJECTOR)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IXEKIZUMAB (TALTZ AUTOINJECTOR (2 PACK))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IXEKIZUMAB (TALTZ AUTOINJECTOR (3 PACK))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IXEKIZUMAB (TALTZ SYRINGE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IXEKIZUMAB (TALTZ SYRINGE (2 PACK))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IXEKIZUMAB (TALTZ SYRINGE (3 PACK))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>methoxsalen</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>SECUKINUMAB (COSENTYX (2 SYRINGES))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SECUKINUMAB (COSENTYX PEN)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SECUKINUMAB (COSENTYX PEN (2 PENs))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SECUKINUMAB (COSENTYX SYRINGE)</td>
<td>4</td>
<td>PA</td>
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</table>

**ANTIPSORIATICS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTHRALIN (DRITHOCREME HP)</td>
<td>2</td>
<td>ST</td>
</tr>
<tr>
<td>ANTHRALIN (ZITHRANOL-RR)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>ANTHRALIN MICRONIZED (ZITHRANOL)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>calcipotriene (DOVONEX)</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>CALCIPOTRIENE (SORILUX)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>calcitriol (VECTICAL)</td>
<td>1</td>
<td>ST</td>
</tr>
</tbody>
</table>

**TOPICAL AGENTS, MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PYROGALLOL (PYROGALLIC ACID)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UREA (GORDO-UREA)</td>
<td>3</td>
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</tr>
</tbody>
</table>

**TOPICAL IMMUNOSUPPRESSIVE AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>tacrolimus</td>
<td>1</td>
<td>ST, AGE: &gt;= 2 YEARS</td>
</tr>
</tbody>
</table>

**TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIPOTRIENE/BETAMETHASONE (ENSTILAR)</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>calcipotriene/betamethasone (TACLONEX (0.005-0.064) (OINT. (G)))</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>CALCIPOTRIENE/BETAMETHASONE (TACLONEX (0.005-0.064) (SUSPENSION))</td>
<td>3</td>
<td>ST</td>
</tr>
</tbody>
</table>

**DIABETES**

**ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benz/metformin hcl (KAZANO)</td>
<td>1</td>
<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>LINAGLIPTIN/METFORMIN HCL (JENTADUETO)</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>LINAGLIPTIN/METFORMIN HCL (JENTADUETO XR (2.5-1000MG) (TAB BP 24H))</td>
<td>2</td>
<td>QL: 2 PER DAY</td>
</tr>
<tr>
<td>LINAGLIPTIN/METFORMIN HCL (JENTADUETO XR (5MG-1000MG) (TAB BP 24H))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>SAXAGLIPTIN HCL/METFORMIN HCL (KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR))</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>SAXAGLIPTIN HCL/METFORMIN HCL (KOMBIGLYZE XR (5MG-500MG) (TBMP 24HR))</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>SAXAGLIPTIN HCL/METFORMIN HCL (KOMBIGLYZE XR</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(5MG-1000MG) (TBMP 24HR))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET)</td>
<td>2</td>
<td>QL: 68 PER FILL, MO</td>
</tr>
<tr>
<td>SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET XR</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>(100-1000MG) (TBMP 24HR))</td>
<td></td>
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</tr>
<tr>
<td>SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET XR</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>(50-1000 MG) (TBMP 24HR))</td>
<td></td>
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</tr>
<tr>
<td>SITAGLIPTIN PHOS/METFORMIN HCL (JANUMET XR</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>(50MG-500MG) (TBMP 24HR))</td>
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</tbody>
</table>

**ANTIHYPERGLYCEMIC, DPP-4 ENZYME INHIB & THIAZOLIDINEDIONE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benz/pioglitazone (OSEN)</td>
<td>1</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
</tbody>
</table>

**ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBIGLUTIDE (TANZUEM)</td>
<td>3</td>
<td>ST, QL: 4 ML PER 28 DAYS</td>
</tr>
<tr>
<td>DULAGLUTIDE (TRULICITY)</td>
<td>2</td>
<td>ST, QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>EXENATIDE (BYETTA 10MCG/0.04 (PEN INJCTR))</td>
<td>2</td>
<td>ST, QL: 2.4 ML PER 30 DAYS</td>
</tr>
<tr>
<td>EXENATIDE (BYETTA 5MCG/0.02 (PEN INJCTR))</td>
<td>2</td>
<td>ST, QL: 1.2 ML PER 30 DAYS</td>
</tr>
<tr>
<td>EXENATIDE MICROSPHERES (BYDUREON PEN)</td>
<td>3</td>
<td>ST, QL: 4 SYRINGES PER 28 DAYS</td>
</tr>
<tr>
<td>LIRAGLUTIDE (VICTOZA 2-PAK)</td>
<td>2</td>
<td>ST, QL: 9 ML PER 30 DAYS</td>
</tr>
<tr>
<td>LIRAGLUTIDE (VICTOZA 3-PAK)</td>
<td>2</td>
<td>ST, QL: 9 ML PER 30 DAYS</td>
</tr>
<tr>
<td>LIXISENATIDE (ADLYXIN)</td>
<td>3</td>
<td>ST, QL: 6 ML PER 28 DAYS</td>
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</tbody>
</table>

**ANTIHYPERGLYCEMIC - SOD/GLUC COTRANSPORT2 (SGLT2) INHIB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>CANAGLIFLOZIN (INVOKANA)</td>
<td>2</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>DAPAGLIFLOZIN PROPANEDIOL (FARXIGA)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>EMPAGLIFLOZIN (JARDIANC)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
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**ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acarbose (PRECOSE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>miglitol (GLYSET)</td>
<td>1</td>
<td>MO</td>
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</table>

**ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRAMLINTIDE ACETATE (SYMLINPEN 120)</td>
<td>2</td>
<td>ST, MO</td>
</tr>
<tr>
<td>PRAMLINTIDE ACETATE (SYMLINPEN 60)</td>
<td>2</td>
<td>ST, MO</td>
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</tbody>
</table>

**ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benzoate (NESINA)</td>
<td>1</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>LINAGLIPTIN (TRAJENTA)</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>SAXAGLIPTIN HCL (ONGLYZA)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>SITAGLIPTIN PHOSPHATE (JANUVIA)</td>
<td>2</td>
<td>QL: 54 PER FILL, MO</td>
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</tbody>
</table>

**ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlorpropamide (DIABINESE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>glimepiride (AMARYL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>glipizide (GLUCOTROL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>glyburide (GLUCOTROL XL)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>glyburide, micronized (GLYNASE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nateglinide (STARLIX)</td>
<td>1</td>
<td>QL: 102 PER FILL, MO</td>
</tr>
<tr>
<td>repaglinide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tolazamide (TOLINASE)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
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</tr>
<tr>
<td>tolbutamide</td>
<td>1 MO</td>
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<tr>
<td><strong>ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)</strong></td>
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<tr>
<td>pioglitazone hcl</td>
<td>1 QL: 34 PER FILL, MO</td>
<td></td>
</tr>
<tr>
<td>ROSIGLITAZONE MALEATE</td>
<td>3 ST; QL: 68 PER FILL, MO</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, SGLT-2 &amp; DPP-4 INHIBITOR COMB.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPAGLIFLOZIN/LINAGLIPTIN</td>
<td>3 ST; QL: 1 PER DAY</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULfonyLurea)</strong></td>
<td></td>
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<tr>
<td>metformin hcl</td>
<td>1 MO</td>
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</tr>
<tr>
<td>metformin hcl</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>METFORMIN HCL</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, INSULIN &amp; GLP-1 RECEPTOR AGONIST</strong></td>
<td></td>
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</tr>
<tr>
<td>INSULIN GLARGINE/LIXISENATIDE</td>
<td>3 ST; QL: 30 ML PER 28 DAYS</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, INSULIN-REL STIM.&amp; BIGUANIDE CMB</strong></td>
<td></td>
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</tr>
<tr>
<td>glipizide/metformin hcl</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>glyburide/metformin hcl</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>repaglinide/metformin hcl</td>
<td>1 QL: 170 PER FILL</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, INSULIN-RESPONSE &amp; RELEASE COMB.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl/glimepiride</td>
<td>1 ST; QL: 34 PER FILL</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC, GLUCOCORTICOID RECEPTOR BLOCKER</strong></td>
<td></td>
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<tr>
<td>MIFEPRISTONE</td>
<td>4 PA, QL: 4 PER DAY</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR &amp; BIGUANIDE COMB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANAGLIFLOZIN/METFORMIN HCL</td>
<td>2 ST; QL: 2 PER DAY</td>
<td></td>
</tr>
<tr>
<td>CANAGLIFLOZIN/METFORMIN HCL</td>
<td>2 ST; QL: 2 PER DAY</td>
<td></td>
</tr>
<tr>
<td>DAPAGLIFLOZIN/METFORMIN HCL</td>
<td>3 ST; QL: 2 PER DAY</td>
<td></td>
</tr>
<tr>
<td>EMPAGLIFLOZIN/METFORMIN HCL</td>
<td>3 ST; QL: 2 PER DAY</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHYPERGLYCM, INSUL-RESP. ENHANCER &amp; BIGUANIDE CMB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl/metformin hcl</td>
<td>1 ST; QL: 102 PER FILL, MO</td>
<td></td>
</tr>
<tr>
<td>PIOGLITAZONE HCL/METFORMIN HCL</td>
<td>2 ST, MO</td>
<td></td>
</tr>
<tr>
<td>ROSIGLITAZONE/METFORMIN HCL</td>
<td>3 ST; QL: 68 PER FILL, MO</td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD SUGAR DIAGNOSTICS</strong></td>
<td></td>
<td></td>
</tr>
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<td>(SOLUS V2 LANCING DEVICE)</td>
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<tr>
<td>(SUREFLEX)</td>
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<tr>
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<tr>
<td>(UNISTIK 2)</td>
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<td>(UNISTIK 2 EXTRA)</td>
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<td>NEEDLE CLIP AND STORAGE DEVICE</td>
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<td>(SAFE-CLIP (EACH)) (OTC)</td>
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<td>SUB-Q INSULIN DEVICE, 20 UNIT</td>
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<tr>
<td>(VGO 20)</td>
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<tr>
<td>SUB-Q INSULIN DEVICE, 30 UNIT</td>
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<td>(VGO 30)</td>
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<td>SUB-Q INSULIN DEVICE, 40 UNIT</td>
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<td>(ANIMAS VIBE)</td>
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<td>GLUCAGON, HUMAN RECOMBINANT</td>
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<td>GLUCAGON, HUMAN RECOMBINANT</td>
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<td>INSULIN ASPART (NOVOLOG (100/ML) (CARTRIDGE))</td>
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<tr>
<td>INSULIN ASPART (NOVOLOG (100/ML) (VIAL))</td>
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<tr>
<td>INSULIN ASPART (NOVOLOG FLEXPEN)</td>
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<td>INSULIN ASPART PROT/INSULN ASP (NOVOLOG MIX 70-30)</td>
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<td>INSULIN DEGLUDEC (TRESIBA FLEXTOUCH U-100)</td>
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<td>INSULIN DEGLUDEC (TRESIBA FLEXTOUCH U-200)</td>
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<td>INSULIN GLARGINE, HUMAN RECOMBINANT (BASAGLAR KWIKPEN U-100)</td>
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<td>Drug Tier</td>
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<td>INSULIN GLARGINE, HUM. REC. ANLOG (LANTUS)</td>
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<td>INSULIN GLARGINE, HUM. REC. ANLOG (LANTUS SOLOSTAR)</td>
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<td>INSULIN GLARGINE, HUM. REC. ANLOG (TOUJEEO SOLOSTAR)</td>
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<td>ST, QL: 7.5 ML PER 30 DAYS</td>
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<td>INSULIN GLULISINE (APIDRA)</td>
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<td>INSULIN GLULISINE (APIDRA SOLOSTAR)</td>
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<td>INSULIN LISPRO (HUMALOG (100/ML) CARTRIDGE)</td>
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<td>INSULIN LISPRO (HUMALOG (100/ML) VIAL)</td>
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<td>INSULIN LISPRO (HUMALOG KWIKPEN U-100)</td>
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<td>INSULIN LISPRO PROTAMIN/LISPRO (HUMALOG MIX 50-50)</td>
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<td>INSULIN LISPRO PROTAMIN/LISPRO (HUMALOG MIX 75-25)</td>
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<tr>
<td>INSULIN NPH HUM/REG INSULIN HM (HUMULIN 70/30 KWIKPEN)</td>
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<tr>
<td>INSULIN NPH HUMAN ISOPHANE (HUMULIN N)</td>
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<tr>
<td>INSULIN NPH HUMAN ISOPHANE (HUMULIN N KWIKPEN)</td>
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<tr>
<td>INSULIN NPH HUMAN ISOPHANE (NOVOLIN N)</td>
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<td>INSULIN REGULAR, HUMAN (AFREZZA (4 UNIT (30)) (CART INHAL))</td>
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<td>PA, QL: 360 PER 28 DAYS</td>
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<td>INSULIN REGULAR, HUMAN (AFREZZA (4 UNIT (60)) (CART INHAL))</td>
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<td>INSULIN REGULAR, HUMAN (AFREZZA (4 UNIT)) (CART INHAL)</td>
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<td>PA</td>
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<tr>
<td>INSULIN REGULAR, HUMAN (HUMULIN R)</td>
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<td>QL: 40 ML PER 28 DAYS, MO</td>
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<tr>
<td>INSULIN REGULAR, HUMAN (HUMULIN R U-500)</td>
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<td>INSULIN REGULAR, HUMAN (HUMULIN R U-500 KWIKPEN)</td>
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<tr>
<td>INSULIN REGULAR, HUMAN (NOVOLIN R)</td>
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**EAR - GENERAL DISORDERS**

**EAR PREPARATIONS ANTI-INFLAMMATORY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>fluocinolone acetonide oil (DERMOTIC)</td>
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<tr>
<td>Drug Name</td>
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<td><strong>EAR PREPARATIONS, MISC. ANTI-INFECTIVES</strong></td>
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<td>acetic acid (VOSOL)</td>
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<tr>
<td>acetic acid/aluminum acetate</td>
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<td>HC/PRAMOXINE HCL/CHLOROXYLENOL (CORTANE-B)</td>
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<td>hydrocortisone/acetic acid</td>
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<td><strong>EAR PREPARATIONS, ANTIBIOTICS</strong></td>
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<td>ciprofloxacin hcl (CETRAXAL)</td>
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<td>NEOMYC/COLIST/HYDROCORT/THONZN (COLY-MYCIN S)</td>
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<td>neomycin/polymyxin b/hydrocort</td>
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<td>ofloxacin (FLOXIN)</td>
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<td>CIPROFLOXACIN HCL/FLUOCINOLONE (OTOVEL)</td>
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<td>sodium lactate</td>
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<td>TROMETHAMINE (THAM)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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**Commercial Formulary**

**Peehip**

Effective: April 1, 2017
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**EYE - GENERAL DISORDERS**

**EYE ANTIBIOTIC-CORTICOID COMBINATIONS**

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**EYE ANTIHISTAMINES**

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**MYDRIATICS**

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**OPHTHALMIC ANTIFIBROTIC AGENTS**

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**EYE - MISCELLANEOUS**

**ARTIFICIAL TEARS**

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<td>HYDROXYPROPYL CELLULOSE</td>
<td>(LACRISERT)</td>
<td>3</td>
</tr>
</tbody>
</table>

**EYE IRRIGATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALANCED SALT IRRIG SOLN NO.1</td>
<td>(BSS PLUS)</td>
<td>2</td>
</tr>
</tbody>
</table>

**EYE MYDRIATIC AND NSAID COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENYLEPHRINE/KETOROLAC</td>
<td>(OMIDRIA)</td>
<td>3</td>
</tr>
</tbody>
</table>

**EYE PREPARATIONS, MISCELLANEOUS (OTC)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GELATIN</td>
<td>(GELFILM)</td>
<td>3</td>
</tr>
</tbody>
</table>

**OCULAR PHOTOACTIVATED VESSEL-OCCCLUDING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERTEPORFIN</td>
<td>(VISUDYNE)</td>
<td>4</td>
</tr>
</tbody>
</table>

**OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEGAPANTANIB SODIUM</td>
<td>(MACUGEN)</td>
<td>4</td>
</tr>
</tbody>
</table>

**OPHTHALMIC CYSTINE DEPLETING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYSTEAMINE HCL</td>
<td>(CYSTARAN)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**FLUID REPLACEMENT**

**IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dextrose 5%-lactated ringers</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>IV SOLUTIONS: DEXTROSE AND RINGERS</strong></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>dextrose 5 % in ringers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IV SOLUTIONS: DEXTROSE-SALINE</strong></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>dextrose 10 % and 0.2 % nacl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 10 % and 0.45 % nacl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 2.5 % and 0.45 % nacl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % and 0.3 % nacl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % and 0.9 % nacl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % and 0.45 % sod chlorid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % and 0.45 % sod chlorid</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IV SOLUTIONS: DEXTROSE-WATER</strong></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>dextrose 10 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 20 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 25 % in water</td>
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<td></td>
</tr>
<tr>
<td>dextrose 30 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 40 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 5 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 50 % in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose 70 % in water</td>
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<tr>
<td><strong>GOUT AND RELATED DISEASES</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>COLCHICINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>colchicine</td>
<td>(COLCrys)</td>
<td>1</td>
</tr>
<tr>
<td>colchicine</td>
<td>(MITIGARE)</td>
<td>1</td>
</tr>
<tr>
<td>probenecid~colchicine</td>
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<td></td>
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<tr>
<td><strong>HYPERURICEMIA TX - PURINE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>allopurinol</td>
<td>(Zyloprim)</td>
<td>1</td>
</tr>
<tr>
<td>FEBUXOSTAT</td>
<td>(ULORIC)</td>
<td>1 QL: 4 PER DAY</td>
</tr>
<tr>
<td><strong>HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE</strong></td>
<td></td>
<td></td>
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<tr>
<td>PEGLOTICASE</td>
<td>(KRYSTEXXA)</td>
<td>3</td>
</tr>
<tr>
<td>RASBURICASE</td>
<td>(ELITEK)</td>
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<tr>
<td><strong>URICOSURIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESINURAD</td>
<td>(ZURAMPIC)</td>
<td>3</td>
</tr>
<tr>
<td>probenecid</td>
<td>(BENEMID)</td>
<td>1 1</td>
</tr>
<tr>
<td><strong>HEMATOLOGICAL DISORDERS</strong></td>
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<tr>
<td><strong>ANTICOAGULANTS, COUMARIN TYPE</strong></td>
<td></td>
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</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (1 MG) (TABLET))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (10 MG) (TABLET))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (2 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (2.5 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (3 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (4 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (5 MG) (TABLET))</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (6 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>WARFARIN SODIUM (COUMADIN (7.5 MG) (TABLET))</td>
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<td>MO</td>
</tr>
<tr>
<td>warfarin sodium</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<td>--------------------</td>
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<tr>
<td><strong>ANTIFIBRINOLYTIC AGENTS</strong></td>
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<tr>
<td>AMINOCAPROIC ACID (AMICAR (1000 MG) (TABLET))</td>
<td>3</td>
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<tr>
<td>AMINOCAPROIC ACID (AMICAR (250 MG/ML) (SOLUTION))</td>
<td>2</td>
<td></td>
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<tr>
<td>AMINOCAPROIC ACID (AMICAR (500 MG) (TABLET))</td>
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<tr>
<td>aminocaproic acid</td>
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<tr>
<td>FIBRINOGEN</td>
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<tr>
<td>tranexamic acid</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tranexamic acid</td>
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<tr>
<td><strong>ANTIHEMOPHILIC FACTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTIHEM.FVIII,SIN-CHN,B-DM TRU (AFSTYLA)</td>
<td>4</td>
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<tr>
<td>ANTIHEM.FVIII,FULL LENGTH PEG (ADYNOVATE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (1000 UNIT) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (1500 UNIT) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (2000 UNIT) (VIAL))</td>
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<td>PA</td>
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<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (250 UNIT) (VIAL))</td>
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<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (3000 UNIT) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (500 UNIT) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHEMOPH.FVIII REC,FC FUSION (ELOCTATE (750 UNIT) (VIAL))</td>
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<td>PA</td>
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<tr>
<td>ANTIHEMOPH.FVIII,B-DOM TRUNCAT (NOVOEIGHT)</td>
<td>4</td>
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<tr>
<td>ANTIHEMOPH.FVIII,B-DOMAIN DEL (XYNTHA)</td>
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<td></td>
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<tr>
<td>ANTIHEMOPH.FVIII,B-DOMAIN DEL (XYNTHA SOLOFUSE)</td>
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<td></td>
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<tr>
<td>ANTIHEMOPH.FVIII,FULL LENGTH (ADVATE)</td>
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</tr>
<tr>
<td>ANTIHEMOPH,FVIII FULL LENGTH (HELIXATE FS)</td>
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<tr>
<td>ANTIHEMOPH,FVIII,FULL LENGTH (KOGENATE FS)</td>
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<tr>
<td>ANTIHEMOPH,FVIII,FULL LENGTH (KOVALTRY)</td>
<td>4</td>
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<tr>
<td>ANTIHEMOPH.FVIII,HEK B-DELETE (NUWIQ)</td>
<td>4</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR, HUM REC (RECOMBINATE)</td>
<td>4</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR, HUMAN (HEMofil M)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR, HUMAN (KOATE)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR, HUMAN (KOATE-DVI)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR, HUMAN (MONOClate-P)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR/VWF (ALPHANATE)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR/VWF (HUMATE-P)</td>
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<tr>
<td>ANTIHEMOPHILIC FACTOR/VWF (WILATE)</td>
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<tr>
<td>ANTIHEMOPHILIC’FVIII,REC PORC (OBIZUR)</td>
<td>4</td>
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<tr>
<td>ANTI-INHIBITOR COAGULANT COMP. (FEIBA NF)</td>
<td>4</td>
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<tr>
<td>COAGULATION FACTOR VIIA,RECOMB (NOVOSEVEN RT)</td>
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<tr>
<td><strong>ANTIPORPHYRIA FACTORS</strong></td>
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<td></td>
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<tr>
<td>HEMIN (PANHEMATIN)</td>
<td>4</td>
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<tr>
<td><strong>BLOOD FACTORS,MISCELLANEOUS</strong></td>
<td></td>
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<tr>
<td>FACTOR XIII (CORIFACT)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>CITRATES AS ANTICOAGULANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITRATE DEXTROSE SOLUTION (ACD-A)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>citrate phosphate dextros soln</td>
<td>1</td>
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</tr>
<tr>
<td>DEXTROSE/SOD CITRATE/CITRIC AC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium citrate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>SODIUM CITRATE DIHYDRATE (TRICITRASOL)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>protamine sulfate</td>
<td>1</td>
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<tr>
<td><strong>COAGULANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APIXABAN (ELIQUIS)</td>
<td>2</td>
<td>QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>EDOXABAN TOSYLATE (SAVAYSA)</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>RIVAROXABAN (XARELTO (10 MG) (TABLET))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>RIVAROXABAN (XARELTO (15 MG) (TABLET))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>RIVAROXABAN (XARELTO (15 MG-20MG) (TAB DS PK))</td>
<td>2</td>
<td>QL: 51 PER 30 DAYS</td>
</tr>
<tr>
<td>RIVAROXABAN (XARELTO (20 MG) (TABLET))</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td><strong>FACTOR IX PREPARATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACTOR IX (ALPHANINE SD)</td>
<td>4</td>
<td></td>
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<tr>
<td>FACTOR IX (MONONINE)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>FACTOR IX CPLX(PCC)#4, 3FACTOR (PROFILNINE)</td>
<td>4</td>
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<tr>
<td>FACTOR IX CPLX(PCC)#6, 3FACTOR (BEBULIN)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>FACTOR IX HUMAN RECOMB,THR 148 (IXINITY (1000 UNIT) (VIAL))</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>FACTOR IX HUMAN RECOMB,THR 148 (IXINITY (1500 UNIT) (VIAL))</td>
<td>4</td>
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<tr>
<td>FACTOR IX HUMAN RECOMB,THR 148 (IXINITY (500 UNIT) (VIAL))</td>
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<tr>
<td>FACTOR IX HUMAN RECOMBANT (BENEFIX)</td>
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<tr>
<td>FACTOR IX HUMAN RECOMBINANT (RIXUBIS)</td>
<td>4</td>
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<tr>
<td>FACTOR IX REC, FC FUSION PROTN (ALPROLIX)</td>
<td>4 PA</td>
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</tr>
<tr>
<td>FACTOR IX RECOM,ALBUMIN FUSION (IDELVION)</td>
<td>4 PA</td>
<td></td>
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<tr>
<td><strong>FACTOR X PREPARATIONS</strong></td>
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<tr>
<td>COAGULATION FACTOR X (COAGADEX)</td>
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<tr>
<td><strong>FACTOR XIII PREPARATIONS</strong></td>
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</tr>
<tr>
<td>FACTOR XIII A-SUBUNIT,RECOMB (TRETEN)</td>
<td>4</td>
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<tr>
<td><strong>HEMATINICS,OTHER</strong></td>
<td></td>
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<tr>
<td>DARBEPOETIN ALFA IN POLYSORBAT (ARANESP)</td>
<td>4 PA</td>
<td></td>
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<tr>
<td>EPOETIN ALFA (EPOGEN)</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td>EPOETIN ALFA (PROCRIT)</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td>METHOXY PEG-EPOETIN BETA (MIRCERA)</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td><strong>HEMORRHEOLOGIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pentoxifylline (TRENTAL)</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td><strong>HEPARIN AND RELATED PREPARATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALTEPARIN SODIUM,PORCINE (FRAGMIN)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>enoxaparin sodium (LOVENOX)</td>
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<tr>
<td>fondaparinux sodium (ARIXTRA)</td>
<td>1</td>
<td></td>
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<tr>
<td>heparin sod,porcine/0.9 % nacl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>heparin sod,pork in 0.45% nacl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SOD,PORK IN 0.45% NACL (HEPARIN SODIUM IN 0.45% NACL)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium,porcine</td>
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<tr>
<td>heparin sodium,porcine/d5w</td>
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</tr>
<tr>
<td>heparin sodium,porcine/ns/pf</td>
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</tr>
<tr>
<td>heparin sodium,porcine/pf</td>
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</tr>
<tr>
<td><strong>HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECUILIZUMAB (SOLIRIS)</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td><strong>LEUKOCYTE (WBC) STIMULANTS</strong></td>
<td></td>
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</tr>
<tr>
<td>FILGRASTIM (NEUPOGEN)</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>FILGRASTIM-SNDZ</td>
<td>(ZARXIO)</td>
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<td>(LEUKINE)</td>
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<td>TBO-FILGRASTIM</td>
<td>(GRANIX)</td>
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<td><strong>PLASMA EXPANDERS</strong></td>
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<td>DEXTRAN 40 IN 0.9% NAACL</td>
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<tr>
<td>DEXTRAN 40 IN DEXTROSE 5%</td>
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<td>cilostazol</td>
<td>(PLETAL)</td>
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<tr>
<td>clopidogrel bisulfate</td>
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<td>(CATHIPLO ACTIVASE)</td>
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<td>TENECTEPLASE</td>
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Commercial Formulary

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<tr>
<td>TETANUS IMMUNE GLOBULIN/PF</td>
<td>(HYPERTET S-D)</td>
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<tr>
<td>VARICELLA-ZOSTER IG/MALTOSE</td>
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<tr>
<td>VARICELLA-ZOSTER IMMUNE GLOB</td>
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**INFLUENZA VIRUS VACCINES**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>FLU VAC QS 16-17(4YR UP)CELF/PF</td>
<td>(FLUCELVAX QUAD 2016-2017)</td>
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<tr>
<td>FLU VAC TS 2016-17(4YR UP)/PF</td>
<td>(FLUVIRIN 2016-2017)</td>
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<tr>
<td>FLU VAC TV 2016(18YR+)&amp;RCM/PF</td>
<td>(FLUBLOK 2016-2017)</td>
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<tr>
<td>FLU VACC QS 2016 (18-64YRS)/PF</td>
<td>(FLUZONE INTRADERM QUAD 2016-17)</td>
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<tr>
<td>FLU VACC QS 2016 (18YRS UP)/PF</td>
<td>(AFLURIA QUAD 2016-2017)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>FLU VACC QS 2016 (6-35MOS)/PF</td>
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<td>(FLUZONE QUAD PEDI 2016-2017)</td>
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<td>FLU VACC QS2016-17 36MOS UP/PF</td>
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<td>(FLUARIX QUAD 2016-2017)</td>
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<td>FLU VACC QS2016-17 36MOS UP/PF</td>
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<td>(FLULAVAL QUAD 2016-2017)</td>
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<td>FLU VACC TS2016(65UP)/MF59C/PF</td>
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<tr>
<td>FLU VACCIN TS2016-17 5YR UP/PF</td>
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<td>(FLUVIRIN 2016-2017)</td>
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<td>FLU VACCINE TS2016-17 (5 YR UP)</td>
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<td>(AFLURIA 2016-2017)</td>
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<td><strong>VIRAL/TUMORIGENIC VACCINES</strong></td>
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<tr>
<td>ZOSTER VACCINE LIVE/PF</td>
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<td>(ZOSTA V AX)</td>
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<td><strong>IMMUNOSUPPRESSION/MODULATION</strong></td>
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<td><strong>IMMUNOMODULATORS</strong></td>
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<td>ALDESLEUKIN</td>
<td>4</td>
<td>(PROLEUKIN)</td>
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<td>(ALDARA)</td>
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<td>(ZYCLARA (2.5 %) (CRM MD PMP))</td>
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<td>IMIQUIMOD</td>
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<td>(ZYCLARA (3.75 %) (CREAM PACK))</td>
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<td>(ZYCLARA (3.75 %) (CRM MD PMP))</td>
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<td>INTERFERON ALFA-N3</td>
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<td>(ALFERON N)</td>
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<td>INTERFERON GAMMA-1B,RECOMB.</td>
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<td>(GENGRAF)</td>
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<td>cyclosporine, modified</td>
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<td>EVEROLIMUS</td>
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<td>(CELLCEPT (200 MG/ML) (SUSP RECON))</td>
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<tr>
<td>MYCOPHENOLATE MOFETIL</td>
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<td>(CELLCEPT (250 MG) (CAPSULE))</td>
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<td>MYCOPHENOLATE MOFETIL</td>
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<td>mycophenolate mofetil</td>
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<td>mycophenolate mofetil hcl</td>
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<td>mycophenolate sodium</td>
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<td>SIROLIMUS (RAPAMUNE)</td>
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<td>TACROLIMUS (ASTAGRAF XL)</td>
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<td>TACROLIMUS (ENVARSUS XR)</td>
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**INFECTION DISEASE - BACTERIAL**

**ABSORBABLE SULFONAMIDES**

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>sulfamethoxazole/trimethoprim (BACTRIM)</td>
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<td>sulfamethoxazole/trimethoprim (BACTRIM DS)</td>
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<td>sulfamethoxazole/trimethoprim (SULFATRIM)</td>
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**BETALACTAMS**

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<tbody>
<tr>
<td>aztreonam</td>
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<tr>
<td>AZTREONAM LYSINE (CAYSTON)</td>
<td>4</td>
<td>PA, QL: 84 ML PER 56 DAYS</td>
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<td>AZTREONAM/DEXTROSE-WATER (AZACTAM-ISO- OSMOTIC DEXTROSE)</td>
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**CARBAPENEMS (THIENAMYCINS)**

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<tbody>
<tr>
<td>ERTAPENEM SODIUM (INVANZ)</td>
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**CEPHALOSPORINS - EXTENDED SPECTRUM, ANTI-MRSA**

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<tbody>
<tr>
<td>CEFAROLINE FOSAMIL ACETATE (TEFLARO)</td>
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**CEPHALOSPORINS - 1ST GENERATION**

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>cefadroxil (DURICEF)</td>
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<td>cefazolin sodium (ANCEF)</td>
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<td>cephalaxin (KEFLEX)</td>
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**CEPHALOSPORINS - 2ND GENERATION**

<table>
<thead>
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<th>Drug Name</th>
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<tbody>
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<tr>
<td>cefaclor (CECLOR CD)</td>
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<tr>
<td>cefotetan disod/iosm dextrose</td>
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<tr>
<td>cefotetan disodium (CEFOTAN)</td>
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<td>cefoxitin sodium (MEFOXIN)</td>
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<tr>
<td>cefoxitin sodium/dextrose,iso</td>
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<td>cefprozil (CEFZIL)</td>
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<td>CEFUROXIME AXETIL (CEFTIN (125 MG/5ML) (SUSP RECON))</td>
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<td>CEFUROXIME AXETIL (CEFTIN (250 MG/5ML) (SUSP RECON))</td>
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<td>cefuroxime sodium (ZINACEF (1.5 G) (VIAL))</td>
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<td>cefuroxime sodium (ZINACEF (7.5 G) (VIAL))</td>
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<td>CEFUROXIME SODIUM (ZINACEF (750 MG) (VIAL PORT))</td>
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<td>CEFUROXIME SODIUM/WATER (ZINACEF)</td>
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**Commercial Formulary**

PEEHIP Effective: April 1, 2017
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<td><strong>CEPHALOSPORINS - 4TH GENERATION</strong></td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>itraconazole</td>
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**ANTIFUNGAL ANTIBIOTICS**

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**INFECTIOUS DISEASE - MISCELLANEOUS**

**AMINOGLYCOSIDES**

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<td>gentamicin sulfate</td>
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<td>gentamicin sulfate/pf</td>
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<td>neomycin sulfate</td>
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<td>streptomycin sulfate</td>
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<td>TOBRAMYCIN</td>
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<tr>
<td>TOBRAMYCIN (TOBI PODHALER)</td>
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<tr>
<td>tobramycin in 0.225% nacl</td>
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<td>tobramycin sulfate</td>
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<td>tobramycin/nebulizer</td>
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**ANTIBACTERIAL AGENTS, MISCELLANEOUS**

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**ANTI-MYCOBACTERIUM AGENTS**

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<td>INFECTIONAL DISEASE - PARASITIC</td>
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<tr>
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<td>ANTIMALARIAL DRUGS</td>
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<td>ARTEMETHER/LUMEFANTRINE</td>
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<td>ANTIPROTOZOAL DRUGS, MISCELLANEOUS</td>
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<td>MILTEFOSINE</td>
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<td>PENTAMIDINE ISETHIONATE</td>
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PEEHIP Effective: April 1, 2017
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>INFECTIOUS DISEASE - VIRAL</strong></td>
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<tr>
<td>ACYCLOVIR (SITAVIG)</td>
<td>3</td>
<td>ST, QL: 4 PER 365 DAYS</td>
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<tr>
<td>acyclovir (ZOFRAX)</td>
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<tr>
<td>acyclovir sodium (ZOFRAX)</td>
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<tr>
<td>famciclovir (125 mg) (tablet)</td>
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<td>QL: 21 PER FILL</td>
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<td>famciclovir (250 mg) (tablet)</td>
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<td>QL: 68 PER FILL</td>
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<tr>
<td>famciclovir (500 mg) (tablet)</td>
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<td>QL: 21 PER FILL</td>
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<td>foscarnet sodium (FOSCAPYR)</td>
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<td>ganciclovir sodium (CYTOVENE)</td>
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<td>oseltamivir phosphate (TAMIFLU (30 MG) (CAPSULE))</td>
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<td>QL: 40 PER 365 DAYS</td>
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<tr>
<td>oseltamivir phosphate (TAMIFLU (45 MG) (CAPSULE))</td>
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<tr>
<td>OSELTAMIVIR PHOSPHATE (TAMIFLU (6 MG/ML) (SUSP RECON))</td>
<td>2</td>
<td>QL: 360 ML PER 183 DAYS</td>
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<tr>
<td>oseltamivir phosphate (TAMIFLU (75 MG) (CAPSULE))</td>
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<td>QL: 20 PER 365 DAYS</td>
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<tr>
<td>ribavirin (VIRAZOLE)</td>
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<td>rimantadine hcl (FLUMADINE)</td>
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<td>valacyclovir hcl (VALTREX)</td>
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<td>QL: 34 PER FILL</td>
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<td>valganciclovir hcl (VALCYTE (50 MG/ML) (SOLN RECON))</td>
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<td>AGE: &lt;= 16 YEARS</td>
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<tr>
<td>ZANAMIVIR (RELENZA)</td>
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<td>QL: 40 PER 365 DAYS</td>
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<td><strong>ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB</strong></td>
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<tr>
<td>DARUNAVIR ETHANOLATE (PREZISTA (100 MG/ML) (ORAL SUSP))</td>
<td>2</td>
<td>QL: 240 PER 30 DAYS</td>
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<tr>
<td>DARUNAVIR ETHANOLATE (PREZISTA (150 MG) (TABLET))</td>
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<td>QL: 240 PER 30 DAYS</td>
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<td>DARUNAVIR ETHANOLATE (PREZISTA (600 MG) (TABLET))</td>
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<td>QL: 60 PER 30 DAYS</td>
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<td>DARUNAVIR ETHANOLATE (PREZISTA (75 MG) (TABLET))</td>
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<td>QL: 480 PER 30 DAYS</td>
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<td>QL: 1 PER DAY</td>
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<td>DARUNAVIR/COBICISTAT (PREZCIVIA)</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>TIPRAVIR (APITIVUS)</td>
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<td>PA</td>
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<td>TIPRAVIR/VITAMIN E TPGS (APITIVUS)</td>
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<td>PA</td>
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<tr>
<td>EMTRICITABINE/TENOFOV ALAFENAM (DECOVY)</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
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<tr>
<td>EMTRICITABINE/TENOFOVIR (TDF) (TRUVADA)</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
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<tr>
<td><strong>ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB</strong></td>
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<tr>
<td>abacavir sulfate/lamivudine (EPZICOM)</td>
<td>1</td>
<td>QL: 1 PER DAY</td>
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<tr>
<td>abacavir/lamivudine/zidovudine (TRIZIVIR)</td>
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<td>PA</td>
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<tr>
<td>lamivudine/zidovudine (COMBIVIR)</td>
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<td>QL: 60 PER 30 DAYS</td>
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<td><strong>ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.</strong></td>
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<tr>
<td>MARAVIROC (SELZENTRY)</td>
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<td>PA</td>
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<tr>
<td><strong>ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS</strong></td>
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<tr>
<td>ENFUVIRIDE (FUZEON)</td>
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<td><strong>ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI</strong></td>
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<tr>
<td>DELAVIRIDINE MESYLATE (RESCRIPTOR)</td>
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<td>EFAVIRENZ (SUSTIVA)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
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<tr>
<td>ETRAVIRINE</td>
<td>(INTELENCE)</td>
<td>2 PA</td>
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<tr>
<td>nevirapine</td>
<td>(VIRAMUNE (200 MG) (TABLET))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<tr>
<td>nevirapine</td>
<td>(VIRAMUNE (50 MG/5 ML) (ORAL SUSP))</td>
<td>1 QL: 1200 ML PER 30 DAYS</td>
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<tr>
<td>nevirapine</td>
<td>(VIRAMUNE XR)</td>
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<tr>
<td>RILPIVIRINE HCL</td>
<td>(EDURANT)</td>
<td>2 PA</td>
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<tr>
<td><strong>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI</strong></td>
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<tr>
<td>ABACAVIR SULFATE</td>
<td>(ZIAGEN (20 MG/ML) (SOLUTION))</td>
<td>2 QL: 900 ML PER 30 DAYS</td>
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<tr>
<td>abacavir sulfate</td>
<td>(ZIAGEN (300 MG) (TABLET))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<tr>
<td>DIDANOSINE</td>
<td>(VIDEX)</td>
<td>2 QL: 1200 ML PER 30 DAYS</td>
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<td>didanosine</td>
<td>(VIDEX EC (125 MG) (CAPSULE DR))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<tr>
<td>didanosine</td>
<td>(VIDEX EC (200 MG) (CAPSULE DR))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<td>1 QL: 60 PER 30 DAYS</td>
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<td>didanosine</td>
<td>(VIDEX EC (400 MG) (CAPSULE DR))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<td>EMTRICITABINE</td>
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<td>2 QL: 720 ML PER 30 DAYS</td>
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<td>EMTRICITABINE</td>
<td>(EMTRIVA (200 MG) (CAPSULE))</td>
<td>2 QL: 1 PER DAY</td>
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<tr>
<td>lamivudine</td>
<td>(EPIVIR (10 MG/ML) (SOLUTION))</td>
<td>1 QL: 900 ML PER 30 DAYS</td>
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<tr>
<td>lamivudine</td>
<td>(EPIVIR (150 MG) (TABLET))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<tr>
<td>lamivudine</td>
<td>(EPIVIR (300 MG) (TABLET))</td>
<td>1 QL: 1 PER DAY</td>
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<tr>
<td>stavudine (1 mg/ml) (soln recon)</td>
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<td>stavudine (15 mg) (capsule)</td>
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<td>stavudine (40 mg) (capsule)</td>
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<tr>
<td>STAVUDINE</td>
<td>(ZERIT)</td>
<td>2 QL: 2400 ML PER 30 DAYS</td>
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<tr>
<td>zidovudine</td>
<td>(RETROVIR (10 MG/ML) (SYRUP))</td>
<td>1 QL: 1800 ML PER 30 DAYS</td>
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<td>(RETROVIR (10 MG/ML) (VIAL))</td>
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<tr>
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<td>(RETROVIR (300 MG) (TABLET))</td>
<td>1 QL: 60 PER 30 DAYS</td>
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<td><strong>ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI</strong></td>
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<tr>
<td>TENOFOVIR DISOPROXIL FUMARATE</td>
<td>(VIREAD (150 MG) (TABLET))</td>
<td>2 QL: 1 PER DAY</td>
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<tr>
<td>TENOFOVIR DISOPROXIL FUMARATE</td>
<td>(VIREAD (200 MG) (TABLET))</td>
<td>2 QL: 1 PER DAY</td>
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<tr>
<td>TENOFOVIR DISOPROXIL FUMARATE</td>
<td>(VIREAD (250 MG) (TABLET))</td>
<td>2 QL: 1 PER DAY</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>TENOFOVIR DISOPROXIL FUMARATE (VIREAD (300 MG) (TABLET))</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>TENOFOVIR DISOPROXIL FUMARATE (VIREAD (40MG/SCOOP) (POWDER))</td>
<td>2</td>
<td>QL: 225 GRAMS PER 30 DAYS</td>
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</table>

**ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOPINAVIR/РИTONAVИR (KALETRA (100MG-25MG) (TABLET))</td>
<td>2</td>
<td>QL: 300 PER 30 DAYS</td>
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<tr>
<td>LOPINAVIR/РИTONAVИR (KALETRA (200MG-50MG) (TABLET))</td>
<td>2</td>
<td>QL: 120 PER 30 DAYS</td>
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<tr>
<td>lopinavir/ритонавир (KALETRA (400-100/5) (SOLUTION))</td>
<td>1</td>
<td>QL: 390 ML PER 30 DAYS</td>
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**ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ATAZANAVIR SULFATE (REYATAZ (150 MG) (CAPSULE))</td>
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<tr>
<td>ATAZANAVIR SULFATE (REYATAZ (200 MG) (CAPSULE))</td>
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<tr>
<td>ATAZANAVIR SULFATE (REYATAZ (300 MG) (CAPSULE))</td>
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<td>ATAZANAVIR SULFATE (REYATAZ (50 MG) (POWD PACK))</td>
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<tr>
<td>ATAZANAVIR SULFATE/COBICISTAT (EVOTAZ)</td>
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<td>QL: 1 PER DAY</td>
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<tr>
<td>FOSAMPRENAVIR CALCIUM (LEXIVA)</td>
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<tr>
<td>INDINAVIR SULFATE (CRIXIVAN)</td>
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<tr>
<td>NELFINAVIR MESYLYATE (VIRACEPT)</td>
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<tr>
<td>RИTONAVИR (NORVIR (100 MG) (CAPSULE))</td>
<td>2</td>
<td>QL: 360 PER 30 DAYS</td>
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<tr>
<td>RИTONAVИR (NORVIR (100 MG) (TABLET))</td>
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<td>QL: 360 PER 30 DAYS</td>
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<tr>
<td>RИTONAVИR (NORVIR (80 MG/ML) (SOLUTION))</td>
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<td>QL: 450 ML PER 30 DAYS</td>
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<tr>
<td>SAQUINAVIR MESYLYATE (INVIRASE (200 MG) (CAPSULE))</td>
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<td>ST, QL: 300 PER 30 DAYS</td>
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<tr>
<td>SAQUINAVIR MESYLYATE (INVIRASE (500 MG) (TABLET))</td>
<td>2</td>
<td>ST, QL: 120 PER 30 DAYS</td>
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**ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBITR**

<table>
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<th>Drug Name</th>
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<tr>
<td>DOLUTEGRAVIR SODIUM (TIVICAY)</td>
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<tr>
<td>RALTEGRAVIR POTASSIUM (ISENTERESS (100 MG) (POWD PACK))</td>
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<tr>
<td>RALTEGRAVIR POTASSIUM (ISENTERESS (100 MG) (TAB CHEW))</td>
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<tr>
<td>RALTEGRAVIR POTASSIUM (ISENTERESS (25 MG) (TAB CHEW))</td>
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<tr>
<td>RALTEGRAVIR POTASSIUM (ISENTERESS (400 MG) (TABLET))</td>
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**ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>Efavirenz/Emtricitab/Tenofovir (Atripla)</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>Emtricitab/Rilpivirine/Tenofo DF (Complera)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>Emtricitab/Rilpivir/Tenofo ALA (Odefsey)</td>
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<td>PA</td>
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</table>

**ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>Elviteg/cob/Emtric/Tenofo ALA (Genvoya)</td>
<td>2</td>
<td>QL: 1 PER DAY</td>
</tr>
<tr>
<td>Elviteg/cob/Emtric/Tenofo DIS (Stribild)</td>
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<td>QL: 1 PER DAY</td>
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</table>

**ARV COMB-NRTIS & INTEGRASE INHIBITOR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>Abacavir/Dolutegravir/Lamivudi (Triumeq)</td>
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<td><strong>CYTOCHROME P450 INHIBITORS</strong></td>
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<tr>
<td>COBICISTAT (TYBOST)</td>
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<tr>
<td><strong>HEP C VIRUS - NS5A &amp; NS5B POLYMERASE INHIB. COMBO.</strong></td>
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<tr>
<td>LEDIPASVIR/SOFOSBUVIR (HARVONI)</td>
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<tr>
<td>SOFOSBUVIR/VELPASVIR (EPCLUSA)</td>
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<td><strong>HEPATITIS B TREATMENT AGENTS</strong></td>
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<td>adefovir dipivoxil (HEPSERA)</td>
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<td>ENTECABVIR (BARACLUDE (0.05 MG/ML) (SOLUTION))</td>
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<td><strong>HEPATITIS C TREATMENT AGENTS</strong></td>
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<td>PEGINTERFERON ALFA-2A (PEGASYS)</td>
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<td>PEGINTERFERON ALFA-2A (PEGASYS PROCLICK)</td>
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<tr>
<td>PEGINTERFERON ALFA-2B (PEGINTRON)</td>
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<td>PEGINTERFERON ALFA-2B (PEGINTRON REDIPEN)</td>
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<td>ribavirin</td>
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<tr>
<td>ELBASVIR/GRAZOPREVIR (ZEPATIER)</td>
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<td><strong>INFLAMMATORY DISEASE</strong></td>
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<td>PENICILLAMINE (DEPEN)</td>
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<td><strong>ANTI-ARTHRITIC AND CHELATING AGENTS</strong></td>
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<tr>
<td>METHOTREXATE/PF (OTREXUP)</td>
<td>4</td>
<td>ST, QL: 1.6 ML PER 28 DAYS</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 0.8 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (10MG/0.2ML) (AUTO INJCT))</td>
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<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 1 ML PER 28 DAYS</td>
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<td>(RASUVO (12.5/0.25) (AUTO INJCT))</td>
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<td>METHOTREXATE/PF</td>
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<td>METHOTREXATE/PF</td>
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<td>(RASUVO (17.5/0.35) (AUTO INJCT))</td>
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<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 1.6 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (20MG/0.4ML) (AUTO INJCT))</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 1.8 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (22.5/0.45) (AUTO INJCT))</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 2 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (25MG/0.5ML) (AUTO INJCT))</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 2.2 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (27.5/0.55) (AUTO INJCT))</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 2.4 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (30MG/0.6ML) (AUTO INJCT))</td>
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<tr>
<td>METHOTREXATE/PF</td>
<td>4 ST, QL: 0.6 ML PER 28 DAYS</td>
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<tr>
<td>(RASUVO (7.5MG/0.15) (AUTO INJCT))</td>
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</tbody>
</table>

**ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST**

- ANAKINRA (KINERET) 4 PA
- RILONACEPT (ARCALYST) 4 PA

**ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR**

- ADALIMUMAB (HUMIRA) 4 PA, QL: 2 SYRINGES PER 28 DAYS
- ADALIMUMAB (HUMIRA PEDIATRIC CROHN'S) 4 PA, QL: 2 SYRINGES PER 28 DAYS
- ADALIMUMAB (HUMIRA PEN) 4 PA, QL: 2 SYRINGES PER 28 DAYS
- ADALIMUMAB (HUMIRA PEN CROHN-UC-HS STARTER) 4 PA, QL: 2 SYRINGES PER 28 DAYS
- ADALIMUMAB (HUMIRA PEN PSORIASIS-UVEITIS) 4 PA, QL: 2 SYRINGES PER 28 DAYS
- ETANERCEPT (ENBREL) 4 PA
- GOLIMUMAB (SIMPONI) 4 PA, QL: 0.5 ML PER 30 DAYS
- GOLIMUMAB (SIMPONI ARIA) 4 PA, QL: 0.5 ML PER 30 DAYS

**ANTI-INFLAMMATORY, INTERLEUKIN-1 BETA BLOCKERS**

- CANAKINUMAB/PF (ILARIS (180 MG/1.2) (VIAL)) 4 PA

**ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR**

- leflunomide (ARAVA) 1 QL: 34 PER FILL, MO

**ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.**

- APREMILAST (OTEZLA) 4 PA
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR</strong></td>
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<tr>
<td>ABATACEPT (ORENCIA)</td>
<td>4</td>
<td>PA, QL: 4 SYRINGES PER 28 DAYS</td>
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<tr>
<td>ABATACEPT (ORENCIA CLICKJECT)</td>
<td>4</td>
<td>PA, QL: 4 SYRINGES PER 28 DAYS</td>
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<tr>
<td>ABATACEPT/MALTOSE (ORENCIA)</td>
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<td>PA</td>
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<tr>
<td><strong>BRADYKININ B2 RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>ICATIBANT ACETATE (FIRAZYR)</td>
<td>4</td>
<td>PA, QL: 9 ML PER 365 DAYS</td>
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<tr>
<td><strong>C1 ESTERASE INHIBITORS</strong></td>
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<tr>
<td>C1 ESTERASE INHIBITOR (BERINERT)</td>
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<td>PA, QL: 4 VIALS PER 365 DAYS</td>
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<tr>
<td>C1 ESTERASE INHIBITOR (CINRYZE)</td>
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<td>PA, QL: 20 VIALS PER 30 DAYS</td>
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<tr>
<td>C1 ESTERASE INHIBITOR, RECOMB (RUCONEST)</td>
<td>4</td>
<td>PA, QL: 4 VIALS PER 30 DAYS</td>
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<tr>
<td><strong>GLUCOCORTICOIDS</strong></td>
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<td>betameth acet/betamet sod phos (CELESTONE)</td>
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<td>budesonide (ENTOCORT EC)</td>
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<td>BUDESONIDE (UCERIS)</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>PA, QL: 3.6 ML PER 28 DAYS</td>
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<td>Tocilizumab (Actemra (200mg/10ml) (vial))</td>
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<td><strong>JANUS KINASE (JAK) INHIBITORS</strong></td>
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<td>Tofacitinib citrate (Xeljanz)</td>
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<td>Tofacitinib citrate (Xeljanz Xr)</td>
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<td>Ustekinumab (Stelara)</td>
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<td><strong>NASAL NSAIDS, COX NON-SELECTIVE, SYSTEMIC ANALGESIC</strong></td>
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<td>Ketorolac tromethamine (Sprix)</td>
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<td><strong>NSAID &amp; TOPICAL IRRITANT COUNTER-IRRITANT COMB.</strong></td>
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<td>Ibuprofen/irrit. count-irrit. no. 2</td>
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<td>Meloxicam/irrit. cntr-irrit. cmb 2</td>
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**Commercial Formulary**

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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>NAPROXEN/IRRITANT CNTR-IRRIT 2</td>
<td>(COMFORT PAC-NAPROXEN)</td>
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<tr>
<td><strong>NSAIDS (COX NON-SPECIFIC INHIB) &amp; PROSTAGLANDIN CMB</strong></td>
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<tr>
<td>diclofenac sodium/misoprostol</td>
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<tr>
<td>diclofenac sodium/misoprostol</td>
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<tr>
<td><strong>NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE</strong></td>
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<td>celecoxib</td>
<td>(CELEBREX)</td>
<td>1 MO</td>
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<td><strong>NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE</strong></td>
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<td>celecoxib</td>
<td>(CELEBREX)</td>
<td>1 MO</td>
</tr>
<tr>
<td>diclofenac potassium</td>
<td>(CATAFLAM)</td>
<td>1 MO</td>
</tr>
<tr>
<td>diclofenac sodium</td>
<td>(VOLTAREN)</td>
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</tr>
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<td>(VOLTAREN-XR)</td>
<td>1 MO</td>
</tr>
<tr>
<td>DICLOFENAC SUBMICRONIZED</td>
<td>(ZORVOLEX)</td>
<td>3 ST, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td>etodolac</td>
<td>(LODINE)</td>
<td>1 MO</td>
</tr>
<tr>
<td>etodolac</td>
<td>(LODINE XL)</td>
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</tr>
<tr>
<td>fenoprofen calcium</td>
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</tr>
<tr>
<td>FENOPROFEN CALCIUM</td>
<td>(FENORTHO (400 MG) (CAPSULE))</td>
<td>3 ST, MO</td>
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<tr>
<td>FENOPROFEN CALCIUM</td>
<td>(NALFON (400 MG) (CAPSULE))</td>
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<td>fenoprofen calcium</td>
<td>(NALFON (600 MG) (TABLET))</td>
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<td>flurbiprofen</td>
<td>(ANSAID)</td>
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<td>IBUPROFEN</td>
<td>(CALDOLOR)</td>
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<tr>
<td>ibuprofen</td>
<td>(MOTRIN)</td>
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<td>(INDOCIN (25 MG) (CAPSULE))</td>
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<tr>
<td>INDOMETHACIN</td>
<td>(INDOCIN (25 MG/5 ML) (ORAL SUSP))</td>
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<td>ketoprofen</td>
<td>(ORUDIS)</td>
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<tr>
<td>ketoprofen</td>
<td>(ORUVAIL)</td>
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<td>(TORADOL (10 MG) (TABLET))</td>
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<td>(TORADOL (15 MG/ML) (SYRINGE))</td>
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<td>(TORADOL (15 MG/ML) (VIAL))</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>--------------------------</td>
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<tr>
<td>ketorolac tromethamine</td>
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<tr>
<td>meclofenamate sodium</td>
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<tr>
<td>mefenamic acid</td>
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<tr>
<td>meloxicam</td>
<td>1 MO</td>
<td>QL: 34 PER FILL, MO</td>
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<tr>
<td>nabumetone</td>
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</tr>
<tr>
<td>naproxen</td>
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<td></td>
</tr>
<tr>
<td>naproxen sodium</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>oxaprozin</td>
<td>1 MO</td>
<td></td>
</tr>
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<td>piroxicam</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>sulindac</td>
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<td></td>
</tr>
<tr>
<td>tolmetin sodium</td>
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<tr>
<td>plasma kallikrein inhibitors</td>
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<td>ketorolac tromethamine</td>
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<td>meclofenamate sodium</td>
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<td></td>
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<tr>
<td>mefenamic acid</td>
<td>1 MO</td>
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<tr>
<td>meloxicam</td>
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<td>nabumetone</td>
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<tr>
<td>naproxen</td>
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<tr>
<td>naproxen sodium</td>
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<tr>
<td>naproxen sodium</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>oxaprozin</td>
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<tr>
<td>piroxicam</td>
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<tr>
<td>sulindac</td>
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<tr>
<td>tolmetin sodium</td>
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</table>

**LOCAL ANESTHETICS**

<table>
<thead>
<tr>
<th>LOCAL ANESTHETICS</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>B-CAINE/ZINC CL/PINE/CETYLPYRD</td>
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<tr>
<td>bupivacaine hcl/dex-water/pf</td>
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<tr>
<td>bupivacaine hcl/epinephrine</td>
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<tr>
<td>bupivacaine hcl/epinephrine bi</td>
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<td>bupivacaine hcl/epinephrine/pf</td>
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<td>BUPIVACAINE LIPOSOME/PF</td>
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<tr>
<td>CHLOROPROCAINE HCL</td>
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<tr>
<td>chloroprocaine hcl/pf</td>
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<td>CHLOROPROCAINE HCL/PF</td>
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<tr>
<td>lidocaine hcl</td>
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<td>LIDOCAINE HCL</td>
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<tr>
<td>lidocaine hcl in 0.9 % nacl/pf</td>
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<tr>
<td>lidocaine hcl/dextrose 7.5%/pf</td>
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<tr>
<td>lidocaine hcl/epinephrine</td>
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<tr>
<td>LIDOCAINE HCL/EPINEPHRINE BIT</td>
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<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL/EPINEPHRINE BIT</td>
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</tr>
<tr>
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>lidocaine hcl/epinephrine/pf</td>
<td>1:500000) (CARTRIDGE))</td>
<td>1</td>
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<tr>
<td>LIDOCAINE HCL/EPINEPHRINE/PF (XYLOCAINE-MPF WITH EPINEPHRINE)</td>
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<tr>
<td>lidocaine hcl/pf</td>
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<tr>
<td>LIDOCAINE HCL/PF (XYLOCAINE-MPF)</td>
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<tr>
<td>mepivacaine hcl/pf</td>
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<tr>
<td>ropivacaine hcl in 0.9%nacl/pf</td>
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<tr>
<td>ropivacaine hcl/pf</td>
<td>1</td>
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</tr>
<tr>
<td>tetracaine hcl/pf</td>
<td>(PONTOCAIN)</td>
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</tbody>
</table>

**LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT**

**ABSORBABLE SULFONAMIDES**

- sulfamethoxazole/trimethoprim (BACTRIM) | 1 |
- sulfamethoxazole/trimethoprim (BACTRIM DS) | 1 |
- sulfamethoxazole/trimethoprim | 1 |
- sulfamethoxazole/trimethoprim (SULFATRIM) | 1 |

**BOWEL ANTIINFLAMATORY AGENTS**

- sulfadiazone | 1 |

**CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX**

- MESALAMINE (CANASA) | 3 MO |
- mesalamine | 1 MO |
- mesalamine w/cleansing wipes (ROWASA) | 1 |

**DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT**

- balsalazide disodium (COLAZAL) | 1 |
- BALSALAZIDE DISODIUM (GIAZO) | 3 ST |
- MESALAMINE (APRISO) | 2 MO |
- MESALAMINE (ASACOL HD) | 3 ST, MO |
- MESALAMINE (DELZICOL) | 3 ST, QL: 6 PER DAY |
- MESALAMINE (LIALDA) | 3 ST, MO |
- mesalamine | 1 ST, MO |
- MESALAMINE (PENTASA) | 3 ST, MO |
- sulfasalazine (AZULFIDINE) | 1 MO |

**DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON**

- CERTOLIZUMAB PEGOL (CIMZIA) | 4 PA |

**HEMORRHOIDAL PREP, ANTI-INFLAM STEROID/LOCAL ANESTH**

- HYDROCORT/PRAMOXIN/EMOL/PRAM 1 (ANALPRAM E) | 2 |
- HYDROCORT/PRAMOXN/SKN CLNSR#16 (ZYPRAM) | 3 |
- hydrocortisone/lidocaine/aloe | 1 |
- hydrocortisone/lidocaine/aloe (ANA-LEX HC) | 1 |
- hydrocortisone/lidocaine/aloe (ANAMANTLE HC) | 1 |
- hydrocortisone/lidocaine/aloe (RECTAGEL HC) | 1 |
- HYDROCORTISONE/PRAMOXINE (ANALPRAM HC (1 %-1 % (CREAM/APPL)) | 2 |
- HYDROCORTISONE/PRAMOXINE (ANALPRAM HC (2.5 %-1 % (CREAM/APPL)) | 2 |
- HYDROCORTISONE/PRAMOXINE (ANALPRAM HC (2.5-1%(4G)) (CREAM/APPL)) | 3 |
- hydrocortisone/pramoxine | 1 |
- HYDROCORTISONE/PRAMOXINE (PRAMCORT) | 2 |
- HYDROCORTISONE/PRAMOXINE (PROCORT) | 3 |
- HYDROCORTISONE/PRAMOXINE (PROCTOFOAM-HC) | 2 |
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine/hydrocortisone ac</td>
<td>(ANAMANTLE HC)</td>
<td>1</td>
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<tr>
<td>lidocaine/hydrocortisone ac</td>
<td>(ANAMANTLE HC FORTE)</td>
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<tr>
<td>IBS AGENTS,MIXED OPIOID RECEP AGONISTS/ANTAGONISTS</td>
<td></td>
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</tr>
<tr>
<td>ELUXADOLINE</td>
<td>(VIBERZI)</td>
<td>3 PA</td>
</tr>
<tr>
<td>IRRITABLE BOWEL AGENTS,GUANYLATE CYLASE-C AGONIST</td>
<td></td>
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<tr>
<td>LINACLOTIDE</td>
<td>(LINZESS)</td>
<td>2 QL: 1 PER DAY</td>
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<tr>
<td>PLECANATIDE</td>
<td>(TRULANCE)</td>
<td>3 ST, QL: 1 PER DAY</td>
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<tr>
<td>LOCAL ANORECTAL NITRATE PREPARATIONS</td>
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<tr>
<td>NITROGLYCERIN</td>
<td>(RECTIV)</td>
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<td>RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)</td>
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<tr>
<td>BUDESONIDE</td>
<td>(UCERIS)</td>
<td>3 ST</td>
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<tr>
<td>hydrocortisone</td>
<td>(CORTENEMA)</td>
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<td>HYDROCORTISONE ACETATE</td>
<td>(CORTIFOAM)</td>
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<td>TOPOCAL ANTI-INFLAMMATORY STEROIDAL</td>
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<tr>
<td>HYDROCORTISONE ACETATE</td>
<td>(ANUSOL-HC)</td>
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<td>HYDROCORTISONE ACETATE</td>
<td>(HEMMOREX-HC)</td>
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<td>hydrocortisone acetate</td>
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<td>HYDROCORTISONE ACETATE</td>
<td>(PROCTOCORT)</td>
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<td>LOWER GASTROINTESTINAL DISORDERS - OTHER</td>
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<tr>
<td>AMMONIA INHIBITORS</td>
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<tr>
<td>ACETOHYDROXAMIC ACID</td>
<td>(LITHOSTAT)</td>
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<tr>
<td>CARGLUMIC ACID</td>
<td>(CARBAGLU)</td>
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<tr>
<td>GLYCEROL PHENYL Butler RATE</td>
<td>(RAVICTI)</td>
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<tr>
<td>lactulose</td>
<td>(CHRONULAC)</td>
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<tr>
<td>sodium phenylbutyrate</td>
<td>(BUPHENYL)</td>
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<tr>
<td>SODIUM PHENYL BUTYRATE</td>
<td>(BUPHENYL)</td>
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<tr>
<td>ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS</td>
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<tr>
<td>CROFELEMER</td>
<td>(MYTESI)</td>
<td>3 ST, QL: 60 PER 30 DAYS</td>
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<td>ANTIDIARRHEAL - Tryptophan hydroxylase inhibitor</td>
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<td>TELOTRISTAT ETIPRATe</td>
<td>(XERMELO)</td>
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<td>ANTIDIARRHEALS</td>
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<tr>
<td>DIFENOXIN HCL/ATROPINE SULFATE</td>
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<td>diphenoxylate hcl/atropine</td>
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<td>opium tincture</td>
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<td>paregoric</td>
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<td>BILE SALTS</td>
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<td>ursodiol</td>
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<td>(URSO FORTE)</td>
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<td>IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE</td>
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<tr>
<td>alosetron hcl</td>
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<td>LAXATIVES AND CATHARTICS</td>
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<tr>
<td>bisac/nacl/nahco3/kcl/peg 3350</td>
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<td>BISAC/NAACL/NAHC03/KCL/PEG 3350</td>
<td>(PEG-PREP)</td>
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<td>lactulose</td>
<td>(CHRONULAC)</td>
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<td>LACTULOSE</td>
<td>(KRISTALOSE)</td>
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<tr>
<td>LUBIPROSTONE</td>
<td>(AMITIZA)</td>
<td>2 QL: 2 PER DAY</td>
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<td>PEG 3350/SOD CHLOR/POTASS CIT</td>
<td>(GIALAX)</td>
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<tr>
<td>PEG3350/SOD SUL/NACL/ASB/C/KCL</td>
<td>(MOVIPREP)</td>
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<td>peg3350/sod sulf,bicarb,cl/kcl</td>
<td>(COLYTE WITH FLAVOR PACKETS)</td>
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<tr>
<td>PEG3350/SOD SULF,BICARB,CL/KCL</td>
<td>(GOLYTELY (227.1-21.5) (POWD PACK))</td>
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</table>

**PEEHIP**

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>peg3350/sod sulf,bicarb,cl/kcl</td>
<td>1</td>
<td>(GOLYTELY (236-22.74G) (SOLN RECON))</td>
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<tr>
<td>SOD PHOSPHATE MBAS/NA PHOS,DI-</td>
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<td>(OSMOPREP)</td>
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<td>SOD PICOSULF/MAG OX/CITRIC AC</td>
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<td>(PREPOPIK)</td>
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<td>sodium chloride/nahco3/kcl/peg</td>
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<td>(NLYTLEY WITH FLAVOR PACKS)</td>
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<tr>
<td>SODIUM, POTASSIUM,MAG SULFATES</td>
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<td>(SUPREP)</td>
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**NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING**

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<th>Requirements/Limits</th>
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<td>ALVIMOPAN</td>
<td>3</td>
<td>(ENTEREG)</td>
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<tr>
<td>METHYLNALTREXONE BROMIDE</td>
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<td>(RELISTOR)</td>
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<tr>
<td>NALOXEGOL OXALATE</td>
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**SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS**

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<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>TEDUGLUTIDE</td>
<td>4</td>
<td>(GATTEX)</td>
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**MEDICAL SUPPLIES**

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<tr>
<th>BANDAGES AND RELATED SUPPLIES</th>
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<tr>
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**CATHETERS AND RELATED DEVICES**

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**Commercial Formulary**

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**FEEDING DEVICES**

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<td>PUMP SET (KANGAROO 924 SAFETY SCREW)</td>
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**INCONTINENCE SUPPLIES**

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**MEDICAL SUPPLIES,MISCELLANEOUS**

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**MEDICAL SUPPLIES,MISCELLANEOUS(GROUP 2)**

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<td>SYRINGE NDL, INSULIN U-500, 0.5ML</td>
<td>(INSULIN SYRINGE U-500)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE W-NDEL, DISP., INSULIN</td>
<td>(MONOJECT INSULIN SAFETY SYRNG)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE W-O NEEDL, INSULIN, 1 ML</td>
<td>(EASY TOUCH Luer Lock INSULIN)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE W-O NEEDL, INSULIN, 1 ML</td>
<td>(EASY TOUCH UNI-SLIP)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE W-O NEEDL, INSULIN, 1 ML</td>
<td>(INSULIN SYRINGE)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE W-O NEEDL, INSULIN, 1 ML</td>
<td>(LUER-LOCK SYRINGE)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SAFE, 1ML</td>
<td>(ASSURE ID INSULIN SAFETY)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SAFE, 1ML</td>
<td>(EASY TOUCH FLIPLOCK INSULIN)</td>
<td>2</td>
</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SAFE, 1ML</td>
<td>(EASY TOUCH INSULIN SAFETY)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SAFE, 1ML</td>
<td>(EASY TOUCH SHEATHLOCK INSULIN)</td>
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<tr>
<td>SYRINGE, NEEDLE, INSULIN, SAFE, 1ML</td>
<td>(MAGELLAN INSULIN SAFETY SYRNG)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SF 0.5ML</td>
<td>(ASSURE ID INSULIN SAFETY)</td>
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<tr>
<td>SYRINGE, NEEDLE, INSULIN, SF 0.5ML</td>
<td>(EASY TOUCH INSULIN SAFETY)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SF 0.5ML</td>
<td>(MAGELLAN INSULIN SAFETY SYRNG)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SF 0.5ML</td>
<td>(MAGELLAN INSULIN SYRINGE)</td>
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</tr>
<tr>
<td>SYRINGE, NEEDLE, INSULIN, SF 0.3ML</td>
<td>(MAGELLAN INSULIN SAFETY SYRNG)</td>
<td>2</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.3ML (MAGELLAN INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ADVOCATE SYRINGES)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (COMFORT EZ)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (EASY COMFORT INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (EASY TOUCH)</td>
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<td>MO</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (EASY TOUCH INSULIN SYRINGE)</td>
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<td>MO</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (FREESTYLE PRECISION)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (LITE TOUCH)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (MAXI-COMFORT)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (MONOJECT)</td>
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<td>MO</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (MONOJECT INSULIN SYRINGE)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (PRODIGY INSULIN SYRINGE)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (SAFETYGLIDE INSULIN SYRINGE)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (SURE COMFORT)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (SURE COMFORT INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (SURE-JECT INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (TERUMO INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (THINPRO INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (TOPCARE ULTRA COMFORT)</td>
<td>2</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (TRUEPLUS INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ULTICARE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ULTICARE INSULIN SYRINGE)</td>
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<td>MO</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ULTILET INSULIN SYRINGE)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ULTRA COMFORT)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (ULTRA-THE THIN II)</td>
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<tr>
<td>SYRINGE-NEEDLE,INSULIN,0.5ML (VANISHPOINT)</td>
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<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (ADVOCATE SYRINGES)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (COMFORT EZ)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (EASY COMFORT INSULIN SYRINGE)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (EASY TOUCH)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (EASY TOUCH INSULIN SYRINGE)</td>
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</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (LITE TOUCH)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (MONOJECT INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRINGE-NEEDLE,DISP,INSUL,0.3ML (PRODIGY INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(SAFETYGLIDE INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(SURE COMFORT)</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(SURE COMFORT INSULIN SYRINGE)</td>
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<td>MO</td>
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<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(SURE-JECT INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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</tr>
<tr>
<td>(TERUMO INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
</tr>
<tr>
<td>(THINPRO INSULIN SYRINGE)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(TOPCARE ULTRA COMFORT)</td>
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<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
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<tr>
<td>(TRUEPLUS INSULIN SYRINGE)</td>
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</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
</tr>
<tr>
<td>(ULTICARE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
</tr>
<tr>
<td>(ULTICARE INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
</tr>
<tr>
<td>(ULTILET INSULIN SYRINGE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ULTRA COMFORT)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYRING-NEEDL, DISP, INSUL, 0.3 ML</td>
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<td></td>
</tr>
<tr>
<td>(ULTRA-THIN II)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>MISCELLANEOUS AGENTS</td>
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</tbody>
</table>

**ANAPHYLAXIS THERAPY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>epinephrine (ADRENACLICK (0.15/0.15) (AUTO INJCT))</td>
<td>1</td>
<td>QL: 4 PER FILL</td>
</tr>
<tr>
<td>epinephrine (ADRENACLICK (0.3MG/0.3) (AUTO INJCT))</td>
<td>1</td>
<td>QL: 4 PER FILL</td>
</tr>
<tr>
<td>epinephrine (EPIPEN (0.3MG/0.3) (AUTO INJCT))</td>
<td>1</td>
<td>QL: 4 PER FILL</td>
</tr>
<tr>
<td>epinephrine (EPIPEN 2-PAK (0.3MG/0.3) (AUTO INJCT))</td>
<td>1</td>
<td>QL: 4 PER FILL</td>
</tr>
<tr>
<td>epinephrine (EPIPEN JR 2-PAK)</td>
<td>1</td>
<td>QL: 4 PER FILL</td>
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**MISCELLANEOUS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIVER EXTRACT (BEEF-PORK)</td>
<td>(NEXAVIR)</td>
<td>3</td>
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**PARASYMPATHETIC AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bethanechol chloride</td>
<td>(URECHOLINE)</td>
<td>1</td>
</tr>
<tr>
<td>cevimeline hcl</td>
<td>(EVOXAC)</td>
<td>1</td>
</tr>
<tr>
<td>guanidine hcl</td>
<td>(GUANIDINE)</td>
<td>1</td>
</tr>
<tr>
<td>pilocarpine hcl</td>
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<td>1</td>
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**SYSTEMIC ENZYME INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHA-1-PROTEINASE INHIBITOR</td>
<td>(ARALAST NP)</td>
<td>4 PA</td>
</tr>
<tr>
<td>ALPHA-1-PROTEINASE INHIBITOR</td>
<td>(GLASSIA)</td>
<td>4 PA</td>
</tr>
<tr>
<td>ALPHA-1-PROTEINASE INHIBITOR</td>
<td>(PROLASTIN C)</td>
<td>4 PA</td>
</tr>
<tr>
<td>ALPHA-1-PROTEINASE INHIBITOR</td>
<td>(ZEMAIRA)</td>
<td>4 PA</td>
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</table>

**NEOPLASTIC DISEASE**

**ALKYLATING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTRETAMINE</td>
<td>(HEXALEN)</td>
<td>4</td>
</tr>
<tr>
<td>BUSULFAN</td>
<td>(BUSULFEX)</td>
<td>4</td>
</tr>
<tr>
<td>BUSULFAN</td>
<td>(MYLERAN)</td>
<td>4</td>
</tr>
<tr>
<td>carboplatin</td>
<td>(PARAPLATIN)</td>
<td>4</td>
</tr>
<tr>
<td>CARMUSTINE</td>
<td>(BICNU)</td>
<td>4</td>
</tr>
<tr>
<td>CARMUSTINE IN POLIFEPROSAN 20</td>
<td>(GLIADEL)</td>
<td>4</td>
</tr>
<tr>
<td>CHLORAMBUCIL</td>
<td>(LEUKERAN)</td>
<td>4</td>
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**PEEHIP Effective: April 1, 2017**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cisplatin (PLATINOL)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CYCLOPHOSPHAMIDE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>cyclophosphamide (NEOSAR)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>hydroxyurea (HYDREA)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ifosfamide (IFEX)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ifosfamide/mesna (FOSFA)</td>
<td>4</td>
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</tr>
<tr>
<td>LOMUSTINE (GLEOSTINE)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MECHLORETHAMINE HCL</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MELPHALAN (ALKERAN)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>oxaliplatin</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>temozolomide (TEMODAR (100 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TEOZOLOMIDE (TEMODAR (100 MG) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>temozolomide (TEMODAR (180 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>temozolomide (TEMODAR (20 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>temozolomide (TEMODAR (250 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>temozolomide (TEMODAR (5 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>thiotepa (THIOPLEX)</td>
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**ANTIANDROGENIC AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABIRATERONE ACETATE (ZYTIGA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>bicalutamide (CASODEX)</td>
<td>1</td>
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</tr>
<tr>
<td>ENZALUTAMIDE (XTANDI)</td>
<td>4</td>
<td>PA, QL: 4 PER DAY</td>
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<tr>
<td>flutamide (EULEXIN)</td>
<td>1</td>
<td></td>
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<tr>
<td>nilutamide (NILANDRON)</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
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**ANTIBIOTIC ANTIINEOPLASTICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>bleomycin sulfate (BLENOXANE)</td>
<td>4</td>
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<tr>
<td>bleomycin sulfate (BLEO 1SK)</td>
<td>4</td>
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</tr>
<tr>
<td>DACTINOMYCIN (COSMEGEN)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>daunorubicin hcl (CERUBIDINE)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>doxorubicin hcl (ELLENCE)</td>
<td>1</td>
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</tr>
<tr>
<td>epirubicin hcl (IDAMYCIN PFS)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>mitomycin (MUTAMYCIN)</td>
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<td></td>
</tr>
<tr>
<td>STREPTOZOCIN (ZANOSAR)</td>
<td>4</td>
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<tr>
<td>VALRUBICIN (VALSTAR)</td>
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**ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>OFATUMUMAB (ARZERRA)</td>
<td>4</td>
<td>PA</td>
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**ANTIMETABOLITES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>azacitidine (VIDAZA)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>capecitabine (XELODA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>cladribine (LEUSTATIN)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CLOFRABINE (CLOLAR)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>cytarabine (CYTOSAR)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CYTARABINE LIPOSOME/PF (DEPOCYT)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>cytarabine/pf (CYTOSAR)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>decitabine (DACOGEN)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>floxuridine (FUDR)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>fludarabine phosphate (FLUDARA)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>fluorouracil (ADRUCIL)</td>
<td>1</td>
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</tr>
<tr>
<td>fluorouracil</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>gemcitabine hcl</td>
<td>(GEMZAR)</td>
<td>4</td>
</tr>
<tr>
<td>mercaptopurine</td>
<td>(PURINETHOL)</td>
<td>1</td>
</tr>
<tr>
<td>MERCAPTOPURINE</td>
<td>(PURIXAN)</td>
<td>4</td>
</tr>
<tr>
<td>methotrexate sodium</td>
<td>(FOLEX)</td>
<td>1</td>
</tr>
<tr>
<td>METHOTREXATE SODIUM</td>
<td>(TREXALL (10 MG) (TABLET))</td>
<td>2</td>
</tr>
<tr>
<td>METHOTREXATE SODIUM</td>
<td>(TREXALL (15 MG) (TABLET))</td>
<td>2</td>
</tr>
<tr>
<td>methotrexate sodium</td>
<td>(TREXALL (2.5 MG) (TABLET))</td>
<td>1</td>
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<tr>
<td>METHOTREXATE SODIUM</td>
<td>(TREXALL (5 MG) (TABLET))</td>
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<td>METHOTREXATE SODIUM</td>
<td>(TREXALL (7.5 MG) (TABLET))</td>
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<tr>
<td>methotrexate sodium/pf</td>
<td>(FOLEX)</td>
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<tr>
<td>NELARABINE</td>
<td>(ARRANON)</td>
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<tr>
<td>PEMETREXED DISODIUM</td>
<td>(ALIMTA)</td>
<td>4</td>
</tr>
<tr>
<td>PENTOSTATIN</td>
<td>(NIPENT)</td>
<td>4</td>
</tr>
<tr>
<td>PRA LATREXATE</td>
<td>(FOLOTYN)</td>
<td>4</td>
</tr>
<tr>
<td>THIOGUANINE</td>
<td>(TABLEOID)</td>
<td>4</td>
</tr>
<tr>
<td>TRIFLURIDINE/IPIRACIL HCL</td>
<td>(LONSURF)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC EGF RECEPTOR BLOCKER RCMB MC ANTIBODY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETUXIMAB</td>
<td>(ERBITUX)</td>
<td>4 PA</td>
</tr>
<tr>
<td>PANITUMUMAB</td>
<td>(VECTIBIX)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC HUM VEGF INHIBITOR RECOMB MC ANTIBODY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEVACIZUMAB</td>
<td>(AVASTIN)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC AROMATASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>anastrozole</td>
<td>(ARIMIDEX)</td>
<td>1 MO</td>
</tr>
<tr>
<td>exemestane</td>
<td>(AROMASIN)</td>
<td>1 PA, MO</td>
</tr>
<tr>
<td>letrozole</td>
<td>(FEMARA)</td>
<td>1 MO</td>
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</tbody>
</table>

**ANTINEOPLASTIC - EPOTHILONES AND ANALOGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>IXABEPILONE</td>
<td>(IXEMPRA)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - HALICHONDrin B ANALOGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERIBULIN MESYLATE</td>
<td>(HALAVEN)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SONIDEGIB PHOSPHATE</td>
<td>(ODOMZO)</td>
<td>4 PA</td>
</tr>
<tr>
<td>VISMODEGIB</td>
<td>(ERIVEDGE)</td>
<td>4 PA, QL: 1 PER DAY</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIPULEUCEL-T/LACTATED RINGERS</td>
<td>(PROVENGE)</td>
<td>4</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUXOLITINIB PHOSPHATE</td>
<td>(JAKAFI)</td>
<td>4 PA, QL: 2 PER DAY</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COBIMETINIB FUMARATE</td>
<td>(COTELLIC)</td>
<td>4 PA</td>
</tr>
<tr>
<td>TRAMETINIB DIMETHYL SULFOXIDE</td>
<td>(MEKINIST (0.5 MG) (TABLET))</td>
<td>4 PA, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td>TRAMETINIB DIMETHYL SULFOXIDE</td>
<td>(MEKINIST (2 MG) (TABLET))</td>
<td>4 PA, QL: 1 PER DAY</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - MTOR KINASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVEROLIMUS</td>
<td>(AFINITOR)</td>
<td>4 PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>EVEROLIMUS</td>
<td>(AFINITOR DISPERZ)</td>
<td>4 PA</td>
</tr>
<tr>
<td>TEMSIROLIMUS</td>
<td>(TORISEL)</td>
<td>4 PA</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>irinotecan hcl</td>
<td>(CAMPTOSAR)</td>
<td>4</td>
</tr>
<tr>
<td>IRINOTECAN HCL</td>
<td>(CAMPTOSAR)</td>
<td>4</td>
</tr>
<tr>
<td>TOPOTECAN HCL</td>
<td>(HYCAMTIN (0.25 MG) (CAPSULE))</td>
<td>4 PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>TOPOTECAN HCL (HYCAMTIN (1 MG) (CAPSULE))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>topotecan hcl (HYCAMTIN (4 MG) (VIAL))</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>topotecan hcl (HYCAMTIN (4 MG/4 ML) (VIAL))</td>
<td>4</td>
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</tr>
</tbody>
</table>

**ANTINEOPLASTIC IMMUNOMODULATOR AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LENALIDOMIDE (REVlimid)</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>PEGINTERFERON ALFA-2B (SYLATRON)</td>
<td>4</td>
<td>PA, QL: 5 PER FILL</td>
</tr>
<tr>
<td>POMALIDOMIDE (POMALYST)</td>
<td>4</td>
<td>PA</td>
</tr>
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</table>

**ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEGARELIX ACETATE (FIRMAGON (120 MG) (VIAL))</td>
<td>4</td>
<td>QL: 2 VIALS PER 365 DAYS</td>
</tr>
<tr>
<td>DEGARELIX ACETATE (FIRMAGON (80 MG) (VIAL))</td>
<td>4</td>
<td>QL: 1 VIAL PER 30 DAYS</td>
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</table>

**ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFATINIB DIMALEATE (Gilotrif)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ALECTINIB HCL (Alecensa)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>AXITINIB (INLYTA (1 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 180 PER 30 DAYS</td>
</tr>
<tr>
<td>AXITINIB (INLYTA (5 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>BORTEZOMIB (VELCADE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>BOSUTINIB (BOSULIF (100 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 4 PER DAY</td>
</tr>
<tr>
<td>BOSUTINIB (BOSULIF (500 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>CABOZANTINIB S-MALATE (CABOMETYX)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>CABOZANTINIB S-MALATE (COMETRIQ)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>CERITINIB (ZYKADIA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>CRIZOTINIB (XLALKORI)</td>
<td>4</td>
<td>PA, QL: 2 PER DAY</td>
</tr>
<tr>
<td>DABrafenib Mesylate (TAFINLAR)</td>
<td>4</td>
<td>PA, QL: 120 PER 30 DAYS</td>
</tr>
<tr>
<td>DASATINIB (SPRycel (100 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>DASATINIB (SPRycel (140 MG) (TABLET))</td>
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<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>DASATINIB (SPRycel (20 MG) (TABLET))</td>
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<td>PA, QL: 2 PER DAY</td>
</tr>
<tr>
<td>DASATINIB (SPRycel (50 MG) (TABLET))</td>
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<tr>
<td>DASATINIB (SPRycel (70 MG) (TABLET))</td>
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<td>PA, QL: 1 PER DAY</td>
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<tr>
<td>DASATINIB (SPRycel (80 MG) (TABLET))</td>
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<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>ERLOTINIB HCL (JARCEVA)</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>Gefitinib (IRESSA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>IBRUTINIB (IMBRUVICA)</td>
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<td>PA, QL: 120 PER 30 DAYS</td>
</tr>
<tr>
<td>IDELALISIB (ZYDELIG)</td>
<td>4</td>
<td>PA, QL: 2 PER DAY</td>
</tr>
<tr>
<td>Imitinib Mesylate (GLEEVEC)</td>
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<td>PA, QL: 2 PER DAY</td>
</tr>
<tr>
<td>IXAZOMIB CITRATE (NILNARO)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>LAPATINIB DITOSYLAte (TYSKIR)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>LENVATINIB Mesitylate (LEVIMA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>NILOTINIB HCL (TASIGNA)</td>
<td>4</td>
<td>PA, QL: 4 PER DAY</td>
</tr>
<tr>
<td>Olaparib (Lynparza)</td>
<td>4</td>
<td>PA, QL: 16 PER DAY</td>
</tr>
<tr>
<td>Osimertinib Mesitylate (Tagrisso)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>Palbociclib (Ibrance)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>Pazopanib Hcl (Votrient)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>Ponatinib Hcl (ICLUSIG (15 MG) (TABLET))</td>
<td>4</td>
<td>PA, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>PONATINIB HCL (ICLUSIG (45 MG)</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(TABLET))</td>
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</tr>
<tr>
<td>REGORAFENIB (STIVARGA)</td>
<td>4</td>
<td>PA, QL: 84 PER 28 DAYS</td>
</tr>
<tr>
<td>RUCAPARIB CAMSULATE (RUBRACA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SORAFENIB TOSYLAITE (NEXARVAR)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SUNITINIB MALATE (SUTENT)</td>
<td>4</td>
<td>PA, QL: 1 PER DAY</td>
</tr>
<tr>
<td>VANDETANIB (CAPELSA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>VEMURAFENIB (ZELBORAF)</td>
<td>4</td>
<td>PA, QL: 240 PER 30 DAYS</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEMBROLIZUMAB (KEYTRUDA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANOBINOSTAT LACTATE (FARYDAK)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ROMIDEPSIN (ISTODAX)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>VORINOSTAT (ZOLINZA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENETOCLAX (VENICLEXTA)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>VENETOCLAX (VENICLEXTA STARTING PACK)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KITY-90/IBRITUMOMAB/H.ALBUMIN (ZEVALIN)</td>
<td>4</td>
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</tr>
<tr>
<td><strong>ANTINEOPLASTICS,MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARSENIC TRIOXIDE (TRISENOX)</td>
<td>4</td>
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</tr>
<tr>
<td>BCG LIVE (BCG (TICE STRAIN))</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CABAZITAXEL (JEVTANA)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>dacarbazine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DOCETAXEL (DOCEFREZ)</td>
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<tr>
<td>docetaxel</td>
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</tr>
<tr>
<td>etoposide</td>
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</tr>
<tr>
<td>etoposide</td>
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<td></td>
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<tr>
<td>ETOPOSIDE PHOSPHATE</td>
<td>2</td>
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</tr>
<tr>
<td>MITOTANE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>mitoxantrone hcl (NOVANTRONE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>pacitaxel</td>
<td>4</td>
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</tr>
<tr>
<td>PACLITAXEL PROTEIN-BOUND (ABRAXANE)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>PEGASPARGASE (ONCASPAR)</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>PROCARBAZINE HCL (MATULANE)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>teniposide</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>tretinoin</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amifostine crystalline (ETHYOL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dextrazoxane hcl (ZINCARD)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>GLUCARPIDASE (VORAXAZE)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium (WELLCOVORIN)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mesna (MESNEX (100 MG/ML) (VIAL))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MESNA (MESNEX (400 MG) (TABLET))</td>
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<td><strong>CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY</strong></td>
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<td>IPILILMUMAB (YERVOY)</td>
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<td><strong>INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.</strong></td>
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<td>TALC (SCLEROSOL)</td>
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<td>METHOXSALEN (UVADEX)</td>
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<tr>
<td>PORFIMER SODIUM (PHOTOFRIN)</td>
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<td>Tamoxifen citrate (Nolvadex)</td>
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<td>Tamoxifen citrate (Soltamox)</td>
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<td>Toremifene citrate (Fareston)</td>
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<td>Estramustine phosphate sodium (Emcyt)</td>
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<td>Vincristine sulfate (Oncovin)</td>
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<td>Dimethyl Fumarate (Tecfidera)</td>
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<td>Fingolimod HCL (Gilenya)</td>
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<tr>
<td>Glatiramer acetate (Copaxone (20 mg/ml) (Syringe))</td>
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<td>PA, QL: 30 ML PER 30 DAYS</td>
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<tr>
<td>Glatiramer acetate (Copaxone (40 mg/ml) (Syringe))</td>
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<tr>
<td>Interferon beta-1a (Avonex)</td>
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<td>PA, QL: 4 PER FILL</td>
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<td>Interferon beta-1a (Avonex Pen)</td>
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<td>Interferon beta-1a/albumin (Avonex)</td>
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<td>PA, ST, QL: 4 PER FILL</td>
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<tr>
<td>Interferon beta-1a/albumin (Rebif (22mcg/.5ml) (Syringe))</td>
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<td>PA, QL: 7.5 ML PER FILL</td>
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<td>Interferon beta-1a/albumin (Rebif (44mcg/.5ml) (Syringe))</td>
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<td>Interferon beta-1a/albumin (Rebif (8.8-22(6)) (Syringe))</td>
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<td>PA, QL: 4.2 ML PER FILL</td>
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<td>Interferon beta-1a/albumin (Rebif rebidose (22mcg/.5ml) (Pen INJCTR))</td>
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<td>Interferon beta-1b (Betaseron)</td>
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<td>Interferon beta-1b (Extavia)</td>
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<td>Peginterferon beta-1a (Plegridy)</td>
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<td>Peginterferon beta-1a (Plegridy Pen)</td>
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<td>Teriflunomide (Aubagio)</td>
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<td><strong>AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR</strong></td>
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<td>Dalfampridine (Ampyra)</td>
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<td><strong>AMYOTROPIC LATERAL SCLEROSIS AGENTS</strong></td>
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<td>Riluzole (Rilutek)</td>
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<td><strong>FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPH RU INHIB</strong></td>
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<td>tetrabenazine (XENAZINE)</td>
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<td><strong>POSTHERPETIC NEURALGIA AGENTS</strong></td>
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<td>GABAPENTIN (GRALISE (300 MG) (TAB ER 24H))</td>
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<td><strong>DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING</strong></td>
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<td><strong>GENERAL INHALATION AGENTS</strong></td>
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<td>SODIUM CHLORIDE FOR INHALATION (HYPER-SAL (3.5%) (VIAL-NEB))</td>
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**IMMUNOMODULATOR, B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB**                    |           |                     |
| BELIMUMAB (BENLYSTA)                                                     | 4 PA      |                     |

**IV FAT EMULSIONS**                                                      |           |                     |
| FAT EMULSIONS (INTRALIPID)                                               | 3         |                     |
| FAT EMULSIONS (NUTRILIPID)                                               | 3         |                     |

**JOINT TISSUE REPLACEMENT**                                              |           |                     |
| AUTOLOGOUS CULT. CHONDROCYTES (CARTICEL)                                 | 3         |                     |

**LEAD POISONING, AGENTS TO TREAT (CHELATING-TYPE)**                      |           |                     |
| EDETATE CALCIUM DISODIUM (CALCIUM DISODIUM VERSENATE)                    | 2         |                     |

**METABOLIC DEFICIENCY AGENTS**                                           |           |                     |
| BETAIN (CYSTADANE)                                                       | 4         |                     |

**METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DX**                      |           |                     |
| AGALSIDASE BETA (FABRAZYME)                                              | 4 PA      |                     |

**METABOLIC DISEASE ENZYME REPLACEMENT, POMPE DISEASE**                   |           |                     |
| ALGLUCOSIDASE ALFA (LUMIZYME)                                            | 4 PA      |                     |

**METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS**                     |           |                     |
| ELOSULFASE ALFA (VIMIZIM)                                                | 4 PA      |                     |
| GALSULFASE (NAZLAZYME)                                                   | 4         |                     |
| IDURSULFASE (ELAPRASE)                                                   | 4         |                     |
| LARONIDASE (ALDURALYZE)                                                  | 4         |                     |

**METALLIC POISON, AGENTS TO TREAT**                                      |           |                     |
| DEFERASIROX (EXJADE)                                                     | 4 PA      |                     |
| DEFERASIROX (JADENU)                                                     | 4 PA      |                     |
| DEFERIPRONE (FERRIPROX)                                                  | 4         |                     |
| deferoxamine mesylate                                                    | 1         |                     |
| deferoxamine mesylate                                                    | 1         |                     |
| DIMERCAPROL (BAL IN OIL)                                                 | 2         |                     |
| PENTETATE CALCIUM TRISODIUM                                               | 3         |                     |
| PENTETATE ZINC TRISODIUM                                                 | 3         |                     |
| PRUSSIAN BLUE (INSOLUBLE)                                                | 3         |                     |
| sodium thiosulfate                                                       | 1         |                     |
| SUCCIMER (CHEMET)                                                       | 2         |                     |
| TRIENTINE HCL (SYPRINE)                                                  | 3         |                     |
| ZINC ACETATE (GALZIN)                                                    | 2         |                     |

**MUSCARINIC RECEPTOR ANTAGONISTS**                                       |           |                     |
| ATROPINE SULFATE (ATROPEN)                                               | 3         |                     |

**NEEDLES/NEEDLELESS DEVICES**                                             |           |                     |
<p>| BLUNT NEEDLE, DISPOSABLE                                                | 3         |                     |
| NEEDLES, BLOOD COLLECTION                                               | 3         |                     |
| NEEDLES, DISPOSABLE                                                     | 3         |                     |
| NEEDLES, FILTER                                                         | 3         |                     |
| NEEDLES, SAFETY                                                         | 3         |                     |
| NEEDLES, SAFETY                                                         | 3         |                     |</p>
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<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td>NEEDLES, SAFETY</td>
<td>(TERUMO SURGURARD2)</td>
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<td>(1ST TIER UNIFINE PENTIPS PLUS)</td>
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<td>(CARETOUCH PEN NEEDLE)</td>
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<td>(CLICKFINE)</td>
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**Commercial Formulary**

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<td>AMINO ACIDS 4.25%/DEXTOSE 10% (CLINIMIX)</td>
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<tr>
<td>AMINO ACIDS 5.4% (NEPHRAMINE)</td>
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<td>AMINO ACIDS 6% (TROPHAMINE)</td>
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<td>AMINO ACIDS 6.9% (FREAMINE HBC)</td>
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<td>AMINO ACIDS 7% (AMINOSYN-HBC)</td>
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<td>AMINO ACIDS 7%/ELECTROLYTES (AMINOSYN WITH ELECTROLYTES)</td>
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<td>AMINO ACIDS 8% (HEPATAMINE)</td>
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<td>AMINO ACIDS 8.5%/ELECTROLYTES (AMINOSYN II WITH ELECTROLYTES)</td>
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<td>PARENT AMINO AC 5.2% (RENAI)</td>
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<td>EXTRACELL MATRIX, OVINE, FENES (ENDOFORM)</td>
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<td>EXTRACELL MATRIX, PORCINE, FENES (MATRISTEM)</td>
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<tr>
<td>EXTRACELLULAR MATRIX, OVINE (ENDOFORM)</td>
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**Commercial Formulary**

PEEHIP  Effective: April 1, 2017
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<th>Requirements/Limits</th>
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<td>EXTRACELLULAR MATRIX, PORCINE (MATRISTEM MICROMATRIX)</td>
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<td>isopropyl alcohol (70 %) (solution) (otc)</td>
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<td>octreotide acetate</td>
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**SUSPENDING AGENTS**

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<tr>
<th>Name</th>
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<td>GELATIN</td>
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**SWEETENERS**

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**TISSUE/WOUND ADHESIVES**

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<td>THROMBIN/FIBRINOG/Aprot/CAL CL</td>
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**TOPICAL ANTISEPtic DRYING AGENTS**

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**URINE MULTIPLE TEST AIDS**

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**Vasoactive Natriuretic Peptides**

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**VEHICLES**

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**Venosclerosing Agents**

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<tr>
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<td>WOUND HEALING AGENTS, LOCAL</td>
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<td>PORACTANT ALFA (CUROSURF)</td>
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<td>(TREZIX)</td>
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<tr>
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<td>Drug Name</td>
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**ANTIMIGRAINE PREPARATIONS**

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<th>Requirements/Limits</th>
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</tr>
<tr>
<td>rizatriptan benzoate</td>
<td>1</td>
<td>QL: 18 PER 30 DAYS</td>
</tr>
<tr>
<td>SUMATRIPTAN *(IMITREX (20 MG) (SPRAY))</td>
<td>3</td>
<td>QL: 18 PER 28 DAYS</td>
</tr>
<tr>
<td>SUMATRIPTAN *(IMITREX (5 MG) (SPRAY))</td>
<td>3</td>
<td>QL: 36 ML PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan (20 mg) (spray)</td>
<td>1</td>
<td>QL: 18 PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan (5 mg) (spray)</td>
<td>1</td>
<td>QL: 36 ML PER 28 DAYS</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE</td>
<td>3</td>
<td>QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 18 PER 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 18 PER 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 18 PER 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>1</td>
<td>QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE</td>
<td>3</td>
<td>ST, QL: 2 ML PER 28 DAYS</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>ZOLMITRIPTAN</td>
<td>(ZOMIG (2.5 MG) (SPRAY))</td>
<td>2</td>
</tr>
<tr>
<td>zolmitriptan</td>
<td>(ZOMIG (2.5 MG) (TABLET))</td>
<td>1</td>
</tr>
<tr>
<td>ZOLMITRIPTAN</td>
<td>(ZOMIG (5 MG) (SPRAY))</td>
<td>2</td>
</tr>
<tr>
<td>zolmitriptan</td>
<td>(ZOMIG (5 MG) (TABLET))</td>
<td>1</td>
</tr>
<tr>
<td>zolmitriptan</td>
<td>(ZOMIG ZMT)</td>
<td>1</td>
</tr>
</tbody>
</table>

**NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbit/acetamin/caff/codeine</td>
<td>(FIORICET WITH CODEINE (50-300-30) (CAPSULE))</td>
<td>1</td>
</tr>
</tbody>
</table>

**BUTALBIT/ACETAMIN/CAFF/CODEINE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbit/acetamin/caff/codeine</td>
<td>(FIORICET WITH CODEINE (50-325-30) (CAPSULE))</td>
<td>1</td>
</tr>
</tbody>
</table>

**NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine/butalbital/asa/caffeine</td>
<td>(FIORINAL WITH CODEINE #3)</td>
<td>1</td>
</tr>
</tbody>
</table>

**NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen with codeine</td>
<td>(CAPITAL W-CODEINE)</td>
<td>1</td>
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</tbody>
</table>

**NARCOTIC ANALGESIC WITH codeine**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen with codeine</td>
<td>(TYLENOL WITH CODEINE)</td>
<td>1</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butaprenorphine hcl</td>
<td>(BUPRENEX (0.3 MG/ML) (AMPUL))</td>
<td>2</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>butaprenorphine hcl</td>
<td>(BUPRENEX (0.3 MG/ML) (VIAL))</td>
<td>1</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL</td>
<td>(BUNAVAL)</td>
<td>3 PA</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL/NALOXONE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl/naloxone hcl</td>
<td>(SUBOXONE (2 MG-0.5MG) (TAB SUBL))</td>
<td>1 PA, QL: 90 PER 30 DAYS</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL/NALOXONE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL</td>
<td>(SUBOXONE (4MG-1MG) (FILM))</td>
<td>2 PA, QL: 90 PER 30 DAYS</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL/NALOXONE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl/naloxone hcl</td>
<td>(SUBOXONE (8 MG-2 MG) (FILM))</td>
<td>2 PA, QL: 90 PER 30 DAYS</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL/NALOXONE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL</td>
<td>(ZUBSOLV (0.7-0.18MG) (TAB SUBL))</td>
<td>3 PA</td>
</tr>
</tbody>
</table>

**BUPRENORPHINE HCL/NALOXONE HCL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL</td>
<td>(ZUBSOLV (1.4-0.36MG) (TAB SUBL))</td>
<td>3 PA, QL: 3 PER DAY</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL (ZUBSOLV (11.4-2.9MG) (TAB SUBL))</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL (ZUBSOLV (2.9-0.71MG) (TAB SUBL))</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL (ZUBSOLV (5.7-1.4MG) (TAB SUBL))</td>
<td>3</td>
<td>PA, QL: 3 PER DAY</td>
</tr>
<tr>
<td>BUPRENORPHINE HCL/NALOXONE HCL (ZUBSOLV (8.6-2.1MG) (TAB SUBL))</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**PARKINSONS DISEASE**

**ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC**

- benztropine mesylate (COGENTIN) 1 MO
- trihexyphenidyl hcl (ARTANE) 1 MO

**ANTIPARKINSONISM DRUGS, OTHER**

- amantadine hcl (SYMMETREL) 1 MO
- bromocriptine mesylate (PARLODEL) 1 MO
- CARBIDOPA/LEVODOPA (DUOPA) 3 PA
- carbidopa/levodopa (PARCOPA) 1 MO
- CARBIDOPA/LEVODOPA (RYTARY) 3 ST, QL: 10 PER DAY
- carbidopa/levodopa (SINEMET 10-100) 1 MO
- carbidopa/levodopa (SINEMET 25-100) 1 MO
- carbidopa/levodopa (SINEMET 25-250) 1 MO
- carbidopa/levodopa (SINEMET CR) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 100) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 125) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 150) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 200) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 50) 1 MO
- carbidopa/levodopa/entacapone (STALEVO 75) 1 MO
- entacapone (COMTAN) 1 MO
- pramipexole di-hcl (MIRAPEX) 1 MO
- pramipexole di-hcl (MIRAPEX ER) 1 QL: 1 PER DAY, MO
- rasagiline mesylate (AZILECT) 1 QL: 1 PER DAY
- ropinirole hcl (REQUIP) 1 MO
- ropinirole hcl (REQUIP XL) 1 QL: 1 PER DAY, MO
- ROTIGOTINE (NEUPRO) 2 ST, QL: 1 PER DAY
- selegiline hcl (ELDEPRYL) 1 MO
- SELEGILINE HCL (ZELAPAR) 3 QL: 2 PER DAY, MO

**DECARBOXYLASE INHIBITORS**

- carbidopa (LODOSYN) 1 MO

**SEIZURE DISORDER**

**ANTICONVULSANTS**

- BRIVARACETAM (BRIVIACT (10 MG) (TABLET)) 3 ST, QL: 2 PER DAY
- BRIVARACETAM (BRIVIACT (10 MG/ML) (SOLUTION)) 3 PA
- BRIVARACETAM (BRIVIACT (100 MG) (TABLET)) 3 ST, QL: 2 PER DAY
- BRIVARACETAM (BRIVIACT (25 MG) (TABLET)) 3 ST, QL: 2 PER DAY
- BRIVARACETAM (BRIVIACT (50 MG) (TABLET)) 3 ST, QL: 2 PER DAY
- BRIVARACETAM (BRIVIACT (75 MG) (TABLET)) 3 ST, QL: 2 PER DAY
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbamazepine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(CARBATROL (100 MG) (CPMP 12HR))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(CARBATROL (200 MG) (CPMP 12HR))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(CARBATROL (300 MG) (CPMP 12HR))</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(TEGRETOL (100 MG) (TAB CHEW))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(TEGRETOL (100 MG/5ML) (ORAL SUSP))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(TEGRETOL (200 MG) (TABLET))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CARBAMAZEPINE</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(TEGRETOL XR)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>clonazepam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(KLOPONIN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clonazepam</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>(KLOPONIN RAPIDLY DISINTEGRATING)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>DIAZEPAM</td>
<td>2</td>
<td>QL: 1 KIT PER 30 DAYS</td>
</tr>
<tr>
<td>(DIASTAT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAZEPAM</td>
<td>2</td>
<td>QL: 1 KIT PER 30 DAYS</td>
</tr>
<tr>
<td>(DIASTAT ACUDIAL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diazepam</td>
<td>1</td>
<td>QL: 1 KIT PER 30 DAYS</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKOTE (125 MG) (TABLET DR))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>QL: 272 PER FILL, MO</td>
</tr>
<tr>
<td>(DEPAKOTE (250 MG) (TABLET DR))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKOTE (500 MG) (TABLET DR))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKOTE ER (250 MG) (TAB ER 24H))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKOTE ER (500 MG) (TABLET ER 24H))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIVALPROEX SODIUM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKOTE SPRINKLE)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (125 mg) (cap sprink)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (125 mg) (tablet dr)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (250 mg) (tab er 24h)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (250 mg) (tablet dr)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (500 mg) (tab er 24h)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>divalproex sodium (500 mg) (tablet dr)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ESLICARBAZEPINE ACETATE</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(APTIOM (200 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESLICARBAZEPINE ACETATE</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(APTIOM (400 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESLICARBAZEPINE ACETATE</td>
<td>3</td>
<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>(APTIOM (600 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESLICARBAZEPINE ACETATE</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(APTIOM (800 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ethosuximide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ETHOSUXIMIDE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>ETHOTOIN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>EZOGABINE</td>
<td>3</td>
<td>ST, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td>(POTIGA (200 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EZOGABINE</td>
<td>3</td>
<td>ST, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td>(POTIGA (300 MG) (TABLET))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>EZOGABINE (POTIGA (400 MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 90 PER 30 DAYS</td>
</tr>
<tr>
<td>EZOGABINE (POTIGA (50 MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 270 PER 30 DAYS</td>
</tr>
<tr>
<td>felbamate (400 mg) (tablet)</td>
<td>1</td>
<td>ST, QL: 9 PER DAY, MO</td>
</tr>
<tr>
<td>felbamate (600 mg) (tablet)</td>
<td>1</td>
<td>ST, QL: 6 PER DAY, MO</td>
</tr>
<tr>
<td>felbamate (600 mg/5ml) (oral susp)</td>
<td>1</td>
<td>ST, QL: 900 ML PER 30 DAYS, MO</td>
</tr>
<tr>
<td>FELBAMATE (FELBATOL (400 MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 9 PER DAY, MO</td>
</tr>
<tr>
<td>FELBAMATE (FELBATOL (600 MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 6 PER DAY, MO</td>
</tr>
<tr>
<td>FELBAMATE (FELBATOL (600 MG/5ML) (ORAL SUSP))</td>
<td>3</td>
<td>ST, QL: 900 ML PER 30 DAYS, MO</td>
</tr>
<tr>
<td>fosphenytoin sodium (CEREBYX (100MG PE/2) (VIAL))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FOSPHENYTOIN SODIUM (CEREBYX (100MG PE/2) (VIAL))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSPHENYTOIN SODIUM (CEREBYX (500 PE/10) (VIAL))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fosphenytoin sodium</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gabapentin (NEURONTIN (100 MG) (CAPSULE))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>gabapentin (NEURONTIN (250 MG/5ML) (SOLUTION))</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>GABAPENTIN (NEURONTIN (250 MG/5ML) (SOLUTION))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GABAPENTIN (NEURONTIN (300 MG) (CAPSULE))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>gabapentin (NEURONTIN (300 MG/6ML) (SOLUTION))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>GABAPENTIN (NEURONTIN (400 MG) (CAPSULE))</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GABAPENTIN (NEURONTIN (600 MG) (TABLET))</td>
<td>2</td>
<td>MO</td>
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<tr>
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<tr>
<td>LACOSAMIDE (VIMPAT (10 MG/ML) (SOLUTION))</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>LACOSAMIDE (VIMPAT (100 MG) (TABLET))</td>
<td>3</td>
<td>ST, QL: 2 PER DAY</td>
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<tr>
<td>LACOSAMIDE (VIMPAT (150 MG) (TABLET))</td>
<td>3</td>
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</tr>
<tr>
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</tr>
<tr>
<td>LACOSAMIDE (VIMPAT (200MG/20ML) (VIAL))</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>LACOSAMIDE (VIMPAT (50 MG) (TABLET))</td>
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</tr>
<tr>
<td>LAMOTRIGINE (LAMICTAL)</td>
<td>2</td>
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</tr>
<tr>
<td>LAMOTRIGINE (LAMICTAL (BLUE))</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------</td>
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<tr>
<td>LAMOTRIGINE (LAMICTAL (GREEN))</td>
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<tr>
<td>LAMOTRIGINE (LAMICTAL (ORANGE))</td>
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</tr>
<tr>
<td>LAMOTRIGINE (LAMICTAL ODT (100 MG) (TAB RAPDIS))</td>
<td>3</td>
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</tr>
<tr>
<td>LAMOTRIGINE (LAMICTAL ODT (200 MG) (TAB RAPDIS))</td>
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<td>LAMOTRIGINE (LAMICTAL ODT (25 MG) (TAB RAPDIS))</td>
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<td>LAMOTRIGINE (LAMICTAL ODT (50 MG) (TAB RAPDIS))</td>
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<td>LAMOTRIGINE (LAMICTAL XR (100 MG) (TAB ER 24))</td>
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<td>LAMOTRIGINE (LAMICTAL XR (200 MG) (TAB ER 24))</td>
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<tr>
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<td>LAMOTRIGINE (LAMICTAL XR (GREEN) (TAB ER DSPK))</td>
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<tr>
<td>lamotrigine (100 mg) (tab rapdis)</td>
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<td>lamotrigine (100 mg) (tablet)</td>
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<tr>
<td>lamotrigine (150 mg) (tablet)</td>
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<tr>
<td>lamotrigine (200 mg) (tablet)</td>
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<tr>
<td>lamotrigine (200 mg) (tab rapdis)</td>
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<td>ST, QL: 2 PER DAY, MO</td>
</tr>
<tr>
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<td>MO</td>
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<tr>
<td>lamotrigine (25 mg) (tablet)</td>
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<td>MO</td>
</tr>
<tr>
<td>lamotrigine (25 mg) (tab er 24)</td>
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<td>ST, QL: 6 PER DAY, MO</td>
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<td>ST, QL: 6 PER DAY, MO</td>
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<tr>
<td>lamotrigine (25 mg) (tb chw dsp)</td>
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<tr>
<td>lamotrigine (300 mg) (tablet)</td>
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</tr>
<tr>
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<td>lamotrigine (5 mg) (tb chw dsp)</td>
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<td>lamotrigine (50 mg) (tablet)</td>
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<td>levetiracetam (KEPPRA (100 MG/ML) (SOLUTION))</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
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<td>LEVETIRACETAM (KEPPRA (100 MG/ML)) (SOLUTION))</td>
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<td>LEVETIRACETAM (KEPPRA XR)</td>
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<tr>
<td>levetiracetam (ROWEEPRA)</td>
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<tr>
<td>METHSUXIMIDE (CELONTIN)</td>
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<tr>
<td>oxcarbazepine</td>
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<tr>
<td>OXCARBAZEPINE (TRILEPTAL)</td>
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<tr>
<td>PERAMPANEL (FYCOMPA (0.5 MG/ML) (ORAL SUSP))</td>
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<td>PA</td>
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<td>PERAMPANEL (FYCOMPA (10 MG) (TABLET))</td>
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<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
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<td>ST, QL: 120 PER 30 DAYS</td>
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<td>PERAMPANEL (FYCOMPA (4 MG) (TABLET))</td>
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<td>ST, QL: 60 PER 30 DAYS</td>
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<td>ST, QL: 60 PER 30 DAYS</td>
</tr>
<tr>
<td>PERAMPANEL (FYCOMPA (8 MG) (TABLET))</td>
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<td>phenytoin (DILANTIN-125 (100 MG/4ML) (ORAL SUSP))</td>
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<td>phenytoin sodium</td>
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<td>PHENYTOIN SODIUM EXTENDED (DILANTIN)</td>
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<td>MO</td>
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<td>PHENYTOIN SODIUM EXTENDED (PHENYTEK)</td>
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<tr>
<td>phenytoin sodium extended</td>
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<td>PREGABALIN (LYRICA (100 MG) (CAPSULE))</td>
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<td>ST</td>
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<tr>
<td>PREGABALIN (LYRICA (150 MG) (CAPSULE))</td>
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<td>ST</td>
</tr>
<tr>
<td>PREGABALIN (LYRICA (20 MG/ML) (SOLUTION))</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
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<tr>
<td><strong>PREGABALIN</strong></td>
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<td>(LYRICA (200 MG) (CAPSULE))</td>
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<td>(LYRICA (225 MG) (CAPSULE))</td>
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<td>ST</td>
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<td>(LYRICA (25 MG) (CAPSULE))</td>
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<td>ST</td>
</tr>
<tr>
<td>(LYRICA (300 MG) (CAPSULE))</td>
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<td>ST</td>
</tr>
<tr>
<td>(LYRICA (50 MG) (CAPSULE))</td>
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<td>(LYRICA (75 MG) (CAPSULE))</td>
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<tr>
<td>PRIMIDONE</td>
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<tr>
<td>(MYSOLINE)</td>
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<tr>
<td><strong>RUFINAMIDE</strong></td>
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<td>ST, QL: 16 PER DAY</td>
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<td>(BANZEL (200 MG) (TABLET))</td>
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<td>(BANZEL (40 MG/ML) (ORAL SUSP))</td>
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<td>(BANZEL (400 MG) (TABLET))</td>
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<td>ST, QL: 8 PER DAY</td>
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<tr>
<td>TIAGABINE HCL</td>
<td>3</td>
<td>ST, QL: 4 PER DAY, MO</td>
</tr>
<tr>
<td>(GABITRIL (12 MG) (TABLET))</td>
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<td>(GABITRIL (16 MG) (TABLET))</td>
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<td>ST, QL: 4 PER DAY, MO</td>
</tr>
<tr>
<td>(GABITRIL (4 MG) (TABLET))</td>
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<td>ST, QL: 4 PER DAY, MO</td>
</tr>
<tr>
<td><strong>TOPIRAMATE</strong></td>
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<td>MO</td>
</tr>
<tr>
<td>(QUDEXY XR)</td>
<td>3</td>
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<tr>
<td>(TOPAMAX)</td>
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<tr>
<td>TOPIRAMATE</td>
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<td>ST, QL: 4 PER DAY, MO</td>
</tr>
<tr>
<td>(TROKENDI XR (100 MG) (CAP ER 24H))</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
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<tr>
<td>(TROKENDI XR (200 MG) (CAP ER 24H))</td>
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<td>ST, QL: 60 PER 30 DAYS</td>
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<tr>
<td>(TROKENDI XR (25 MG) (CAP ER 24H))</td>
<td>3</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>(TROKENDI XR (50 MG) (CAP ER 24H))</td>
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<td>ST, QL: 1 PER DAY</td>
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<tr>
<td>VALPROIC ACID</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>(DEPAKENE)</td>
<td></td>
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</tr>
<tr>
<td><strong>VALPROIC ACID</strong></td>
<td>1</td>
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</tr>
<tr>
<td>(AS SODIUM SALT)</td>
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<tr>
<td>(DEPAKENE (250 MG/5ML) (SOLUTION))</td>
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<td>(AS SODIUM SALT)</td>
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<td><strong>VIGABATRIN</strong></td>
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<td>(SABRIL)</td>
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<tr>
<td><strong>zonisamide</strong></td>
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<td>(ZONEGRAN (50 MG) (CAPSULE))</td>
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<td><strong>zonisamide (25 mg) (capsule)</strong></td>
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<td>QL: 6 PER DAY, MO</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
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<tr>
<td><strong>BENZODIAZEPINES</strong></td>
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<td>CLOBAZAM (ONFI (10 MG) (TABLET))</td>
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<td>ST, QL: 2 PER DAY</td>
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<td>CLOBAZAM (ONFI (2.5 MG/ML) (ORAL SUSP))</td>
<td>3</td>
<td>ST, QL: 480 ML PER 30 DAYS</td>
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<td>CLOBAZAM (ONFI (20 MG) (TABLET))</td>
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<td>ST, QL: 2 PER DAY</td>
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<tr>
<td><strong>SKELETAL MUSCLE DISORDER</strong></td>
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<tr>
<td><strong>SKELETAL MUSCLE RELAX. &amp; TOP.IRRITANT COUNTER-IRRITANT</strong></td>
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<tr>
<td>CYCLOBENZAPRINE/IRR CNTR-IRR 2 (COMFORT PAC-CYCLOBENZAPRINE)</td>
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<tr>
<td>BACLOFEN (GABLOFEN)</td>
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<tr>
<td>baclofen (LIORESAL)</td>
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<td>BACLOFEN (LIORESAL INTRATHECAL (2000MCG/ML) (AMPUL))</td>
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<tr>
<td>BACLOFEN (LIORESAL INTRATHECAL (50 MCG/ML) (AMPUL))</td>
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<td>QL: 1 ML PER FILL, MO</td>
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<td>QL: 20 PER FILL, MO</td>
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<td>carisoprodol/aspirin (SOMA COMPOUND)</td>
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<td>CHLORZOXAZONE (LORZONE)</td>
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<td>orphenadrine citrate (NORFLEX)</td>
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<tr>
<td>tizanidine hcl (ZANAFLEX)</td>
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<tr>
<td><strong>SMOKING CESSATION</strong></td>
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<tr>
<td><strong>SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)</strong></td>
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<td>NICOTINE (NICOTROL)</td>
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<td>NICOTINE (NICOTROL NS)</td>
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<td>QL: 160 ML PER 90 DAYS</td>
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<td>VARENICLINE TARTRATE (CHANTIX)</td>
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<td>QL: 2 PER DAY</td>
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<td><strong>SMOKING DETERRENTS, OTHER</strong></td>
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</tr>
<tr>
<td>bupropion hcl (ZYBAN)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GASTRIC ENZYMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SACROSIDASE (SUCRAID)</td>
<td>4</td>
<td>PA, QL: 240 PER 30 DAYS</td>
</tr>
<tr>
<td><strong>PANCREATIC ENZYMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIPASE/PROTEASE/AMYLASE (CREON)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>LIPASE/PROTEASE/AMYLASE (PANCREAZE)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>LIPASE/PROTEASE/AMYLASE (PERTZYE)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIPASE/PROTEASE/AMYLASE (VIOKACE)</td>
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<tr>
<td>LIPASE/PROTEASE/AMYLASE (ZENPEP)</td>
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**UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE**

**ANTICHOLINERGICS/ANTISPASMODICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>dicyclomine hcl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DICYCLOMINE HCL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl</td>
<td>1</td>
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</tr>
<tr>
<td>dicyclomine hcl</td>
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<td></td>
</tr>
</tbody>
</table>

**BELLADONNA ALKALOIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine sulfate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (ANASPAZ)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate</td>
<td>1 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (LEVBIID)</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (LEVSIN)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (LEVSIN-SL)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (NULEV)</td>
<td>2 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (SYMAX)</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (SYMAX DUOTAB)</td>
<td>2 MO</td>
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</tr>
<tr>
<td>HYOSCYAMINE SULFATE (SYMAX-SL)</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>HYOSCYAMINE SULFATE (SYMAX-SR)</td>
<td>3 MO</td>
<td></td>
</tr>
<tr>
<td>methscopolamine bromide (PAMINE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methscopolamine bromide (PAMINE FORTE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PHENOBARB/HYOSCY/ATROPINE/SCOP (DONNATAL (16.2 MG) (TABLET))</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHENOBARB/HYOSCY/ATROPINE/SCOP (DONNATAL (16.2 MG/5 ML) (ELIXIR))</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENOBARB/HYOSCY/ATROPINE/SCOP (PHENOHYTRO)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>scopolamine hydrobromide</td>
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**UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE**

**ANTICHOLINERGICS, QUATERNARY AMMONIUM**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide/clidinium br (LIBRAX)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>GLYCOPYRROLATE (CUVPOSA)</td>
<td>3</td>
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</tr>
<tr>
<td>glycopyrrolate (ROBINUL)</td>
<td>1</td>
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</tr>
<tr>
<td>glycopyrrolate (ROBINUL FORTE)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propantheline bromide (PRO-BANTHINE)</td>
<td>1</td>
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</tr>
</tbody>
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**ANTI-ULCER PREPARATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>misoprostol (CYTOTEC)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sucralfate (CARAFATE (1 G) (TABLET))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SUCRALFATE (CARAFATE (1 G/10 ML) (ORAL SUSP))</td>
<td>2</td>
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</table>

**ANTI-ULCER-H. PYLORI AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BISMUTH/METRONID/TETRACYCLINE (PYLERA)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lansoprazole/amoxicillin/clarith (PREVPAC)</td>
<td>1</td>
<td>QL: 1 KIT PER 10 DAYS</td>
</tr>
<tr>
<td>OMEPRAZOLE/CLARITH/AMOXICILLIN (OMECLAMOX-PAK)</td>
<td>3</td>
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</tr>
</tbody>
</table>

**HISTAMINE H2-RECEPTOR INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cimetidine (TAGAMET)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cimetidine hcl (TAGAMET)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>famotidine</strong></td>
<td>(PEPCID)</td>
<td>1</td>
</tr>
<tr>
<td>famotidine in nacl,iso-osm/pf</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>famotidine/pf</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>nizatidine</td>
<td>(AXID)</td>
<td>1</td>
</tr>
<tr>
<td>ranitidine hcl</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ranitidine hcl (ZANTAC (15 MG/ML) (SYRUP))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ranitidine hcl (ZANTAC (150 MG) (CAPSULE))</td>
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</tr>
<tr>
<td>RANITIDINE HCL</td>
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</tr>
<tr>
<td>ranitidine hcl (ZANTAC (25 MQ/ML) (VIAL))</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ranitidine hcl (ZANTAC (300 MG) (CAPSULE))</td>
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</tr>
<tr>
<td>ranitidine hcl (ZANTAC (300 MG) (TABLET))</td>
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<tr>
<td>RANITIDINE HCL</td>
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<td>3</td>
</tr>
<tr>
<td>ranitidine hcl (ZANTAC (50 MG/2 ML) (VIAL))</td>
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<tr>
<td><strong>INTESTINAL MOTILITY STIMULANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl</td>
<td>(REGLAN)</td>
<td>1</td>
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<tr>
<td><strong>PROTON-PUMP INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXLANSOPRAZOLE</td>
<td>(DEXILANT (30 MG) (CAP DR BP))</td>
<td>3</td>
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<tr>
<td>DEXLANSOPRAZOLE</td>
<td>(DEXILANT (60 MG) (CAP DR BP))</td>
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<tr>
<td>esomeprazole magnesium</td>
<td>(NEXIUM (40 MG) (CAPSULE DR))</td>
<td>1</td>
</tr>
<tr>
<td>esomeprazole sodium</td>
<td>(NEXIUM I.V.)</td>
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</tr>
<tr>
<td>esomeprazole strontium (24.65 mg) (capsule dr)</td>
<td>1</td>
<td>ST, QL: 1 PER DAY</td>
</tr>
<tr>
<td>esomeprazole strontium (49.3 mg) (capsule dr)</td>
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<td>ST, QL: 120 PER 30 DAYS</td>
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<tr>
<td>lansoprazole</td>
<td>(PREVACID (30 MG) (CAPSULE DR))</td>
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</tr>
<tr>
<td>omeprazole</td>
<td>(PRILOSEC)</td>
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<tr>
<td>omeprazole/sodium bicarbonate</td>
<td>(ZGERID (20-1680MG) (PACKET))</td>
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<tr>
<td>pantoprazole sodium</td>
<td>(PROTONIX (20 MG) (TABLET DR))</td>
<td>1</td>
</tr>
<tr>
<td>pantoprazole sodium</td>
<td>(PROTONIX (40 MG) (TABLET DR))</td>
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</tr>
<tr>
<td>rabeprazole sodium</td>
<td>(ACIPHEX)</td>
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</tr>
<tr>
<td>RABEPRAZOLE SODIUM</td>
<td>(ACIPHEX SPRinkle)</td>
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<tr>
<td><strong>URINARY TRACT - FUNCTIONAL DISORDERS</strong></td>
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<tr>
<td><strong>BENIGN PROSTATIC HYPERPOTROPHY/MICTURITION AGENTS</strong></td>
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<tr>
<td>alifuosin hcl</td>
<td>(UROXATRAL)</td>
<td>1</td>
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<tr>
<td>dutasteride</td>
<td>(AVODART)</td>
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</tr>
<tr>
<td>finasteride</td>
<td>(PROSCAR)</td>
<td>1</td>
</tr>
<tr>
<td>tamsulosin hcl</td>
<td>(FLOMAX)</td>
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<tr>
<td><strong>BPH AGENTS,5-ALPHA-RED INH &amp; ALPHA-1-ADR ANTG CMB</strong></td>
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<tr>
<td>dutasteride/tamsulosin hcl</td>
<td>(JALYN)</td>
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<td><strong>KIDNEY STONE AGENTS</strong></td>
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<tr>
<td>CYSTEAMINE BITARTRATE</td>
<td>(CYSTAGON)</td>
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<tr>
<td><strong>URINARY PH MODIFIERS</strong></td>
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<tr>
<td>CITRIC AC/GLUCONOLACT/MAG CARB</td>
<td>(RENACIDIN)</td>
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<tr>
<td>METHENAMINE/SOD PHOSPHATE MBAS</td>
<td>(UROQID-ACID NO.2)</td>
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<tr>
<td>potassium citrate</td>
<td>(UROCT-K)</td>
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<tr>
<td>POTASSIUM PHOSPHATE,MONOBASIC</td>
<td>(K-PHOS ORIGINAL)</td>
<td>2</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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<td>SOD PHOS DI, MONO/K PHOS MONO (K-PHOS NEUTRAL)</td>
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<td>sod phos di, mono/k phos mono</td>
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<td>SOD PHOS,M-B/K PHOS,MONOB (K-PHOS NO.2)</td>
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<tr>
<td><strong>URINARY TRACT ANALGESIC AGENTS</strong></td>
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<tr>
<td>DIMETHYL SULFOXIDE (RIMSO-50)</td>
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<tr>
<td>PENTOSAN POLYSULFATE SODIUM (ELMIRON)</td>
<td>2</td>
<td>QL: 3 PER DAY</td>
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<td><strong>URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)</strong></td>
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<td>phenazopyridine hcl</td>
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<td>PHENAZOPYRIDINE HCL</td>
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<tr>
<td><strong>URINARY TRACT ANTIISPASMODIC, M(3) SELECTIVE ANTAG.</strong></td>
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<tr>
<td>darifenacin hydrobromide</td>
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<td>ST, QL: 1 PER DAY</td>
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<td><strong>URINARY TRACT ANTIISPASMODIC/AntiIncontinence Agent</strong></td>
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<tr>
<td>flavoxate hcl</td>
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<td>oxybutynin chloride</td>
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<td><strong>VAGINAL DISORDERS</strong></td>
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<tr>
<td><strong>VAGINAL ANTIBIOTICS</strong></td>
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<td>CLINDAMYCIN PHOSPHATE</td>
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<td>CLINDAMYCIN PHOSPHATE</td>
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<td>METRONIDAZOLE</td>
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<td><strong>VAGINAL ANTIFUNGALS</strong></td>
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<td>BUTOCONAZOLE NITRATE</td>
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<td>miconazole nitrate</td>
<td>1</td>
<td>QL: 3 PER FILL</td>
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<tr>
<td>terconazole</td>
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<td>QL: 3 PER FILL</td>
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<tr>
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<td>QL: 45 GRAMS PER FILL</td>
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<td>QL: 20 GRAMS PER FILL</td>
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<td>ACETIC ACID/OXYQUINOLINE</td>
<td>3</td>
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<td>ACETIC ACID/OXYQUINOLINE</td>
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<td><strong>VAGINAL ESTROGEN PREPARATIONS</strong></td>
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</tr>
<tr>
<td>ESTRADIOL</td>
<td>2</td>
<td>MO</td>
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<td>ESTRADIOL</td>
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<td>MO</td>
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<td>estradiol</td>
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<td>ESTRADIOL ACETATE</td>
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<tr>
<td>ESTROGENS, CONJUGATED</td>
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<tr>
<td><strong>VAGINAL SULFONAMIDES</strong></td>
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<tr>
<td>SULFANILAMIDE</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>VITAMIN AND/OR MINERAL DEFICIENCY</strong></td>
<td></td>
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<tr>
<td><strong>ANTIOXIDANT MULTIVITAMIN COMBINATIONS</strong></td>
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</tr>
<tr>
<td>FA/VIT C/E/ZINC/COPPER/LUT/ZEA (MACUVEX)</td>
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</tr>
<tr>
<td>FA/VIT C/E/ZINC/COPPER/LUT/ZEA (MACUZIN)</td>
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</tr>
<tr>
<td><strong>CALCIUM REPLACEMENT</strong></td>
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</tr>
<tr>
<td>calcium chloride</td>
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</tr>
<tr>
<td>calcium gluconate/d5w</td>
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<td></td>
</tr>
<tr>
<td>calcium/mag/d3/b12/fa/b6/boron</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CALCIUM/MAG/D3/B12/FA/B6/BORON (FOLGARD OS)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>FLUORIDE PREPARATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium fluoride (0.25(0.55)) (tab chew)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride (0.5 mg/ml) (drops)</td>
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<td></td>
</tr>
<tr>
<td>sodium fluoride (0.5(1.1)mg) (tab chew)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride (1mg(2.2mg)) (tab chew)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>FOLIC ACID PREPARATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FA7/PC,PE DHA/NAC/PAP/IF/MV46 (PURALOR CI)</td>
<td>3</td>
<td></td>
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**MAGNESIUM SALTS REPLACEMENT**

| magnesium chloride | | 1 |
| magnesium sulf/ringers lactate | | 1 |
| magnesium sulfate (4 meq/ml) (syringe) | | 1 |
| magnesium sulfate (4 meq/ml) (vial) | | 1 |
| magnesium sulfate in water | | 1 |
| magnesium sulfate/d5w | | 1 |
| MAGNESIUM SULFATE/D5W | (MAGNESIUM SULFATE-D5W) | 3 |

**MINERAL REPLACEMENT,MISCELLANEOUS**

| chromic chloride | | 1 |
| cupric chloride | | 1 |
| manganese chloride | | 1 |
| manganese sulfate | | 1 |
| selenium | | 1 |
| zinc sulf/cuso4 p-hyd/mn/cr/se | | 1 |
| zinc/copper/mangan/chromic chl | | 1 |

**MULTIVITAMIN PREPARATIONS**

<p>| ferrous fum/folic acid/bcomp,c | | 1 |
| FOLIC ACID/MV,IRON,MIN | (NUTRICAP) | 2 |
| FOLIC/MVI THER-MIN/LYCOP/LUT | (CORVITA) | 3 |
| FOLIC/MVI THER-MIN/LYCOP/LUT | (CORVITE) | 3 |
| LMEFOLATE/B3/COPP/ZN/SEL/CHROM | (NICOMIDE) | 3 |
| M-TETRAHYROFOLATE/NIACIN/CU/ZN | (NICOMIDE) | 3 |
| MULTIVIT INFUSN,ADULT 1, VIT K | (M.V.I. ADULT) | 3 |
| MULTIVIT INFUSN,ADULT 4, VIT K | (INFUVITE ADULT) | 2 |
| multivit,iron, min 5/folic acid | | 1 |
| multivit34/folic ac/nadh/coq10 | | 1 |
| multivit-mins no.20/iron/folic | | 1 |
| multivit-mins no.7/folic acid | | 1 |
| MV INFUS,ADULT 2 WITHOUT VIT K | (M.V.I.-12) | 2 |
| MV,IRON,MINS/DIET,SUP4/DNA/RNA | (FORTAVIT) | 2 |
| MV,MINS10/FOLIC ACID/D3/ALA/LUT | (STROVITE ONE) | 2 |
| MV-MINS 6/FOLIC ACID/LUT/COQ10 | (CORVITE FREE) | 2 |
| MV-MINS NO.24/IRON/FOLIC ACID | (PROTECT IRON) | 3 |
| MV-MINS NO.9/FOLIC/SAW PALMETT | (UDAMIN SP) | 2 |
| om-3/dha/epa/b12/pha/b6/phytost | (ANIMI-3) | 1 |
| OM-3/DHA/EPAB12/FA/B-6/PHY | (ANIMI-3) | 3 |
| omeg3/calcium/d3/folic/mvit 13 | | 1 |</p>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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PEEHIP

Effective: April 1, 2017
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<td>pnv/ferrous fum/docusate/folic</td>
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<td>Drug Name</td>
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<td>Drug Name</td>
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STEP THERAPY EDITS

• ABILIFY (1 MG/ML) (SOLUTION)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (10 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (15 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (2 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (20 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (30 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ABILIFY (5 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprevv, Risperidone, Escitalopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate

• ACTONEL (150 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium

• ACTONEL (30 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium

• ACTONEL (35 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium

• ACTONEL (5 MG) (TABLET)  
  Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium

• ACTOPLUS MET  
  Prior prescription for Chlorpropamide, Diabeta, Fortamet, Glimipiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Riomet, Tolazamide, or Tolbutamide in the past 130 days

• ACTOPLUS MET XR  
  Prior prescription for Chlorpropamide, Diabeta, Fortamet, Glimipiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Riomet, Tolazamide, or Tolbutamide in the past 130 days

• ADLYXIN  
  Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

• ADVAIR DISKUS  
  Prior prescription for Dulera in the past 130 days

• ADVAIR HFA  
  Prior prescription for Dulera in the past 130 days

• AEROSPAN  
  Prior prescription for 2 of the following in the past 365 days: Qvar, Flovent Diskus, or Flovent HFA

• ALTOPREV  
  Prior prescription for 2 of the following in the past 190 days: Amlodipine/atorvastatin, Atorvastatin Calcium, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Vitorin

• ALVESCO  
  Prior prescription for 2 of the following in the past 365 days: Flovent Diskus, Flovent HFA, or Vitorin

• AMLODIPINE/ATORVASTATIN  
  Prior prescription for Altopen, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Vitorin in the past 130 days

• ANORO ELLIPTA  
  Prior prescription for Foradil, Spiriva, or Spiriva Respimat in the past 190 days

• ANTARA (130 MG) (CAPSULE)  
  Prior prescription for Triglide, Antara, Fenofibrate, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in the past 130 days

PECHEM  
Effective: April 1, 2017
<table>
<thead>
<tr>
<th>Medication</th>
<th>Prior prescription details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTARA (30 MG) (CAPSULE)</td>
<td>Prior prescription for Triglide, Antara, Fenofibrate, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in the past 130 days</td>
</tr>
<tr>
<td>ANTARA (43 MG) (CAPSULE)</td>
<td>Prior prescription for Triglide, Antara, Fenofibrate, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in the past 130 days</td>
</tr>
<tr>
<td>ANTARA (90 MG) (CAPSULE)</td>
<td>Prior prescription for Triglide, Antara, Fenofibrate, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in the past 130 days</td>
</tr>
<tr>
<td>ANZEMET</td>
<td>Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days</td>
</tr>
<tr>
<td>APTENSIO XR</td>
<td>Prior prescription for Methylphenidate HCL in the past 365 days</td>
</tr>
<tr>
<td>APTIO (200 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>APTIO (400 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>APTIO (600 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>APTIO (800 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>ARCAPTA NEOHALER</td>
<td>Prior prescription for Foradil in the past 190 days</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA</td>
<td>Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar</td>
</tr>
<tr>
<td>ASACOL HD</td>
<td>Prior prescription for Apriso, Balsalazide Disodium, or Lialda in the past 190 days</td>
</tr>
<tr>
<td>ATTELVIA</td>
<td>Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium</td>
</tr>
<tr>
<td>AVANDAMET</td>
<td>Prior prescription for Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glicipide, Glibizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Rilot, Tolazamide, or Tolbutamide in the past 130 days</td>
</tr>
<tr>
<td>AVANDIA</td>
<td>Prior prescription for Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glibizide, Glibizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Rilot, Tolazamide, or Tolbutamide in the past 130 days</td>
</tr>
<tr>
<td>AVONEX</td>
<td>Prior prescription for 2 of the following in the past 130 days: Rebif, Copaxone, or Glatiramer Acetate</td>
</tr>
<tr>
<td>AXERT</td>
<td>Prior prescription for Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days</td>
</tr>
<tr>
<td>AZOR</td>
<td>Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Trandolapril/veramipil HCL in the past 130 days</td>
</tr>
<tr>
<td>BANZEL (200 MG) (TABLET)</td>
<td>Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, Stavzor,or Valproic Acid in the past 130 days</td>
</tr>
<tr>
<td>BANZEL (40 MG/ML) (ORAL SUSP)</td>
<td>Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, Stavzor,or Valproic Acid in the past 130 days</td>
</tr>
<tr>
<td>BANZEL (400 MG) (TABLET)</td>
<td>Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, Stavzor,or Valproic Acid in the past 130 days</td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN U-100</td>
<td>Prior prescription for Lantus or Lantus Solostar in the past 130 days</td>
</tr>
<tr>
<td>BELSOMRA</td>
<td>Prior prescription for Eszopiclone, Zaleplonm, or Zolpidem Tartrate in the past 130 days</td>
</tr>
<tr>
<td>BENICAR HCT</td>
<td>Prior prescription for Irbesartan, Irbesartan/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Olmesartan Medoxomil, Olmesartan/hydrochlorothiazide, or Valsartan/hydrochlorothiazide in the past 190 days</td>
</tr>
<tr>
<td>Medication</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BEVESPI AEROSPHERE</td>
<td>Prior prescription for 2 of the following in the past 365 days: Foradil, Spiriva, Spiriva Respirimat, or Anoro Ellipta</td>
</tr>
<tr>
<td>BINOSTO</td>
<td>Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium</td>
</tr>
<tr>
<td>BRISDELLE</td>
<td>Prior prescription for 2 of the following in the past 365 days: Venlafaxine HCL and Paroxetine HCL</td>
</tr>
<tr>
<td>BRIVIACT (10 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Lamictal, Lamictal XR, Lamotrigine, Carbamazepine, Equetro, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>BRIVIACT (100 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Lamictal, Lamictal XR, Lamotrigine, Carbamazepine, Equetro, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>BRIVIACT (25 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Lamictal, Lamictal XR, Lamotrigine, Carbamazepine, Equetro, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>BRIVIACT (50 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Lamictal, Lamictal XR, Lamotrigine, Carbamazepine, Equetro, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>BRIVIACT (75 MG) (TABLET)</td>
<td>Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Lamictal, Lamictal XR, Lamotrigine, Carbamazepine, Equetro, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide</td>
</tr>
<tr>
<td>BYDUREON PEN</td>
<td>Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days</td>
</tr>
<tr>
<td>BYETTA (10MCG/0.04) (PEN INJCTR)</td>
<td>Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days</td>
</tr>
<tr>
<td>BYETTA (5MCG/0.02) (PEN INJCTR)</td>
<td>Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days</td>
</tr>
<tr>
<td>BYSTOLIC</td>
<td>Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprol/hydrochlorothiazide, Bisoprolol Fumarate, Carvedilol, Coreg CR, Hemangeol, Inderal XL, Innopran XL, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprol/hydrochlorothiazide, Nadolol, Nadolol/bendrofluamethiazide, Propranolol HCL ER, or Propranolol HCL in the past 130 days</td>
</tr>
<tr>
<td>BYVALSON</td>
<td>Prior prescription for Metoprolol Tartrate, Betaxolol HCL, Coreg Cr, Labetalol HCL, Atenolol, Metoprolol Succinate, Nadolol, Levatol, Hemangeol, Inderal XL, Innopran XL, Propranolol HCL, Propranolol HCL ER, Metoprol/hydrochlorothiazide, Nadolol/bendrofluamethiazide, Atenolol/chlorthalidone, Bisoprol/hydrochlorothiazide, Acebutolol HCL, Bisoprolol Fumarate, Carvedilol, or Bystolic in the past 130 days</td>
</tr>
<tr>
<td>CALDOLOR</td>
<td>Prior prescription for 2 of the following in the past 190 days: Acuvail, Cambia, Celecoxib, Diclofenac Potassium, Diclofen Sodium, Diclofenac Sodium/misoprostol, Diclozor, Dicyclofenac, Fenoprofen Calcium, Flector, Flurbiprofen, Ibuprofen, Indocin, Indomethacin, Ketoprofen, Ketorolac, Tromethamine, Mefenamic Acid, Meloxicam, Nabumetone, Naprelan, Naproxen Sodium, Naproxen, Oxyprozin, Pennsaid, Piroxicam, Readysharp Ketorolac, Sprix, Sulindac, Tolmetin Sodium, Vopac Mds, or Ziprosil</td>
</tr>
<tr>
<td>CAMBIA</td>
<td>Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days</td>
</tr>
<tr>
<td>CESAMET</td>
<td>Prior prescription for Ondansetron in the past 130 days</td>
</tr>
<tr>
<td>CONDYLOX (0.5 %) (GEL (GRAM))</td>
<td>Prior prescription for Podofilox in the past 190 days</td>
</tr>
<tr>
<td>CONZIP (100 MG) (CPBP 25-75)</td>
<td>Prior prescription for Tramadol HCL in the past 130 days</td>
</tr>
<tr>
<td>CONZIP (200 MG) (CPBP 25-75)</td>
<td>Prior prescription for Tramadol HCL in the past 130 days</td>
</tr>
<tr>
<td>CONZIP (300 MG) (CPBP 17-83)</td>
<td>Prior prescription for Tramadol HCL in the past 130 days</td>
</tr>
<tr>
<td>CORDRAN (4MCG/SQ CM) (MED. TAPE)</td>
<td>Prior prescription for a Topical Anti-inflammatory Steroidal in the past 180 days</td>
</tr>
</tbody>
</table>
• COREG CR  Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprol/hydrochlorothiazide, Bisoprolol Fumarate, Bystolic, Byvalson, Carvedilol, Hemangeol, Inderal XL, Innopran XL, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, Propranolol HCL ER, or Propranolol HCL in the past 190 days

• COSOPT PF  Prior prescription for Dorzolamide HCL/timolol Maleate in the past 190 days

• CYCLOSET  Prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Fortamet, Metformin HCL, Riomet, Tradjenta, Janumet, Janumet XR, Januvia, Jentadueto, or Jentadueto XR in the past 180 days

• DALIRESP  Prior prescription for Dulera, Breo Ellipta, Spiriva, Spiriva Respimat, Serevent Diskus, or Advair Diskus in the past 130 days

• DAYTRAN A  Prior prescription for Methylphenidate HCL, Quillivant XR, or Ritalin LA in the past 365 days

• DELZICOL  Prior prescription for Apriso or Balsalazide Disodium in the past 190 days

• DESVENLAFAXINE ER  Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL

• DESVENLAFAXINE FUMARATE ER  Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL

• DETROL  Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, or Trospium Chloride in the past 190 days

• DETROL LA  Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 190 days

• DOVONEX  Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days

• DRITHOCREME HP  Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days

• DUETACT  Prior prescription for Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Riolet, Tolazamide, or Tolbutamide in the past 130 days

• EDARBI  Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine/valsartan, Amlodipine/valsartan/hthemiazid, Candesartan Cilexetil, Candesartan/hydrochlorothiazid, Eprosartan Mesylate, Irbesartan, Irbesartan/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Olmesartan Medoxomil, Olmesartan/hydrochlorothiazide, Telmisartan/hydrochlorothiazid, Teveten HCT, Teveten, Valsartan, or Valsartan/hydrochlorothiazide in the past 130 days

• EDARBYCLOR  Prior prescription for Amlodipine Besylate/benazepril, Amturnide, Benazepril HCL, Benazepril/hydrochlorothiazide, Captoperil, Captopril/valsartan/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Lisopril, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrexis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL in the past 130 days

•ENABLEX  Prior prescription for Oxybutynin Chloride in the past 130 days

• ENSTILAR  Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days

• EPANED (1 MG/ML) (SOLN RECON)  Prior prescription for Enalapril Maleate in the past 130 days

• ESOMEPRAZOLE STRONTIUM (24.65 MG) (CAPSULE DR)  Prior prescription for 2 of the following in the past 365 days: Lansoprazole, Prevacid, Aciphex Sprinkle, Rabeprazole Sodium, Pantoprazole Sodium, Protonix, or Omeprazole

• ESOMEPRAZOLE STRONTIUM (49.3 MG) (CAPSULE DR)  Prior prescription for 2 of the following in the past 365 days: Lansoprazole, Prevacid, Aciphex Sprinkle, Rabeprazole Sodium, Pantoprazole Sodium, Protonix, or Omeprazole

• EXFORGE  Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captoperil, Captopril/valsartan/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrexis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL in the past 130 days
### Medication Prescribing Limitations

- **EXFORGE HCT**
  Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbreli, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, or Trandolapril/verapamil HCL in the past 130 days

- **FANAPT (1 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (10 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (1-2-4-6 MG) (TAB DS PK)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (12 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (2 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (4 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (6 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FANAPT (8 MG) (TABLET)**
  Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

- **FARXIGA**
  Prior prescription for 2 of the following in the past 365 days: Invokana, Invokamet, Invokamet XR AND metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug

- **FELBAMATE (400 MG) (TABLET)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FELBAMATE (600 MG) (TABLET)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FELBAMATE (600 MG/5ML) (ORAL SUSP)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FELBATOL (400 MG) (TABLET)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FELBATOL (600 MG) (TABLET)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FELBATOL (600 MG/5ML) (ORAL SUSP)**
  Prior prescription for Topiramate, Trokendi XR, Lamictal, or Lamotrigine in the past 130 days

- **FENOFIBRATE, MICRONIZED (200 MG) (CAPSULE)**
  Prior prescription for Antara or Fenofibrate micronized in the past 190 days

- **FENOFIBRATE, MICRONIZED (67 MG) (CAPSULE)**
  Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days

- **FENORTHO (400 MG) (CAPSULE)**
  Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days

- **FETZIMA**
  Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL

- **FIBRICOR**
  Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Fenofibr Acid (choline), or Triglide in the past 130 days

- **FLECTOR**
  Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 130 days

- **FLOVENT DISKUS (100 MCG) (BLST W/DEV)**
  Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar

- **FLOVENT DISKUS (250 MCG) (BLST W/DEV)**
  Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar

- **FLOVENT DISKUS (50 MCG) (BLST W/DEV)**
  Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar

- **FLOVENT HFA (110 MCG) (AER W/ADAP)**
  Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar

- **FLOVENT HFA (220 MCG) (AER W/ADAP)**
  Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar
FLOVENT HFA (44 MCG) (AER W/ADAP)  
Prior prescription for 2 of the following in the past 365 days: Pulmicort Flexhaler, Asmanex, or Qvar

FLUOXETINE HCL  
Prior prescription for Sertraline, Sarafem, Citalopram hydrobromide, Paroxetine, Venlafaxine, or Fluvoxamine in the past 130 days

FORFIVO XL  
Prior prescription for Bupropion in the past 130 days

FOSAMAX PLUS D  
Prior prescription for Alendronate Sodium, Binosto, Ibandronate Sodium, or Risedronate Sodium in the past 190 days

FROVA  
Prior prescription for Almotriptan Malate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days

FUZEON  
Prior prescription for an Antiretroviral drug in the past 130 days

FYCOMPA (10 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

FYCOMPA (12 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

FYCOMPA (2 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

FYCOMPA (4 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

FYCOMPA (6 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

FYCOMPA (8 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

GABITRIL (12 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

GABITRIL (16 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

GABITRIL (2 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

GABITRIL (4 MG) (TABLET)  
Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

GIAZO  
Prior prescription for Apriso or Balsalazide Disodium in the past 190 days

GLYXAMBI  
Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

GRALISE (300 MG) (TAB ER 24H)  
Prior prescription for Fanatrex or Gabapentin in the past 130 days

GRALISE (300-600 MG) (TAB ER 24H)  
Prior prescription for Fanatrex or Gabapentin in the past 130 days

GRALISE (600 MG) (TAB ER 24H)  
Prior prescription for Fanatrex or Gabapentin in the past 130 days

HEMANGEOL  
Prior prescription for Propranolol HCL, Nadolol, Labetalol HCL, Coreg CR, or Metoprolol Tartrate in the past 190 days

HORIZANT (300 MG) (TABLET ER)  
Prior prescription for Pramipexole Di-HCL, Ropinirole HCL, Fanatrex, Gabapentin, or Gralise in the past 130 days

HORIZANT (600 MG) (TABLET ER)  
Prior prescription for Pramipexole Di-HCL, Ropinirole HCL, Fanatrex, Gabapentin, or Gralise in the past 130 days

INCRUSE ELLIPTA  
Prior prescription for Spiriva or Spiriva Respimat in the past 130 days
Medication Prescribing Limitations

1. **INDERAL XL**
   - Prior prescription for Propranolol HCL ER or Propranolol HCL in the past 130 days

2. **INNOPRAN XL**
   - Prior prescription for Propranolol HCL ER or Propranolol HCL in the past 130 days

3. **INVEGA (1.5 MG) (TAB ER 24)**
   - Prior prescription for 2 of the following in the past 365 days: Olanzapine, Zyprexa, Relprevv, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

4. **INVEGA (3 MG) (TAB ER 24)**
   - Prior prescription for 2 of the following in the past 365 days: Olanzapine, Zyprexa, Relprevv, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

5. **INVEGA (6 MG) (TAB ER 24)**
   - Prior prescription for 2 of the following in the past 365 days: Olanzapine, Zyprexa, Relprevv, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

6. **INVEGA (9 MG) (TAB ER 24)**
   - Prior prescription for 2 of the following in the past 365 days: Olanzapine, Zyprexa, Relprevv, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone

7. **INVIRASE (200 MG) (CAPSULE)**
   - Prior prescription for Reyataz, Prezista, Atripla, Isentress, or Sustiva in the past 130 days

8. **INVIRASE (500 MG) (TABLET)**
   - Prior prescription for Reyataz, Prezista, Atripla, Isentress, or Sustiva in the past 130 days

9. **INVOKAME MET**
   - Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

10. **INVOKANET XR**
    - Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

11. **JARDIANE**
    - Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokanet, Invokana, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Rionet, Tolazamide, or Tolbutamide

12. **KARBINAL ER**
    - Prior prescription for Carboxamine Maleate in the past 130 days

13. **KAZANO**
    - Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjenta in the past 130 days

14. **KHEDEZLA**
    - Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL

15. **KOMBIGLYZE XR (2.5-1000MG) (TBMP 24HR)**
    - Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjenta in the past 130 days

16. **KOMBIGLYZE XR (5 MG-500MG) (TBMP 24HR)**
    - Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjenta in the past 130 days

17. **KOMBIGLYZE XR (5MG-1000MG) (TBMP 24HR)**
    - Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjenta in the past 130 days

18. **KYTRIL (1 MG) (TABLET)**
    - Prior prescription for Ondansetron in the past 130 days

19. **LAMICTAL ODT (100 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

20. **LAMICTAL ODT (200 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

21. **LAMICTAL ODT (25 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

22. **LAMICTAL XR (100 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

23. **LAMICTAL XR (200 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

24. **LAMICTAL XR (25 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

25. **LAMICTAL XR (250 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

26. **LAMICTAL XR (50 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

27. **LAMICTAL XR (BLUE) (TAB ER DSPK)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

28. **LAMICTAL XR (GREEN) (TAB ER DSPK)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

29. **LAMICTAL XR (ORANGE) (TAB ER DSPK)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

30. **LAMOTRIGINE (100 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

31. **LAMOTRIGINE (100 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

32. **LAMOTRIGINE (200 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

33. **LAMOTRIGINE (200 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

34. **LAMOTRIGINE (25 MG) (TAB ER 24)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

35. **LAMOTRIGINE (25 MG) (TAB RAPDIS)**
    - Prior prescription for Lamictal or Lamotrigine in the past 130 days

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**PEEHIP Effective: April 1, 2017**
<table>
<thead>
<tr>
<th>Medication</th>
<th>Prior prescription requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMOTRIGINE (250 MG) (TAB ER 24)</td>
<td>Prior prescription for Lamictal or Lamotrigine in the past 130 days</td>
</tr>
<tr>
<td>LAMOTRIGINE (300 MG) (TAB ER 24)</td>
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<tr>
<td>LAMOTRIGINE (50 MG) (TAB RAPDIS)</td>
<td>Prior prescription for Lamictal or Lamotrigine in the past 130 days</td>
</tr>
<tr>
<td>LATUDA</td>
<td>Prior prescription for 2 of the following in the past 365 days: Olanzapine, Quetiapine Fumarate, Seroquel XR, or Ziprasidone HCL</td>
</tr>
<tr>
<td>LESCOL</td>
<td>Prior prescription for 2 of the following in the past 190 days: Altoprev, Amlodipine/atorvastatin, Amlodipine/atorvastatin Calcium, Amlodipine/atorvastatin Calculium, Lovastatin, Pravastatin Sodium, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, Simvastatin, or Vytorin</td>
</tr>
<tr>
<td>LESCOL XL</td>
<td>Prior prescription for 2 of the following in the past 365 days: Amlodipine/atorvastatin, Simvastatin, Altoprev, Lovastatin, Pravastatin, Rosuvastatin, Fluvasatin, Vytorin, or Amlodipine/atorvastatin</td>
</tr>
<tr>
<td>LEVATOL</td>
<td>Prior prescription for Acebutolol HCL, Atenolol, Nadolol, Hemangeol, Inderal XL, Innopran XL, Propranolol HCL, Propranolol HCL ER, Nadolol/bendroflumethiazide, Betaxolol HCL, Levatol, Atenolol/chlorothalidone, Metoprolol Succinate, Carvedilol, Coreg CR, Bisoprol/hydrochlorothiazide, Bisoprolol Fumarate, Labelatal HCL, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Bystolic, Hemangeol, or Byvalson in the past 190 days</td>
</tr>
<tr>
<td>LIALDA</td>
<td>Prior prescription for Apriso or Balsalazide Disodium in the past 190 days</td>
</tr>
<tr>
<td>LIVALO</td>
<td>Prior prescription for Apriso or Balsalazide Disodium in the past 190 days</td>
</tr>
<tr>
<td>LYRICA (100 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (150 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (20 MG/ML) (SOLUTION)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (200 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (225 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (25 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (300 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (50 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>LYRICA (75 MG) (CAPSULE)</td>
<td>Prior prescription for Fanatrex, Gabapentin, or Gralise in the past 130 days</td>
</tr>
<tr>
<td>MESALAMINE</td>
<td>Prior prescription for Apriso, Balsalazide Disodium, or Lialda in the past 190 days</td>
</tr>
<tr>
<td>MICARDIS HCT</td>
<td>Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine/valsalart, Amlodipine/valsalart/hethiazid, Edarbi, Eprosartan Mesylate, Losartan Potassium, Losartan/hydrochlorothiazide, Telmsartan/amlodipine, Telmsartan/hydrochlorothiazide, Teveten HCT, Teveten, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days</td>
</tr>
<tr>
<td>MIGRANAL</td>
<td>Prior prescription for Ergomar, Ergotamine Tartrate/caffeine, or Migergot in the past 190 days</td>
</tr>
<tr>
<td>MIRVASO</td>
<td>Prior prescription for Finacea or Topical Metronidazole in the past 130 days</td>
</tr>
<tr>
<td>MODERIBA (200-400(7)) (TAB DS PK)</td>
<td>Prior prescription for Ribavirin 200mg in the past 130 days</td>
</tr>
<tr>
<td>MODERIBA (400-400(7)) (TAB DS PK)</td>
<td>Prior prescription for Ribavirin 200mg in the past 130 days</td>
</tr>
<tr>
<td>MODERIBA (600-400(7)) (TAB DS PK)</td>
<td>Prior prescription for Ribavirin 200mg in the past 130 days</td>
</tr>
<tr>
<td>MODERIBA (600-600(7)) (TAB DS PK)</td>
<td>Prior prescription for Ribavirin 200mg in the past 130 days</td>
</tr>
<tr>
<td>MYTESI</td>
<td>Prior prescription for an Antiretroviral drug in the past 130 days</td>
</tr>
<tr>
<td>NALFON (400 MG) (CAPSULE)</td>
<td>Prior prescription for 2 generic Non-Steroidal Anti-inflammatory Drugs (NSAIDs) in the past 190 days</td>
</tr>
<tr>
<td>NAMZARIC</td>
<td>Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR</td>
</tr>
<tr>
<td>NEO-SYNALAR</td>
<td>Prior prescription for Capex Shampoo, Fluocinolone Acetonide, Fluocinolone/shower Cap, I,luvien, or Retisert in the past 130 days</td>
</tr>
<tr>
<td>NESINA</td>
<td>Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjeta in the past 130 days</td>
</tr>
<tr>
<td>NEUPRO</td>
<td>Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 130 days</td>
</tr>
<tr>
<td>NIASPAN</td>
<td>Prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocristallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in the past 365 days</td>
</tr>
<tr>
<td>ONFI (10 MG) (TABLET)</td>
<td>Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days</td>
</tr>
<tr>
<td>ONFI (2.5 MG/ML) (ORAL SUSP)</td>
<td>Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days</td>
</tr>
</tbody>
</table>

**Medication Prescribing Limitations**

**PEEHIP**

**Effective: April 1, 2017**
Medication Prescribing Limitations

- **ONFI (20 MG) (TABLET)**
  - Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days

- **ONGLYZA**
  - Prior prescription for Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, Juvisync, or Tradjenta in the past 130 days

- **OSENi**
  - Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Juvisync, or Tradjenta in the past 130 days

- **OTREXUP**
  - Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days

- **OVACE PLUS (9.8 %) (LOTION)**
  - Prior prescription for Ketoconazole or Ciclopirox in the past 130 days

- **PAXIL (10 MG/5 ML) (ORAL SUSP)**
  - Prior prescription for Sertraline, Fluoxetine, Sarafem, Citalopram hydrobromide, Paroxetine, Venlafaxine, or Fluvoxamine in the past 130 days

- **PENNSAID (1.5 %) (DROPS)**
  - Prior prescription for Diclofenac Sodium in the past 120 days

- **PENTASA**
  - Prior prescription for Apriso, Balsalazide Disodium, or Lialda in the past 190 days

- **POTIGA (200 MG) (TABLET)**
  - Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

- **POTIGA (300 MG) (TABLET)**
  - Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

- **POTIGA (400 MG) (TABLET)**
  - Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

- **POTIGA (50 MG) (TABLET)**
  - Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxtellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

- **PRADAXA**
  - Prior prescription for Eliquis and Xarelto in the past 365 days

- **PRISTIQ (100 MG) (TAB ER 24H)**
  - Prior prescription for 2 of the following in the past 365 days: Escitalopram Oxalate, Bupropion HCL, Forfivo XL, Fluoxetine HCL, Sarafem, Sertraline HCL, Venlafaxine HCL, Citalopram Hydrobromide, Mirtazapine, or Paroxetine HCL

- **PRISTIQ (25 MG) (TAB ER 24H)**
  - Prior prescription for 2 of the following in the past 365 days: Escitalopram Oxalate, Bupropion HCL, Forfivo XL, Fluoxetine HCL, Sarafem, Sertraline HCL, Venlafaxine HCL, Citalopram Hydrobromide, Mirtazapine, or Paroxetine HCL

- **PRISTIQ (50 MG) (TAB ER 24H)**
  - Prior prescription for 2 of the following in the past 365 days: Escitalopram Oxalate, Bupropion HCL, Forfivo XL, Fluoxetine HCL, Sarafem, Sertraline HCL, Venlafaxine HCL, Citalopram Hydrobromide, Mirtazapine, or Paroxetine HCL

- **QNASL CHILDREN**
  - Prior prescription for Flunisolide in the past 130 days

- **QUILLICHEW ER**
  - Prior prescription for Methylphenidate HCL in the past 365 days

- **QUILLIVANT XR**
  - Prior prescription for Methylphenidate HCL in the past 365 days

- **RASUVO (10MG/0.2ML) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (12.5/0.25) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (15MG/0.3ML) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (17.5/0.35) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (20MG/0.4ML) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (22.5/0.45) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (25MG/0.5ML) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (27.5/0.55) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (30MG/0.6ML) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days

- **RASUVO (7.5MG/0.15) (AUTO INJCT)**
  - Prior prescription for Trexall, Methotrexate Sodium/pf, Methotrexate Sodium, or Rheumatrex in the past 130 days
**Medication Prescribing Limitations**

- **RELPAX** Prior prescription for Almotriptan Malate, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
- **RIBATAB** Prior prescription for Ribavirin 200mg in the past 130 days
- **RIBAVIRIN** Prior prescription for Ribavirin 200mg in the past 130 days
- **RYTARY** Prior prescription for Carbipoda/levodopa in the past 130 days
- **SANCTURA** Prior prescription for Gelique, Oxytrol, Tropium Chloride, or Oxybutynin Chloride in the past 190 days
- **SANCTURA XR** Prior prescription for Gelique, Oxytrol, Trolerodine Tartrate, or Oxybutynin Chloride in the past 190 days
- **SANCUSO** Prior prescription for Ondansetron in the past 130 days
- **SAPHRIS (10 MG) (TAB SUBL)** Prior prescription for 2 of the following in the past 365 days: Risperidone, Quetiapine Fumarate, Seroquel XR, Ziprasidone HCL, or Olanzapine
- **SAPHRIS (2.5 MG) (TAB SUBL)** Prior prescription for 2 of the following in the past 365 days: Risperidone, Quetiapine Fumarate, Seroquel XR, Ziprasidone HCL, or Olanzapine
- **SAPHRIS (5 MG) (TAB SUBL)** Prior prescription for 2 of the following in the past 365 days: Risperidone, Quetiapine Fumarate, Seroquel XR, Ziprasidone HCL, or Olanzapine
- **SARAFEM** Prior prescription for Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 130 days
- **SAVAYSA** Prior prescription for Eliquis and Xareto in the past 365 days
- **SEEERVENT DISKUS** Prior prescription for Foradil in the past 190 days
- **SEROQUEL XR (150 MG) (TAB ER 24H)** Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprev, Risperidone, Escitolopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate
- **SEROQUEL XR (200 MG) (TAB ER 24H)** Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprev, Risperidone, Escitolopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate
- **SEROQUEL XR (300 MG) (TAB ER 24H)** Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprev, Risperidone, Escitolopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate
- **SEROQUEL XR (400 MG) (TAB ER 24H)** Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprev, Risperidone, Escitolopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate
- **SEROQUEL XR (50 MG) (TAB ER 24H)** Prior prescription for 2 of the following in the past 365 days: Fluoxetine HCL, Sarafem, Ziprasidone HCL, Venlafaxine HCL, Sertraline HCL, Paroxetine HCL, Olanzapine, Zyprexa Relprev, Risperidone, Escitolopram Oxalate, Brisdelle, Pexeva, Citalopram Hydrobromide, or Quetiapine Fumarate
- **SITAVIG** Prior prescription for Acyclovir, Zovirax, Valacyclovir HCL, or Famciclovir in the past 130 days
- **SOLiqua 100-33** Prior prescription for the following in the past 365 days: Actoplus Met XR, Chloropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepideride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza
- **SORILUX** Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
- **STRIVERDI RESPIMAT** Prior prescription for Foradil in the past 190 days
- **SULAR (20 MG) (TAB ER 24H)** Prior prescription for Nifedipine, Cardene SR, Nicardipine HCL, Amlodipine Besylate, Dynacirc CR, Isradipine, or Felodipine in the past 190 days
- **SULAR (30 MG) (TAB ER 24H)** Prior prescription for Nifedipine, Cardene SR, Nicardipine HCL, Amlodipine Besylate, Dynacirc CR, Isradipine, or Felodipine in the past 190 days
- **SULAR (40 MG) (TAB ER 24H)** Prior prescription for Nifedipine, Cardene SR, Nicardipine HCL, Amlodipine Besylate, Dynacirc CR, Isradipine, or Felodipine in the past 190 days
- **SUMAVEL DOSEPRO** Prior prescription for Alsuma, Sumatriptan Succinate, or SumatRIPTAN in the past 180 days
- **SYMBICORT** Prior prescription for Breo Ellipta or Dulera in the past 130 days
- **SYMLINPEN 120** Prior prescription for a Diabetes drug in the past 190 days

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<td>SYNJARDY</td>
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<td>TAACLONEX (0.005-.064) (OINT. (G))</td>
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<td>TACROLIMUS</td>
<td>Prior prescription for Elidel or a Topical Anti-inflammatory Steroidal in the past 130 days</td>
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<td>TANZEUM</td>
<td>Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trucity, or Victoza</td>
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<tr>
<td>TEVETEN</td>
<td>Prior prescription for Amlodipine/valsartan, Valsartan, Amlodipine/valsartan/hydrochlorothiazide, Edarbi, Losartan Potassium, Losartan/hydrochlorothiazide, Telmisartan, Telmisartan/amlodipine, Telmisartan/hydrochlorothiazide, Teveten, Teveten HCT, Valsartan/hydrochlorothiazide, or Amlodipine/olmesartan in the past 190 days</td>
</tr>
<tr>
<td>TIAGABINE HCL</td>
<td>Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal (blue), Lamictal (green), Lamictal (orange), Lamictal XR (blue), Lamictal XR (green), Lamictal XR (orange), Lamict, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide</td>
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<tr>
<td>TIMOPTIC OCUDOSE</td>
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<tr>
<td>TOPICORT (0.25 %) (SPRAY)</td>
<td>Prior prescription for Desoximetasone, Fluocinonide, Betamethasone Dipropionate, Mometasone Furoate in the past 130 days</td>
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<tr>
<td>TOUJEO SOLOSTAR</td>
<td>Prior prescription for Lantus or Lantus Solostar in the past 130 days</td>
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<tr>
<td>TRESIBA FLEXTOUCH U-100</td>
<td>Prior prescription for Lantus, Lantus Solostar, Lemir, Lemir Flexpen, or Lemir Flextouch in the past 130 days</td>
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<tr>
<td>TRESIBA FLEXTOUCH U-200</td>
<td>Prior prescription for Lantus, Lantus Solostar, Lemir, Lemir Flexpen, or Lemir Flextouch in the past 130 days</td>
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<tr>
<td>TRIGLIDE</td>
<td>Prior prescription for Antara, Fenofibrate micronized, Fenofibrate Nanocrystallized, Fenofibrate Acid, or Fenofibrate Acid (choline) in the past 190 days</td>
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<tr>
<td>TRINTELLIX</td>
<td>Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL</td>
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<tr>
<td>TROKENDI XR (100 MG) (CAP ER 24H)</td>
<td>Prior prescription for Topiramate in the past 130 days</td>
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<tr>
<td>TROKENDI XR (25 MG) (CAP ER 24H)</td>
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<tr>
<td>TROKENDI XR (50 MG) (CAP ER 24H)</td>
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<td>TRULANCE</td>
<td>Prior prescription for Amitiza or Linzess in the past 130 days</td>
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<td>TRULICITY</td>
<td>Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days</td>
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<td>UCERIS</td>
<td>Prior prescription for Balsalazide Disodium in the past 130 days</td>
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<tr>
<td>UCERIS</td>
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<td>UTIBRON NEOHALER</td>
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<td>VEREGEN</td>
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<td>VERSACLOZ</td>
<td>Prior prescription for 2 of the following in the past 365 days: Olanzapine, Ziprasidone HCL, Quetiapine Fumarate, Seroquel XR, or Risperidone</td>
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<tr>
<td>VICTOZA 2-PAK</td>
<td>Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days</td>
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</table>
• VICTOZA 3-PAK Prior prescription for metformin, metformin combination, a sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days

• VIIBRYD Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Seraline, Sertraline HCL, or Venlafaxine HCL

• VIMPAT (10 MG/ML) (SOLUTION) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VIMPAT (100 MG) (TABLET) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VIMPAT (150 MG) (TABLET) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VIMPAT (200 MG) (TABLET) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VIMPAT (200MG/20ML) (VIAL) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VIMPAT (50 MG) (TABLET) Prior prescription for 2 of the following in the past 365 days: Levetiracetam, Spritam, Lamictal, Lamictal XR, Lamotrigine, Equetro, Carbamazepine, Oxcarbazepine, Oxellar XR, Fanatrex, Gabapentin, Gralise, Stavzor, Valproic Acid, Topiramate, Trokendi XR, Divalproex Sodium, or Zonisamide

• VYTORIN (10 MG-10MG) (TABLET) Prior prescription for 2 of the following in the past 365 days: Simvastatin, Atorvastatin Calcium, Altopen, Lovastatin, or Pravastatin Sodium

• VYTORIN (10 MG-20MG) (TABLET) Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days

• VYTORIN (10 MG-40MG) (TABLET) Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days

• VYTORIN (10 MG-80MG) (TABLET) Prior prescription for simvastatin 80mg in the past 365 days

• VYVANSE (10 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (20 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (30 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (40 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (50 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (60 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• VYVANSE (70 MG) (CAPSULE) Prior prescription for methylphenidate IR/LA/ER/CD or dextroamphetamine/amphetamine (Adderall IR/XR) in the past 365 days

• XERASE Prior prescription for Valacyclovir HCL, Acyclovir, Sitavig, Zovirax, or Famciclovir in the past 130 days

• XIGDUO XR Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Fortamet, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide

• XTAMPZA ER (13.5 MG) (CAP SPR 12) Prior prescription for Oxycodeone HCL or Oxycontin in the past 130 days

• XTAMPZA ER (18 MG) (CAP SPR 12) Prior prescription for Oxycodeone HCL or Oxycontin in the past 130 days

• XTAMPZA ER (27 MG) (CAP SPR 12) Prior prescription for Oxycodeone HCL or Oxycontin in the past 130 days

• XTAMPZA ER (36 MG) (CAP SPR 12) Prior prescription for Oxycodeone HCL or Oxycontin in the past 130 days

• XTAMPZA ER (9 MG) (CAP SPR 12) Prior prescription for Oxycodeone HCL or Oxycontin in the past 130 days
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<td>• ZIOPTAN</td>
<td>Prior prescription for 2 of the following in the past 365 days: Bimatoprost, Lumigan, Travatan Z, Latanoprost</td>
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<td>• ZOCOR (80 MG) (TABLET)</td>
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<td>• ZOMIG (2.5 MG) (SPRAY)</td>
<td>Prior prescription for Sumatriptan Succinate, Almotriptan Malate, Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, or Zolmitriptan in the past 180 days</td>
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<tr>
<td>• ZOMIG (2.5 MG) (TABLET)</td>
<td>Prior prescription for Sumatriptan Succinate, Almotriptan Malate, Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, or Zolmitriptan in the past 180 days</td>
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<tr>
<td>• ZOMIG (5 MG) (SPRAY)</td>
<td>Prior prescription for Sumatriptan Succinate, Almotriptan Malate, Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, or Zolmitriptan in the past 180 days</td>
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<tr>
<td>• ZOMIG (5 MG) (TABLET)</td>
<td>Prior prescription for Sumatriptan Succinate, Almotriptan Malate, Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, or Zolmitriptan in the past 180 days</td>
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<tr>
<td>• ZOMIG ZMT</td>
<td>Prior prescription for Sumatriptan Succinate, Almotriptan Malate, Frovatriptan Succinate, Relpax, Rizatriptan Benzoate, or Zolmitriptan in the past 180 days</td>
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<td>• ZORVOLEX</td>
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