SilverScript Employer PDP sponsored by HealthChoice (SilverScript)

2019 Formulary
(List of Covered Drugs)

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

This formulary was updated on 08/17/2018. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.
What is the SilverScript Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year, except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

  o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

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

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

**How do I use the Formulary?**

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

**Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

**Alphabetical Listing**

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

**What are generic drugs?**

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

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

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

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

- **Quantity Limits (QL):** For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for tramadol hcl tab 50mg. This may be in addition to a standard one-month or three-month supply.

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

_There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV._

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript Formulary?” for information about how to request an exception.

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

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

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

- You can ask SilverScript Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

**How do I request an exception to the SilverScript Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the High Cost tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the High Cost tier.
Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan’s formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

**Initial Coverage Stage Copayment/Coinsurance Levels**

**The plan has four Cost-Sharing Tiers**

Every drug on the plan’s drug list is in one of four cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.
• Cost-Sharing Tier 1: Generics
• Cost-Sharing Tier 2: Preferred Brands
• Cost-Sharing Tier 3: Non-Preferred Brands
• Cost-Sharing Tier 4: High Cost

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your individual maximum out-of-pocket is met:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Network Retail Pharmacy (Up to a 30-day supply)</th>
<th>Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generics)</td>
<td>25% of total cost</td>
<td>25% of total cost</td>
</tr>
<tr>
<td>Tier 2 (Preferred Brands)</td>
<td>25% of total cost</td>
<td>25% of total cost</td>
</tr>
<tr>
<td>Tier 3 (Non-Preferred Brands)</td>
<td>25% of total cost</td>
<td>25% of total cost</td>
</tr>
<tr>
<td>Tier 4 (High Cost)</td>
<td>25% of total cost</td>
<td>25% of total cost</td>
</tr>
</tbody>
</table>

Costs shown in the table above reflect the additional coverage that may be provided by HealthChoice. Drugs that are part of your standard Medicare plan, but do not have additional coverage from HealthChoice would be covered under the 2019 Medicare Part D Defined Standard Benefit. Please visit [https://q1medicare.com/PartD-The-2019-Medicare-Part-D-Outlook.php](https://q1medicare.com/PartD-The-2019-Medicare-Part-D-Outlook.php) for more information about the 2019 Medicare Part D Defined Standard Benefit drug costs.

**For more information**

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

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

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

**SilverScript's Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.
The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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

- **PA** Prior Authorization.
- **QL** Drug has Quantity Limits.
- **ST** Step Therapy required.
- **NM** Not available at our mail-order pharmacies.
- **NDS** Non-extended day supply. Not available for an extended (long-term) supply.
- **LA** Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-866-275-5253, 24 hours a day, 7 days a week. TTY users should call 711.
- **B/D** This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOUT</td>
<td></td>
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</tr>
<tr>
<td>allopurinol (generic of ZYLOPRIM) TABS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>colchicine w/ probenecid</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>COLCRYS QL (120 tabs / 30 days)</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>DUZALLO</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>KRYSTEXXA</td>
<td>4</td>
<td>NDS NM LA PA</td>
</tr>
<tr>
<td>MITIGARE QL (60 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>probenecid</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ULORIC</td>
<td>2</td>
<td>ST</td>
</tr>
<tr>
<td>ZURAMPIC</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZYLOPRIM</td>
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<td></td>
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<tr>
<td>NSAIDS</td>
<td></td>
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<tr>
<td>ARTHROTEC 50</td>
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<td></td>
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<tr>
<td>ARTHROTEC 75</td>
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<td></td>
</tr>
<tr>
<td>CELEBREX 50mg QL (240 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>CELEBREX 100mg QL (120 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>CELEBREX 200mg QL (60 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>CELEBREX 400mg QL (30 caps / 30 days)</td>
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<td>QL</td>
</tr>
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<td>QL</td>
</tr>
<tr>
<td>celecoxib (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>celecoxib (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)</td>
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<td>QL</td>
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<tr>
<td>DAYPRO</td>
<td>2</td>
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</tr>
<tr>
<td>diclofenac potassium QL (120 tabs / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>diclofenac sodium TB24; TBEC</td>
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<tr>
<td>diclofenac w/ misoprostol (generic of ARTHROTEC 50)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **NDS** - Non-Extended Days Supply
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>oxaprozin (generic of DAYPRO)</td>
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<td>QL</td>
</tr>
<tr>
<td>piroxicam (generic of FELDENE)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>profeno</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>sulindac TABS</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>tolmetin sodium</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>VIMOVO</td>
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<td>NDS QL</td>
</tr>
<tr>
<td>VIVLODEX</td>
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<td>QL</td>
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<tr>
<td>ZIPSOR</td>
<td>4</td>
<td>NDS QL</td>
</tr>
<tr>
<td>ZORVOLEX</td>
<td>3</td>
<td>QL</td>
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<tr>
<td><strong>OPIOID ANALGESICS</strong></td>
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<tr>
<td>acetaminophen w/ codeine 300-15mg</td>
<td>1</td>
<td>QL</td>
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<tr>
<td>acetaminophen w/ codeine 300-30mg</td>
<td>1</td>
<td>QL</td>
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<td>acetaminophen w/ codeine soln</td>
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<td>QL</td>
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<tr>
<td>acetaminophen-caffeine-dihydrocod</td>
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<td>d CAPS</td>
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<td>TABS</td>
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<td>BELBUCA</td>
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<td>butorphanol nasal spray</td>
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<tr>
<td>butorphanol tartrate SOLN</td>
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<td>QL</td>
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<tr>
<td>BUTRANS</td>
<td>2</td>
<td>QL PA</td>
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<td>CONZIP</td>
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<td>QL PA</td>
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<tr>
<td>naltrexone hcl SOLN</td>
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<td>QL</td>
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</tbody>
</table>

**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILAUDID TABS</td>
<td>3</td>
<td>QL (180 tabs / 30 days)</td>
</tr>
<tr>
<td>DOLOPHINE</td>
<td>3</td>
<td>QL (90 tabs / 30 days)</td>
</tr>
<tr>
<td>DURAGESIC 12mcg/hr</td>
<td>3</td>
<td>QL PA (10 patches / 30 days)</td>
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<tr>
<td>DURAGESIC 50mcg/hr</td>
<td>4</td>
<td>NDS QL PA (10 patches / 30 days)</td>
</tr>
<tr>
<td>EMBEDA CAP 20-0.8MG</td>
<td>3</td>
<td>QL PA (60 caps / 30 days)</td>
</tr>
<tr>
<td>EMBEDA CAP 30-1.2MG</td>
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<td>QL PA (60 caps / 30 days)</td>
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</tr>
<tr>
<td>EMBEDA CAP 60-2.4MG</td>
<td>3</td>
<td>QL PA (60 caps / 30 days)</td>
</tr>
<tr>
<td>EMBEDA CAP 80-3.2MG</td>
<td>3</td>
<td>QL PA (60 caps / 30 days)</td>
</tr>
<tr>
<td>EMBEDA CAP 100-4MG</td>
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<td>NDS QL PA (60 caps / 30 days)</td>
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<td>endocet 2.5-325mg</td>
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<td>QL (360 tabs / 30 days)</td>
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<tr>
<td>endocet 5-325mg</td>
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<td>QL (360 tabs / 30 days)</td>
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<td>QL (360 tabs / 30 days)</td>
</tr>
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<td>endocet 10-325mg</td>
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<td>QL (180 tabs / 30 days)</td>
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<tr>
<td>EXALGO 8mg, 12mg</td>
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<td>QL PA (30 tabs / 30 days)</td>
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<td>EXALGO 16mg, 32mg</td>
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<td>NDS QL PA (30 tabs / 30 days)</td>
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<tr>
<td>fentanyl 37.5mcg/hr</td>
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<td>QL PA (10 patches / 30 days)</td>
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<tr>
<td>fentanyl 62.5mcg/hr</td>
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<td>NDS QL PA (10 patches / 30 days)</td>
</tr>
</tbody>
</table>

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<th>Drug Name</th>
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<th>Requirements/ Limits</th>
<th>Tier</th>
<th>Limits</th>
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<tr>
<td>hydrocodone-acetaminophen 10-300mg</td>
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<tr>
<td>hydrocodone-acetaminophen 10-325mg (generic of NORCO)</td>
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<td>KADIAN 40mg, 50mg, 60mg, 80mg, 100mg, 200mg</td>
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**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at
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<table>
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<th>Limits</th>
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<td>MS CONTIN 200mg</td>
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<td>NORCO TAB 10-325MG</td>
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<td>NUCYNTA ER 50mg, 100mg, 200mg, 250mg</td>
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</tbody>
</table>

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<td>PERCOCET 7.5-325MG</td>
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<tr>
<td>PERCOCET 10-325MG</td>
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<td>NDS QL</td>
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<tr>
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<td>ROXICODONE 30mg</td>
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<td>SUBSYS SPRAY 200MCG</td>
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**Drug Name**                  | **Drug Tier** | **Requirements/Limits** |
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**ANESTHETICS**

**LOCAL ANESTHETICS**

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<tbody>
<tr>
<td>lidocaine hcl (local anesth.)</td>
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<tr>
<td>(generic of XYLOCAINE)</td>
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<tr>
<td>lidocaine hcl (local anesth.)</td>
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<td>(generic of XYLOCAINE-MPF)</td>
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<td>.5%, 1%</td>
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<td>lidocaine inj 0.5% (generic of XYLOCAINE)</td>
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<tr>
<td>lidocaine inj 1% (generic of XYLOCAINE)</td>
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<td>lidocaine inj 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)</td>
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<td>lidocaine inj 4% preservative free (pf)</td>
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<td>XYLOCAINE-MPF 4%</td>
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**ANTI-INFECTIVES**

**ANTI-BACTERIALS - MISCELLANEOUS**

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<td>paromomycin sulfate CAPS</td>
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<td>streptomycin sulfate SOLR</td>
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<td>SULFADIAZINE TABS</td>
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<td>TOBI NEB</td>
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<td>TOBI PODHALER</td>
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<td>tobramycin (generic of KITABIS PAK) NEBU</td>
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</table>

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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<td>cidofovir</td>
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**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **NDS** - Non-Extended Days Supply
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<th>Drug Name</th>
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### CEPHALOSPORINS

- AVYCAZ 4 NDS
- cefaclor 1
- CEFACLOR ER TAB 500MG 3
- cefadroxil 1
- CEFAZOLIN IN DEXTROSE 2GM/100ML-4% 3
- ceftazolin inj 1
- cefazolin sodium SOLR 1gm, 20gm 1
- CEFAZOLIN SODIUM 1 GM/50ML 3
- cefdinir 1
- CEFEPIME 1GM SOLN 3
- CEFEPIME 2GM SOLN 3
- cefepime inj 1gm (generic of MAXIPIME) 1
- cefepime inj 2gm (generic of MAXIPIME) 1
- CEFEPIME/DEXTROSE 3
- cefixime (generic of SUPRAX) 1
- CEFOTAN 3
- cefotaxime sodium 1gm, 2gm, 500mg 1
- cefotetan disodium (generic of CEFOTAN) 1gm, 2gm 1
- cefotetan disodium 10gm 1
- CEFOXITIN SODIUM 3
- cefoxitin sodium 1gm, 2gm, 10gm 1
- cefpodoxime proxetil 1
- cefprozil 1
- ceftazidime SOLR 1
- CEFTAZIDIME/DEXTROSE 3
- ceftriaxone sodium (generic of ROCEPHIN) SOLR 1gm 1

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**Drug Name** | **Drug Tier** | **Requirements/Limits**
---|---|---
| ciprofloxacin (generic of CIPRO) | SUSR | 500mg/5ml |
| ciprofloxacin er (generic of CIPRO XR) | | 1 |
| ciprofloxacin hcl TABS | | 1 |
| ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg | | 1 |
| ciprofloxacin in d5w | | 1 |
| ciprofloxacin in d5w (generic of CIPRO I.V.-IN D5W) | | 1 |
| levofloxacin SOLN | | 1 |
| levofloxacin (generic of LEVAQUIN) TABS | | 1 |
| levofloxacin in d5w | | 1 |
| MOXIFLOXACIN HCL SOLN | 3 |
| moxifloxacin hcl (generic of AVELOX) TABS | | 1 |
| moxifloxacin hcl in sodium chloride | | 1 |

**PENICILLINS**

| amoxicillin | 1 |
| amoxicillin & pot clavulanate CHEW | 1 |
| amoxicillin & pot clavulanate SUSR | 1 |
| amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR | 1 |
| amoxicillin & pot clavulanate (generic of AUGMENTIN ES-600) SUSR | 1 |
| amoxicillin & pot clavulanate TABS | 1 |
| amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS | 1 |
| amoxicillin & pot clavulanate (generic of AUGMENTIN XR) TB12 | 1 |
| ampicillin & sulbactam sodium | 1 |
| ampicillin & sulbactam sodium (generic of UNASYN) | 1 |

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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
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**HORMONAL ANTINEOPLASTIC AGENTS**

- anastrozole (generic of ARIMIDEX) TABS
- ARIMIDEX 2
- AROMASIN 4 NDS
- bicalutamide (generic of CASODEX) 1
- CASODEX 3
- DEPO-PROVERA INJ 400/ML 3 B/D
- ELIGARD INJ 7.5MG 2 B/D NM
- ELIGARD INJ 22.5MG 2 B/D NM
- ELIGARD INJ 30MG 2 B/D NM
- ELIGARD INJ 45MG 2 B/D NM
- ERLEADA 4 NDS NM LA PA
- exemestane (generic of AROMASIN) 1
- FARESTON 4 NDS
- FASLODEX 4 NDS B/D
- FEMARA 4 NDS
- FIRMAGON 80mg 3 B/D NM
- FIRMAGON 120mg 4 NDS B/D NM
- flutamide 1
- hydroxyprogesterone caproate (antineoplastic) 4 NDS B/D
- letrozole (generic of FEMARA) TABS 1
- leuprolide inj 1mg/0.2 1 NM PA

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**IMMUNOMODULATORS**

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**KINASE INHIBITORS**

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**MISCELLANEOUS**

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ERWINAZE                        | 4 | NDS NM LA PA |
HALAVEN                         | 4 | NDS B/D NM |
HYDREA                          | 2 |               |
hydroxyurea (generic of HYDREA) | 1 |               |

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<td>MATULANE</td>
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<td>mitoxantrone hcl</td>
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<td>SYLATRON KIT 200MCG</td>
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<td>SYLATRON KIT 300MCG</td>
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<td>SYLATRON KIT 600MCG</td>
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<td>SYLVANT</td>
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<td>SYNRIBO</td>
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<tr>
<td>TARGRETIN CAPS</td>
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<td>NDS NM PA</td>
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<tr>
<td>tretinoin CAPS</td>
<td>4</td>
<td>NDS</td>
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**PLATINUM-BASED AGENTS**
carboplatin              | 1         | B/D                |
cisplatin                 | 1         | B/D                |
oxaliplatin inj 50mg     | 4         | NDS B/D             |
oxaliplatin inj 50mg/10ml | 1         | B/D                |
oxaliplatin inj 100mg    | 4         | NDS B/D             |
oxaliplatin inj 100mg/20ml| 1         | B/D                |

**PROTECTIVE AGENTS**
dexrazoxane (generic of ZINECARD) 500mg | 4 | NDS B/D |
ELITEK                     | 4         | NDS B/D           |
FUSILEV                    | 4         | NDS B/D NM        |
leucovorin calcium SOLR    | 1         | B/D               |
leucovorin calcium TABS    | 1         |                   |
levoleucovorin calcium 175mg/17.5ml | 4 | NDS B/D NM |
LEVOLEUCOVORIN CALCIUM 250mg/25ml | 4 | NDS B/D NM |
levoleucovorin calcium 50mg (generic of FUSILEV) | 4 | NDS B/D NM |
LEVOLEUCOVORIN CALCIUM 175MG | 4 | NDS B/D NM |
MESNEX TABS                | 4         | NDS               |
TOTECT                     | 4         | NDS B/D           |
ZINECARD 500mg             | 4         | NDS B/D           |

**TOPOISOMERASE INHIBITORS**
etoposide SOLN             | 1         | B/D               |
irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml | 1 | B/D |
irinotecan hcl 500mg/25ml  | 1         | B/D               |
ONIVYDE                    | 4         | NDS B/D NM        |
toposar                    | 1         | B/D               |

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<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>topotecan hcl (generic of TOPOTECAN HCL)</td>
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<td>NDS B/D</td>
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<tr>
<td>toptecan hcl (generic of HYCAMTIN)</td>
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<td>NDS B/D</td>
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<td>TOPOTECAN INJ 4MG/4ML</td>
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<td>NDS B/D</td>
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**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

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<th>Drug Name</th>
<th>Drug Tier</th>
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<td>3</td>
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</tr>
<tr>
<td>amlodipine</td>
<td>1</td>
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</tr>
<tr>
<td>benazepril hcl (generic of LOTENSIN)</td>
<td>1</td>
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<tr>
<td>benazepril &amp; hydrochlorothiazide</td>
<td>1</td>
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<tr>
<td>benazepril &amp; hydrochlorothiazide (generic of LOTENSIN HCT)</td>
<td>1</td>
<td></td>
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<tr>
<td>captopril &amp; hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>enalapril maleate &amp; hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>enalapril maleate &amp; hydrochlorothiazide (generic of VASERETIC)</td>
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</tr>
<tr>
<td>fosinopril-hydrochlorothiazide tab 10/12.5mg</td>
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<tr>
<td>fosinopril-hydrochlorothiazide tab 20/12.5mg</td>
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<tr>
<td>lisinopril &amp; hydrochlorothiazide (generic of ZESTORETIC)</td>
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<tr>
<td>LOTREL</td>
<td>2</td>
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<tr>
<td>moexipril-hydrochlorothiazide</td>
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</tr>
<tr>
<td>quinapril-hydrochlorothiazide (generic of ACCUPRIL)</td>
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<td>TARKA</td>
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<tr>
<td>trandolapril-verapamil hcl</td>
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<tr>
<td>trandolapril-verapamil hcl (generic of TARKA)</td>
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<tr>
<td>VASERETIC</td>
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<tr>
<td>ZESTORETIC</td>
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**ACE INHIBITORS**

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<th>Drug Name</th>
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<tr>
<td>ALTACE</td>
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<tr>
<td>benazepril hcl</td>
<td>TABS 5mg</td>
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<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>benazepril hcl (generic of LOTENSIN)</td>
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<td>captopril</td>
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<tr>
<td>enalapril maleate (generic of VASOTEC)</td>
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<td>EPANED</td>
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<td>NDS</td>
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<tr>
<td>fosinopril sodium</td>
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<tr>
<td>lisinopril (generic of ZESTRIL)</td>
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<tr>
<td>lisinopril (generic of PRINIVIL)</td>
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<td>LOTENSIN</td>
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<tr>
<td>moexipril hcl</td>
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<tr>
<td>perindopril erbumine</td>
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<td>PRINIVIL</td>
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<tr>
<td>QBRELS</td>
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<td>quinapril hcl (generic of ACCUPRIL)</td>
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<td>trandolapril 1mg, 2mg</td>
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<td>trandolapril (generic of MAVIK) 4mg</td>
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<td>VASOTEC 2.5mg, 5mg</td>
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<tr>
<td>VASOTEC 10mg, 20mg</td>
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<td>ZESTRIL</td>
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**ALDOSTERONE RECEPTOR ANTAGONISTS**

<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>ALDACTONE</td>
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<tr>
<td>CAROSPIR</td>
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<tr>
<td>eplerenone (generic of INSPIRA)</td>
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<td>INSPIRA</td>
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<tr>
<td>spironolactone (generic of ALDACTONE)</td>
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**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tr>
<td>ALDACTONE</td>
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<tr>
<td>doxazosin mesylate (generic of CARDURA)</td>
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<td>MINIPRESS</td>
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<tr>
<td>prazosin hcl (generic of MINIPRESS)</td>
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<td>terazosin hcl</td>
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    NDS - Non-Extended Days Supply
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<td>amlodipine</td>
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<tr>
<td>besylate-olmesartan medoxomil (generic of AZOR)</td>
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<td>amlodipine besylate-valsartan (generic of EXFORGE)</td>
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<td>amlodipine-valsartan-hydrochlorothiazide (generic of EXFORGE HCT)</td>
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<td>AZOR</td>
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<td>BYVALSON</td>
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<tr>
<td>ENTRESTO</td>
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<td>irbesartan-hydrochlorothiazide (generic of AVALIDE)</td>
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<td>losartan-hydrochlorothiazide tab 100-25mg (generic of HYZAAR)</td>
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<td>losartan-hydrochlorothiazideb 50-12.5mg (generic of HYZAAR)</td>
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<tr>
<td>MICARDIS HCT</td>
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<tr>
<td>olmesartan</td>
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<td>medoxomil-amlodipine-hydrochlorothiazide (generic of TRIBENZOR)</td>
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<tr>
<td>medoxomil-hydrochlorothiazide (generic of BENICAR HCT)</td>
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<tr>
<td>telmisartan-amlodipine (generic of TWYNSTA)</td>
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<td>telmisartan-hydrochlorothiazide (generic of MICARDIS HCT)</td>
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**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

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<th>Drug Name</th>
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<td>AVAPRO</td>
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<tr>
<td>BENICAR</td>
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<td>COZAAR</td>
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<tr>
<td>DIOVAN</td>
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<td>EDARBI</td>
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<td>enprosartan mesylate</td>
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<td>irbesartan (generic of AVAPRO)</td>
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<td>losartan potassium (generic of COZAAR)</td>
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<td>MICARDIS</td>
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<td>olmesartan medoxomil (generic of BENICAR)</td>
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<td>telmisartan (generic of MICARDIS)</td>
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<td>valsartan (generic of DIOVAN)</td>
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**ANTIARRHYTHMICS**

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<td>amiodarone hcl soln</td>
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<td>amiodarone tab 100mg</td>
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<td>amiodarone tab 400mg</td>
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<td>disopyramide phosphate (generic of NORPACE)</td>
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<td>dofetilide (generic of TIKOSYN)</td>
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<td>flecainide acetate</td>
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<td>mexiletine hcl</td>
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<td>NORPACE</td>
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<td>propafenone hcl (generic of RYTHMOL SR)</td>
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<td>quinidine gluconate</td>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>quinidine sulfate</td>
<td>TABS 1</td>
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<tr>
<td>RYTHMOL SR</td>
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<td>NDS</td>
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<tr>
<td>sorine (generic of BETAPACE)</td>
<td>80mg, 120mg, 160mg</td>
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<tr>
<td>soralol af tab 120mg (generic of BETAPACE AF)</td>
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<td>soralol hcl (afib/afl) (generic of BETAPACE AF)</td>
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<td>soralol hcl tab 80mg (generic of BETAPACE)</td>
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<td>soralol hcl tab 120mg (generic of BETAPACE)</td>
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**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<table>
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<td>ALTOPREV</td>
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<tr>
<td>atorvastatin calcium (generic of LIPITOR)</td>
<td>TABS</td>
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<tr>
<td>CRESTOR</td>
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<td>FLOLIPID</td>
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<td>fluvastatin sodium (generic of LESCOL)</td>
<td>CAPS 20mg</td>
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<td>LIPITOR</td>
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<td>LIVALO</td>
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<td>lovastatin 10mg, 20mg</td>
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<tr>
<td>lovastatin (generic of MEVACOR)</td>
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<td>PRAVACHOL</td>
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<td>pravastatin sodium 10mg</td>
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<td>pravastatin sodium (generic of PRAVACHOL)</td>
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<td>rosvuvastatin calcium (generic of CRESTOR)</td>
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**ANTILIPEMICS, MISCELLANEOUS**

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>simvastatin (generic of ZOCOR)</td>
<td>TABS 5mg, 10mg, 20mg, 40mg</td>
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<tr>
<td>simvastatin (generic of ZOCOR)</td>
<td>TABS 80mg</td>
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<td>sorine (generic of BETAPACE)</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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**BETA-BLOCKER/DIURETIC COMBINATIONS**

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**ANTIDEMENTIA**

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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail-order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply
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<th>Requirements/Limit</th>
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<td>olanzapine (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)</td>
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<th>Drug Name</th>
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<tr>
<td>QL (180 tabs / 30 days)</td>
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<th>Drug Name</th>
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<td>ZYPREXA RELPREVV 405mg</td>
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**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

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<td>ADDERALL TAB 15MG</td>
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<td>amphetamine-dextroamphetamine cap 24hr 30 mg</td>
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<tr>
<td>amphetamine-dextroamphetamine cap 24hr 10 mg</td>
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<td>amphetamine-dextroamphetamine cap 24hr 15 mg</td>
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<td>amphetamine-dextroamphetamine cap 24hr 20 mg</td>
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<td>amphetamine-dextroamphetamine cap 24hr 25 mg</td>
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<tr>
<td>amphetamine-dextroamphetamine cap 24hr 30 mg</td>
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**PA** - Prior Authorization  **QL** - Quantity Limits  **ST** - Step Therapy  **NM** - Not available at mail order  **B/D** - Covered under Medicare B or D  **LA** - Limited Access  **NDS** - Non-Extended Days Supply
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</td>
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<td>QL (60 caps / 30 days)</td>
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<tr>
<td>APTENSIO XR 40mg, 50mg, 60mg</td>
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<td>QL (30 caps / 30 days)</td>
</tr>
<tr>
<td>atomoxetine hcl (generic of STRATTERA) 10mg, 18mg, 25mg</td>
<td>1</td>
<td>QL (120 caps / 30 days)</td>
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<tr>
<td>atomoxetine hcl (generic of STRATTERA) 40mg</td>
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<td>CONCERTA 18mg, 27mg, 36mg</td>
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<tr>
<td>CONCERTA 54mg</td>
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<td>QL (30 tabs / 30 days)</td>
</tr>
<tr>
<td>COTEMPLA XR-OFT 60mg</td>
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<td>QL (60 tabs / 30 days)</td>
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<tr>
<td>DAYTRANA</td>
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<td>METHYLDRINE 5mg, 10mg</td>
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<td>NDS QL (150 caps / 30 days)</td>
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<tr>
<td>METHYLDRINE 15mg</td>
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<td>dexmethylyphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg</td>
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<td>guanfacine er (adhd) (generic of INTUNIV)</td>
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<td>INTUNIV</td>
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<td>metadate er</td>
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</tr>
<tr>
<td>METHYLDRINE 5mg/5ml</td>
<td>3</td>
<td>QL (1800 mL / 30 days)</td>
</tr>
<tr>
<td>METHYLDRINE 10mg/5ml</td>
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<td>QL (900 mL / 30 days)</td>
</tr>
<tr>
<td>methylphenidate hcl CHEW</td>
<td>1</td>
<td>QL (180 tabs / 30 days)</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
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<tr>
<td>methylphenidate hcl (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)</td>
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<td>QL</td>
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<tr>
<td>methylphenidate hcl CP24 60mg QL (30 caps / 30 days)</td>
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<td>methylphenidate hcl CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)</td>
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<td>methylphenidate hcl CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)</td>
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<td>methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)</td>
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<tr>
<td>methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)</td>
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<td>QL</td>
</tr>
<tr>
<td>methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)</td>
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</tr>
<tr>
<td>methylphenidate hcl TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)</td>
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<tr>
<td>methylphenidate hcl TB24 54mg QL (30 tabs / 30 days)</td>
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<td>methylphenidate hcl (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)</td>
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<tr>
<td>methylphenidate hcl 72mg er QL (30 tabs / 30 days)</td>
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<td>methylphenidate tab 10mg er QL (90 tabs / 30 days)</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply

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<td>methylphenidate tab 20mg er QL (90 tabs / 30 days)</td>
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<td>MYDAYIS CAP 12.5MG QL (60 caps / 30 days)</td>
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<td>MYDAYIS CAP 25MG QL (60 caps / 30 days)</td>
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<td>MYDAYIS CAP 37.5MG QL (30 caps / 30 days)</td>
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<td>MYDAYIS CAP 50MG QL (30 caps / 30 days)</td>
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<td>QUILLICHEW ER 20mg, 30mg QL (60 tabs / 30 days)</td>
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<td>QUILLICHEW ER 40mg QL (30 tabs / 30 days)</td>
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<td>QUILLIVANT XR QL (360 mL / 30 days)</td>
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<td>RITALIN 5mg, 10mg QL (180 tabs / 30 days)</td>
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<tr>
<td>RITALIN 20mg QL (90 tabs / 30 days)</td>
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<td>RITALIN LA 10mg, 20mg, 30mg QL (60 caps / 30 days)</td>
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<tr>
<td>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)</td>
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<td>QL</td>
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<tr>
<td>VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)</td>
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<tr>
<td>VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)</td>
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<td>Drug Name</td>
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<td>zenzedi</td>
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<td>15mg</td>
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<td>20mg</td>
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<tr>
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<td>30mg</td>
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<tr>
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<tr>
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<tr>
<td>HETLIOZ</td>
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<td>4 NDS NM LA QL (30 tabs / 30 days)</td>
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<tr>
<td>RESTORIL</td>
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<td>PA applies if 65 years and older after a 90 day supply in a calendar year</td>
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<td>PA applies if 65 years and older after a 90 day supply in a calendar year</td>
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<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>zolpidem tartrate (generic of AMBIEN) TABS</td>
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<td>PA applies if 70 years and older after a 90 day supply in a calendar year</td>
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<td>almotriptan malate</td>
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<td>AMERGE</td>
<td>3 QL QL (12 tabs / 30 days)</td>
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<tr>
<td>CAMBIA</td>
<td>3 QL QL (12 tabs / 30 days)</td>
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<tr>
<td>D.H.E. 45</td>
<td>4 NDS QL (8 mL / 30 days)</td>
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<td>dihydroergotamine mesylate inj 1 mg/ml (generic of D.H.E. 45)</td>
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<td>dihydroergotamine mesylate nasal</td>
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<td>eletriptan hydrobromide (generic of RELPAX)</td>
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<td>ergotamine w/ caffeine (generic of CAFERGOT)</td>
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<tr>
<td>IMITREX</td>
<td>3 QL QL (24 inhalers / 30 days)</td>
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<tr>
<td>IMITREX SOLN 5mg/act</td>
<td>3 QL QL (12 injections / 30 days)</td>
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<td>IMITREX SOLN 6mg/0.5ml</td>
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<tr>
<td>IMITREX SOLN 20mg/act</td>
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<tr>
<td>IMITREX TABS</td>
<td>3 QL QL (12 tabs / 30 days)</td>
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<tr>
<td>IMITREX STATDOSE REFILL</td>
<td>4 NDS QL QL (18 injections / 30 days)</td>
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</tbody>
</table>

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<td>QL (12 injections / 30 days)</td>
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<tr>
<td>IMITREX STATDOSE SYSTEM 4MG/0.5ML</td>
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<td>NDS QL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QL (18 injections / 30 days)</td>
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<tr>
<td>IMITREX STATDOSE SYSTEM 6MG/0.5ML</td>
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<td>NDS QL</td>
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<tr>
<td></td>
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<td>QL (12 injections / 30 days)</td>
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<td>QL (16 nosepieces / 30 days)</td>
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<td>rizatriptan benz oate odt (generic of MAXALT-MLT)</td>
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<td>QL</td>
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<tr>
<td></td>
<td></td>
<td>QL (24 inhalers / 30 days)</td>
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<tr>
<td>sumatriptan (generic of IMITREX) SOLN 20mg/act</td>
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<td>QL</td>
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<td></td>
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<td>QL (9 tabs / 30 days)</td>
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<td>QL (9 tabs / 30 days)</td>
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<tr>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  NM - Not available at mail-order  B/D - Covered under Medicare B or D  LA - Limited Access  NDS - Non-Extended Days Supply
<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>LYRICA CR 330mg</td>
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<td>AMPYRA</td>
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<tr>
<td>COPAXONE 40mg/ml</td>
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<td>GILENYA CAP 0.5MG</td>
<td>QL (28 caps / 28 days)</td>
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</tbody>
</table>

**Legend:**
- **PA** - Prior Authorization
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<tr>
<th>Drug Name</th>
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<th>Drug Name</th>
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<td>glatiramer acetate 20mg/ml</td>
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<td>QL (2 pens / 28 days)</td>
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**MUSCULOSKELETAL THERAPY AGENTS**

- baclofen TABS 1
- BOTOX 4 NDS PA
- cyclobenzaprine hcl TABS 2 PA
- DANTHRIM 1
- dantrolene sodium (generic of DANTHRIM) CAPS 25mg, 50mg
- dantrolene sodium CAPS 1 100mg
- DYSPOERT 3 PA
- MYOBL-P 3 PA
- tizanidine hcl (generic of ZANAFLEX) CAPS 1
- tizanidine tabs 2mg 1
- tizanidine tabs (generic of ZANAFLEX) 4mg 1
- XEOMIN INJ 50 UNITS 3 PA
- XEOMIN INJ 100 UNITS 4 NDS PA
- XEOMIN INJ 200 UNITS 4 NDS PA
- ZANAFLEX CAPS 3
- ZANAFLEX TABS 2

**NARCOLEPSY/CATAPLEXY**

- armodafinil (generic of NUVIGIL) 50mg 1 QL PA
- armodafinil (generic of NUVIGIL) 150mg, 200mg, 250mg QL (90 tabs / 30 days) 1 QL PA
- modafinil (generic of PROVIGIL) 100mg QL (30 tabs / 30 days) 1 QL PA
- modafinil (generic of PROVIGIL) 200mg QL (30 tabs / 30 days) 1 QL PA
- modafinil (generic of PROVIGIL) QL (60 tabs / 30 days) 3 QL PA
- NUVIGIL 50mg QL (90 tabs / 30 days) 3 QL PA

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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<td>NUVIGIL 150mg, 200mg, 250mg</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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**ANTIDIABETICS, INJECTABLE**

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<td>BYDUREON BCISE</td>
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**ANTIDIABETICS, ORAL**

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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
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PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    NDS - Non-Extended Days Supply
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**ENDOMETRIOSIS**

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SYNAREL          4  NDS

**ENZYME REPLACEMENTS**

ADAGEN       4  NDS NM LA PA
ALDURAZYME  4  NDS NM LA PA
BUPHENYL POWD  4  NDS NM PA
BUPHENYL TABS  4  NDS NM LA PA
CARBAGLU     4  NDS NM LA PA
CARNITOR SOLN 200mg/ml  3  B/D
CERDELGA  4  NDS NM PA
CEREZYME     4  NDS NM LA PA
CYSTADANE    4  NDS NM LA PA
CYSTAGON     3  NM LA PA
ELAPRASE     4  NDS NM LA PA
ELELYSO       4  NDS NM PA
FABRAZYME    4  NDS NM LA PA
KANUMA       4  NDS NM LA PA
KUVAN         4  NDS NM LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR)  1  B/D
CERIZYME     4  NDS NM LA PA
CERDELGA     4  NDS NM LA PA
CEREZYME     4  NDS NM LA PA
CYSTADANE    4  NDS NM LA PA
CYSTAGON     3  NM LA PA
ELAPRASE     4  NDS NM LA PA
ELELYSO       4  NDS NM PA
FABRAZYME    4  NDS NM LA PA
KANUMA       4  NDS NM LA PA
KUVAN         4  NDS NM LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR)  1  B/D
LUMIZYME     4  NDS NM LA PA
miglustat     4  NDS NM PA
NAGLAZYME    4  NDS NM LA PA
ORFADIN       4  NDS NM LA PA
PROCYSBI     4  NDS NM LA PA

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**ESTROGENS**

ALORA                         3
CLIMARA                        3
DELESTROGEN                   3
DEPO-ESTRADIOL                3
ESTRACE                       3
estradiol (generic of VIVELLE-DOT) PTTW  2
estradiol (generic of CLIMARA) PTWK  2
estradiol (generic of ESTRACE) TABS  1
estradiol vaginal cream (generic of ESTRACE)  1
estradiol vaginal tab (generic of VAGIFEM)  1
estradiol valerate (generic of DELESTROGEN) OIL  1
ESTRING                       2
FEMRING                       3
fyavolv                       2
fyavolv (generic of FEMHRT LOW DOSE)  2
jinteli                       2
MENEST                        3
MENOSTAR                      3
MINIVELLE                     3
norethindrone acetate-ethinyl estradiol  2
norethindrone acetate-ethinyl estradiol (generic of FEMHRT LOW DOSE)  2
PREMARIN SOLR                  3
PREMARIN TABS                  2
PREMARIN CREAM                2

PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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<td><strong>GLUCOCORTICOID</strong>S**</td>
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</table>

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**PROGESTINS**

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**THYROID AGENTS**

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**VASOPRESSINS**

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**GASTROINTESTINAL ANTIEMETICS**

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<tr>
<td>TRULANCE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>URSO 250</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>URSO FORTE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ursodiol (generic of ACTIGALL) CAPS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol (generic of URSO 250) TABS 250mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol (generic of URSO FORTE) TABS 500mg</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIBERZI</td>
<td>4 NDS PA</td>
<td></td>
</tr>
<tr>
<td>XERMELO</td>
<td>4 NDS NM LA PA</td>
<td></td>
</tr>
<tr>
<td>XIFAXAN TAB 550MG</td>
<td>4 NDS PA</td>
<td></td>
</tr>
<tr>
<td><strong>PANCREATIC ENZYMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CREON</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PANCREAZE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PERTZYE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIOKACE 10</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VIOKACE 20</td>
<td>4 NDS</td>
<td></td>
</tr>
<tr>
<td>ZENPEP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>PROTON PUMP INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACIPHEX</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>ACIPHEX SPRINKLE 5mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACIPHEX SPRINKLE 10mg</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>DEXILANT</td>
<td>2 QL</td>
<td></td>
</tr>
<tr>
<td>esomeprazole magnesium (generic of NEXIUM) QL (30 caps / 30 days)</td>
<td>1 QL</td>
<td></td>
</tr>
<tr>
<td>esomeprazole sodium inj 20mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esomeprazole sodium inj (generic of NEXIUM I.V.) 40mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lansoprazole (generic of PREVACID) CPDR QL (30 caps / 30 days)</td>
<td>1 QL</td>
<td></td>
</tr>
<tr>
<td>lansoprazole (generic of PREVACID SOLUTAB) TBDP QL (30 caps / 30 days)</td>
<td>1 QL</td>
<td></td>
</tr>
<tr>
<td>NEXIUM CAP 20MG QL (30 caps / 30 days)</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>NEXIUM CAP 40MG QL (30 caps / 30 days)</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>NEXIUM GRA 2.5MG DR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEXIUM GRA 5MG DR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEXIUM GRA 10MG DR QL (30 packets / 30 days)</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>NEXIUM GRA 20MG DR QL (30 packets / 30 days)</td>
<td>3 QL</td>
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</tr>
</tbody>
</table>

PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  NM - Not available at mail-order  B/D - Covered under Medicare B or D  LA - Limited Access  NDS - Non-Extended Days Supply
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEXIUM GRA 40MG DR QL (30 packets / 30 days)</td>
<td>3</td>
<td>QL</td>
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<tr>
<td>NEXIUM I.V.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>omeprazole cap 10mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>omeprazole cap 20mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>omeprazole cap 40mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pantoprazole sodium (generic of PROTONIX) SOLR; TBEC</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PREVACID QL (3 caps / 30 days)</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>PREVACID SOLUTAB QL (30 tabs / 30 days)</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>PRILOSEC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROTONIX PACK QL (30 packets / 30 days)</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>PROTONIX SOLR; TBEC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>rabeprazole sodium (generic of ACIPHEX) QL (30 tabs / 30 days)</td>
<td>1</td>
<td>QL</td>
</tr>
</tbody>
</table>

**GENITOURINARY**

**BENIGN PROSTATIC HYPERPLASIA**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alfuzosin hcl (generic of UROXATRAL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AVODART</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARDURA XL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dutasteride (generic of AVODART) CAPS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl (generic of JALYN)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>finasteride (generic of PROSCAR) TABS 5mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLOMAX</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JALYN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROSCAR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAPAFL O</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tamsulosin hcl (generic of FLOMAX)</td>
<td>1</td>
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**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bethanechol chloride (generic of URECHOLINE) TABS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ELMIRON</td>
<td>4</td>
<td>NDS</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq</td>
<td>1</td>
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</tr>
<tr>
<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium citrate (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>THIOLA</td>
<td>4</td>
<td>NDS</td>
</tr>
<tr>
<td>URECHOLINE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 10</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 15</td>
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**URINARY ANTISPASMODICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>darifenacin hydrobromide (generic of ENABLEX)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DETROL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DETROL LA</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DITROPA N XL 5mg, 10mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENABLEX</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELNIQUE PUMP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MYRBETRIQ</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride SYRP; TABS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride (generic of DITROPA N XL) TB24</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OXYTROL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tolterodine er (generic of DETROL LA)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tolterodine tartrate (generic of DETROL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOVIAZ</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>trospium chloride</td>
<td>1</td>
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<tr>
<td>VESICARE</td>
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**VAGINAL ANTI-INFECTIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN CREA</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN SUPP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clindamycin cre 2% vag (generic of CLEOCIN)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CLINDESSE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GYNAZOLE-1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>METROGEL-VAGINAL</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metronidazole vaginal (generic of METROGEL-VAGINAL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>miconazole 3 SUPP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal (generic of TERAZOL 7) CREA .4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal CREA .8%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal SUPP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>vandazole</td>
<td>1</td>
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</tbody>
</table>

**HEMATOLOGIC ANITICOAGULANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ARIXTRA</td>
<td>4</td>
<td>NDS</td>
</tr>
<tr>
<td>COUMADIN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ELIQUIS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ELIQUIS STARTER PACK</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>enoxaparin sodium (generic of LOVENOX)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fondaparinux sodium (generic of ARIXTRA) 2.5mg/0.5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fondaparinux sodium (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</td>
<td>4</td>
<td>NDS</td>
</tr>
<tr>
<td>FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml</td>
<td>2</td>
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</tr>
<tr>
<td>FRAGMIN 7500unit/0.3ml, 10000unit/0.1ml, 12500unit/0.15ml, 15000unit/0.17ml, 18000unit/0.24ml, 9500unit/0.38ml</td>
<td>4</td>
<td>NDS</td>
</tr>
<tr>
<td>heparin sod (porcine) in d5w</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>heparin sod inj 5000u/0.5ml</td>
<td>1</td>
<td>B/D</td>
</tr>
<tr>
<td>heparin sodium (porcine) 1000 u/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>heparin sodium (porcine) 5000 u/ml</td>
<td>1</td>
<td>B/D</td>
</tr>
<tr>
<td>heparin sodium (porcine) 10000 u/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>heparin sodium (porcine) 20000 u/ml</td>
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<td>B/D</td>
</tr>
<tr>
<td>HEPARIN SODIUM/NAACL 0.45%</td>
<td>3</td>
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</tr>
<tr>
<td>jantoven (generic of COUMADIN)</td>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOVENOX 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml</td>
<td>2</td>
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</tr>
<tr>
<td>LOVENOX 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</td>
<td>4</td>
<td>NDS</td>
</tr>
<tr>
<td>PRADAXA</td>
<td>3</td>
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</tr>
<tr>
<td>warfarin sodium (generic of COUMADIN)</td>
<td>1</td>
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</tr>
<tr>
<td>XARELTO</td>
<td>2</td>
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</tr>
<tr>
<td>XARELTO STARTER PACK</td>
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</table>

**HEMATOPOIETIC GROWTH FACTORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml</td>
<td>2</td>
<td>NM PA</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</td>
<td>3</td>
<td>NM PA</td>
</tr>
<tr>
<td>EPOGEN 20000unit/ml</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>GRANIX</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>LEUKINE</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>MOZOBIL</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>NEULASTA</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>NEULASTA ONPRO KIT</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>NEUPOGEN</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>NPLATE</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>PROCRTIT 20000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</td>
<td>2</td>
<td>NM PA</td>
</tr>
<tr>
<td>PROCRTIT 20000unit/ml, 40000unit/ml</td>
<td>4</td>
<td>NDS NM PA</td>
</tr>
<tr>
<td>ZARXIO</td>
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<td>NDS NM PA</td>
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**MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGRYLIN</td>
<td>2</td>
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</tr>
<tr>
<td>anagrelide hcl 1mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>anagrelide hcl (generic of AGRYLIN) .5mg</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>BERINERT</td>
<td>4</td>
<td>NDS QL NM QL (24 boxes / 30 days)</td>
</tr>
<tr>
<td>cilostazol</td>
<td>1</td>
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</tr>
<tr>
<td>CINRYZE</td>
<td>4</td>
<td>NDS QL NM QL (20 vials / 30 days)</td>
</tr>
<tr>
<td>DROXIA CAP 200MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DROXIA CAP 300MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DROXIA CAP 400MG</td>
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<tr>
<td>ENDARI</td>
<td>4</td>
<td>NDS NM LA PA</td>
</tr>
<tr>
<td>FIRAZYR</td>
<td>4</td>
<td>NDS QL NM QL (9 syringes / 30 days)</td>
</tr>
<tr>
<td>HAEGARDA 2000unit</td>
<td>4</td>
<td>NDS QL NM QL (30 vials / 30 days)</td>
</tr>
<tr>
<td>HAEGARDA 3000unit</td>
<td>4</td>
<td>NDS QL NM QL (20 vials / 30 days)</td>
</tr>
<tr>
<td>KALBITOR</td>
<td>4</td>
<td>NDS QL NM QL (18 mL / 30 days)</td>
</tr>
<tr>
<td>LYSTEDA</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pentoxifylline</td>
<td>1</td>
<td>TBCR</td>
</tr>
<tr>
<td>PROMACTA 12.5mg</td>
<td>4</td>
<td>NDS QL NM QL (360 tabs / 30 days)</td>
</tr>
<tr>
<td>PROMACTA 25mg</td>
<td>4</td>
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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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**IV NUTRITION**

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**IV REPLACEMENT SOLUTIONS**

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**Legend:**

- **PA** - Prior Authorization
- **QL** - Quantity Limits
- **ST** - Step Therapy
- **NM** - Not available at mail-order
- **B/D** - Covered under Medicare B or D
- **LA** - Limited Access
- **NDS** - Non-Extended Days Supply
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<td>LUCENTIS SOLN</td>
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<td>LUCENTIS SOSY .3mg/0.05ml</td>
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<tr>
<td>STIOLTO ELLIPTA</td>
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<td>hydroxyzine hcl inj</td>
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<td>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg</td>
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<td>hydroxyzine pamoate 100mg</td>
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<td>levocetirizine tab 5 mg</td>
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**BETA AGONISTS**

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<td>albuterol sulfate NEBU</td>
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<td>albuterol sulfate SYRP; TABS; TB12</td>
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<td>ARCAPTA NEOHALER QL (30 caps / 30 days)</td>
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<td>BROVANA</td>
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<td>levalbuterol hcl (generic of XOPENEX) NEBU</td>
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<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (generic of XOPENEX CONCENTRATE)</td>
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<td>levalbuterol tartrate hfa QL (2 inhalers / 30 days)</td>
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<td>PERFOROMIST</td>
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<td>PROAIR RESPICLICK QL (2 inhalers / 30 days)</td>
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<tr>
<td>PROVENTIL HFA QL (2 inhalers / 30 days)</td>
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<td>SEREVENT DISKUS QL (60 inhalations / 30 days)</td>
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<td>STRIVERDI RESPIMAT QL (1 inhaler / 30 days)</td>
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**LEUKOTRIENE MODULATORS**

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<td>ACCOLATE</td>
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<td>montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS</td>
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<td>zileuton (generic of ZYFLO CR)</td>
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**MAST CELL STABILIZERS**

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<td>NDS NM LA PA</td>
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<td>ELIXOPHYLLIN</td>
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<td>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)</td>
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<td>ESBRIET</td>
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<td>FASENRA INJ 30MG/ML</td>
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<td>GLASSIA</td>
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<td>KALYDECO</td>
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<td>NUCALA</td>
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<td>OFEV</td>
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<td>NDS NM PA</td>
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<td>ORKAMBI TABS</td>
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<td>PULMOZYME</td>
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<td>SYMDEKO</td>
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PA - Prior Authorization  QL - Quantity Limits  ST - Step Therapy  NM - Not available at mail-order  B/D - Covered under Medicare B or D  LA - Limited Access  NDS - Non-Extended Days Supply
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<td>ZEMAIRA</td>
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<td>BECONASE AQ</td>
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**Footnotes:**
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<td>DUAC</td>
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<td>GEL .01%, .025%</td>
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**DERMATOLOGY, ANTIBIOTICS**

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**DERMATOLOGY, ANTIFUNGALS**

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access   NDS - Non-Extended Days Supply
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**DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

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**Not available at mail-order**

**Covered under Medicare B or D**

**Limited Access**

**Non-Extended Days Supply**

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PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at
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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Call 1-866-275-5253 (TTY: 711) for more information.


SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.