Health Alliance Medicare

2023 Formulary
(List of Covered Drugs)

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

This formulary was updated on 06/01/2023. For more recent information or other questions, please contact Health Alliance™ Medicare Member Services at (800) 965-4022 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit HealthAlliance.org/Medicare.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

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 Health Alliance Medicare. When it refers to “plan” or “our plan,” it means Health Alliance Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 06/01/2023. 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, 2024, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (800) 965-4022 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (800) 965-4022 (TTY: 711).
What is the Health Alliance Medicare Formulary?
A formulary is a list of covered drugs selected by Health Alliance Medicare 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. Health Alliance Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Alliance Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled "How do I request an exception to the Health Alliance Medicare 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 the 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Alliance Medicare Formulary?"

Changes that will not affect you if you are currently taking the drug.
Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

06/01/2023
The enclosed formulary is current as of 06/01/2023. To get updated information about the drugs covered by Health Alliance Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the 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 Agents." 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 that begins on page 70. 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?
Health Alliance Medicare 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:** Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don't get approval, Health Alliance Medicare may not cover the drug.

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

- **Step Therapy:** In some cases, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.
You can ask Health Alliance Medicare 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 Health Alliance Medicare formulary?" on page iii 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 Member Services and ask if your drug is covered.

If you learn that Health Alliance Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Health Alliance Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Alliance Medicare.

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

**How do I request an exception to the Health Alliance Medicare formulary?**
You can ask Health Alliance Medicare 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, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, 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.

06/01/2023
For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Health Alliance Medicare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at HealthAlliance.org/Medicare for further details.

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

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

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

**Health Alliance Medicare Formulary**
The formulary that begins on page 1 provides coverage information about the drugs covered by Health Alliance Medicare. If you have trouble finding your drug in the list, turn to the index that begins on page 70.

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

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opthalmic Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYSTARAN SOLN 0.44%</td>
<td>5</td>
<td>PA, QL: 60 ML per 28 days</td>
</tr>
</tbody>
</table>

**B/D**  This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**EA**  Each.

**PA**  Prior Authorization. Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don't get approval, Health Alliance Medicare may not cover the drug.
Quantity Limit. For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

Step Therapy. In some cases, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.
<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>Nonsteroidal Anti-inflammatory Drugs</td>
</tr>
<tr>
<td>celecoxib caps</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac potassium tabs 50mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium dr</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>diclofenac sodium er</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>diclofenac sodium/misoprostol</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium gel 1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium gel 3%</td>
<td>4</td>
<td></td>
</tr>
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<td>diflunisal tabs 500mg</td>
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<td></td>
</tr>
<tr>
<td>GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium er</td>
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<td>GC</td>
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<tr>
<td>etodolac er</td>
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<td></td>
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<td>etodolac caps, tabs</td>
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<td></td>
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<td>fenoprofen calcium caps 400mg</td>
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<td>GC</td>
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<td>GC</td>
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<td>ibu</td>
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<td>GC</td>
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<td>ibuprofen/famotidine</td>
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<td>ibuprofen susp</td>
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<td>GC</td>
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<td>ibuprofen tabs 400mg, 600mg, 800mg</td>
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<td>GC</td>
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<td>ketorolac tromethamine inj 15mg/ml, 30mg/ml</td>
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<td>meclofenamate sodium caps</td>
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<td>mefenamic acid caps</td>
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<td>meloxicam tabs</td>
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<td>naproxen tbec</td>
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<tr>
<td>naproxen susp</td>
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<td>piroxicam caps</td>
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<td>salsalate tabs</td>
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<td>sulindac tabs</td>
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<td>GC</td>
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<tr>
<td>Opioid Analgesics, Long-acting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELBUCA</td>
<td>4</td>
<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>buprenorphine</td>
<td>2</td>
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<tr>
<td>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</td>
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<td>QL (10 EA per 30 days)</td>
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<td>methadone hcl inj</td>
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<tr>
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<td>QL (1800 ML per 30 days)</td>
</tr>
<tr>
<td>methadone hcl tabs</td>
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<td>QL (360 EA per 30 days)</td>
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<tr>
<td>methadone hydrochloride intensol</td>
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<td>QL (1800 ML per 30 days)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>methadone hydrochloride conc</td>
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<td>QL (1800 ML per 30 days)</td>
</tr>
<tr>
<td>methadose sugar-free</td>
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<td>QL (1800 ML per 30 days)</td>
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<tr>
<td>methadose conc 10mg/ml</td>
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<td>QL (1800 ML per 30 days)</td>
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<tr>
<td>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</td>
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<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er tbcr</td>
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<td>QL (120 EA per 30 days)</td>
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<td>NUCYNTA ER</td>
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<td>oxycodone hcl er t12a</td>
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<td>QL (60 EA per 30 days)</td>
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<td>OXYCODONE HYDROCHLORIDE ER T12A 40MG, 80MG</td>
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<tr>
<td>oxycodone hydrochloride er t12a 10mg, 20mg</td>
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<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>OXYCONTIN T12A</td>
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<td>QL (60 EA per 30 days)</td>
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<td>oxymorphone hydrochloride er tb12 30mg</td>
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<td>QL (120 EA per 30 days)</td>
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<tr>
<td>oxymorphone hydrochloride er t12 10mg, 15mg, 20mg, 5mg, 7.5mg</td>
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<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>oxymorphone hydrochloride er</td>
<td>2</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>tramadol hcl er cp24 100mg, 200mg, 300mg</td>
<td>2</td>
<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>tramadol hcl er t24</td>
<td>2</td>
<td>QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>tramadol hydrochloride er</td>
<td>2</td>
<td>QL (30 EA per 30 days)</td>
</tr>
<tr>
<td><strong>Opioid Analgesics, Short-acting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen/caffeine/dihydrocodeine tabs</td>
<td>2</td>
<td>QL (300 EA per 30 days)</td>
</tr>
<tr>
<td>acetaminophen/codeine phosphate tabs 300mg; 60mg</td>
<td>2</td>
<td>QL (180 EA per 30 days)</td>
</tr>
<tr>
<td>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</td>
<td>2</td>
<td>QL (360 EA per 30 days)</td>
</tr>
<tr>
<td>acetaminophen/codeine sohn</td>
<td>2</td>
<td>QL (4500 ML per 30 days)</td>
</tr>
<tr>
<td>acetaminophen/codeine tabs 300mg; 60mg</td>
<td>2</td>
<td>QL (180 EA per 30 days)</td>
</tr>
<tr>
<td>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</td>
<td>2</td>
<td>QL (360 EA per 30 days)</td>
</tr>
<tr>
<td>ascomp/codeine</td>
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<td></td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine/codeine</td>
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<td></td>
</tr>
<tr>
<td>butalbital/aspirin/caffeine/codeine</td>
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<td></td>
</tr>
<tr>
<td>butorphanol tartrate inj</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>butorphanol tartrate nasal sohn</td>
<td>2</td>
<td>QL (5 ML per 28 days)</td>
</tr>
<tr>
<td>codeine sulfate tabs</td>
<td>2</td>
<td>QL (180 EA per 30 days)</td>
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<td>duramorph</td>
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<tr>
<td>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</td>
<td>2</td>
<td>QL (240 EA per 30 days)</td>
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<tr>
<td>fentanyl citrate oral transmucosal lpop 200mcg</td>
<td>4</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</td>
<td>5</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>hydrocodone bitartrate/acetaminophen sohn 325mg/15ml; 7.5mg/15ml</td>
<td>2</td>
<td>QL (2700 ML per 30 days)</td>
</tr>
<tr>
<td>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</td>
<td>2</td>
<td>QL (240 EA per 30 days)</td>
</tr>
</tbody>
</table>

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>hydrocodone/acetaminophen tabs 325mg; 7.5mg</td>
<td>2</td>
<td>QL (240 EA per 30 days)</td>
</tr>
<tr>
<td>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</td>
<td>2</td>
<td>QL (150 EA per 30 days)</td>
</tr>
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<td>hydromorphone hcl liqd</td>
<td>2</td>
<td>QL (1200 ML per 30 days)</td>
</tr>
<tr>
<td>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</td>
<td>2</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>hydromorphone hcl tabs 8mg</td>
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<td>QL (180 EA per 30 days)</td>
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<td>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</td>
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<tr>
<td>LAZANDA SOLN 100MCG/ACT, 400MCG/ACT</td>
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<td>morphine sulfate tabs</td>
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<td>MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML</td>
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<td>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</td>
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<td>oxycodone hcl caps</td>
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<tr>
<td>oxycodone hydrochloride soln</td>
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<td>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</td>
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<td>oxymorphone hydrochloride</td>
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<td>QL (180 EA per 30 days)</td>
</tr>
<tr>
<td>tramadol hcl tabs</td>
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<td>QL (240 EA per 30 days)</td>
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<td>tramadol hydrochloride/acetaminophen</td>
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**Anesthetics**

**Local Anesthetics**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>glydo</td>
<td>1</td>
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<td>lidocaine hcl jelly prsy</td>
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<td>lidocaine hcl jelly gel</td>
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<td>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</td>
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<td>GC</td>
</tr>
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<td>lidocaine hcl prsy 2%</td>
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<td>QL (30 ML per 30 days) PA GC</td>
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<tr>
<td>lidocaine hcl external soln 4%</td>
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</tr>
<tr>
<td>lidocaine hydrochloride inj 1%, 2%</td>
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<td>lidocaine/prilocaine crea</td>
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<td>QL (60 GM per 30 days) PA</td>
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<tr>
<td>lidocaine oint 5%</td>
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<td>lidocaine ptc 5%</td>
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<td>PLIAGLIS CREA</td>
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<td>QL (30 GM per 30 days) PA</td>
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### Anti-Addiction/Substance Abuse Treatment Agents

#### Alcohol Deterrents/Anti-craving
- **acamprosate calcium dr**: Tier 2
- **disulfiram tabs**: Tier 2
- **VIVITROL**: Tier 5

#### Opioid Dependence
- **buprenorphine hcl/naloxone hcl**: Tier 2 (QL 90 EA per 30 days)
- **buprenorphine hcl subl**: Tier 2 (QL 90 EA per 30 days)
- **buprenorphine hcl inj**: Tier 4
- **buprenorphine hydrochloride/naloxone hydrochloride film**: Tier 2 (QL 90 EA per 30 days)
- **buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg**: Tier 2 (QL 90 EA per 30 days)

#### NARCAN LIQD

#### Smoking Cessation Agents
- **bupropion hydrochloride er (sr) tbl 150mg**: Tier 2
- **NICOTROL INHALER**: Tier 4 (QL 480 EA per 30 days)
- **NICOTROL NS**: Tier 4 (QL 720 ML per 365 days)
- **VARENICLINE STARTING MONTH BOX**: Tier 2
- **varenicline tartrate**: Tier 2

### Antibacterials

#### Aminoglycosides
- **amikacin sulfate inj 1gm/4ml, 500mg/2ml**: Tier 2
- **gentak**: Tier 1 GC
- **gentamicin sulfate pediatric**: Tier 1 GC
- **gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%**: Tier 1 GC
- **gentamicin sulfate ophthalmic soln**: Tier 1 GC
- **gentamicin sulfate crea, oint**: Tier 2
- **gentamicin sulfate inj 40mg/ml**: Tier 1 GC
- **isotonic gentamicin inj 0.8mg/ml; 0.9%**: Tier 1 GC
- **neomycin sulfate**: Tier 2
- **neomycin/polymyxin b sulfates**: Tier 2
- **paromomycin sulfate**: Tier 1 GC
- **streptomycin sulfate inj 1gm**: Tier 1 GC
- **tobramycin sulfate inj**: Tier 2
- **tobramycin soln 0.3%**: Tier 1 GC
- **ZEMDRI**: Tier 5

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<table>
<thead>
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<td>clindamycin palmitate hcl</td>
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<td>clindamycin phosphate/dextrose</td>
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<td>clindamycin phosphate crea, foam, gel, lotn, external soln, swab</td>
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<td>fosfomycin tromethamine</td>
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<tr>
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<td>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</td>
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<td>phenytoin chew, susp</td>
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<td>VIMPAT TABS 100MG, 150MG, 200MG</td>
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<td>ZONISADE</td>
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Antidementia Agents

**Cholinesterase Inhibitors**

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<td>donepezil hydrochloride odt</td>
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<td>galantamine hydrobromide er</td>
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<td>galantamine hydrobromide soln, tabs</td>
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**N-methyl-D-aspartate (NMDA) Receptor Antagonist**

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Antidepressants

**Antidepressants, Other**

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<td>BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG</td>
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<td>bupropion hydrochloride er (xl) tb24 150mg, 300mg</td>
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<td>FORFIVO XL</td>
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<td><strong>Monoamine Oxidase Inhibitors</strong></td>
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<td>tranylcypromine sulfate</td>
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<td><strong>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</strong></td>
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<td>citalopram hydrobromide soln, tabs</td>
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<td>citalopram hydrobromide caps</td>
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<tr>
<td>desvenlafaxine er tb24 100mg, 50mg</td>
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<tr>
<td>desvenlafaxine er tb24 100mg, 25mg, 50mg</td>
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<td>duloxetine hydrochloride cpep</td>
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<tr>
<td>escitalopram oxalate tabs</td>
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<td>escitalopram oxalate soln</td>
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<td>FETZIMA</td>
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<td>FETZIMA TITRATION PACK</td>
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<td>fluoxetine hcl soln</td>
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<tr>
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<td>fluoxetine hydrochloride tabs 60mg</td>
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<td>fluvoxamine maleate er</td>
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<td>paroxetine</td>
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<tr>
<td>paroxetine hcl er</td>
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<tr>
<td>paroxetine hcl tabs 30mg, 40mg</td>
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<td>paroxetine hydrochloride susp</td>
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<td>paroxetine hydrochloride tabs 10mg, 20mg</td>
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<td>PEXEVA</td>
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<td>sertraline hcl conc</td>
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<tr>
<td>sertraline hcl tabs 25mg, 50mg</td>
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<tr>
<td>sertraline hydrochloride caps</td>
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<td>sertraline hydrochloride tabs 100mg</td>
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<td>trazodone hydrochloride tabs 100mg, 150mg, 50mg</td>
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<td>trazodone hydrochloride tabs 300mg</td>
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<td>TRINTELLIX</td>
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<td>VENLAFAXINE BESYLATE ER</td>
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<tr>
<td>venlafaxine hcl er cp24 150mg, 37.5mg</td>
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<td>GC</td>
</tr>
<tr>
<td>venlafaxine hydrochloride</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><em>Venlafaxine hydrochloride</em> er cp24 75mg</td>
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<td>GC</td>
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<tr>
<td><em>Venlafaxine hydrochloride</em> er tb24 150mg, 75mg</td>
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<td>GC</td>
</tr>
<tr>
<td>VIIBRYD STARTER PACK</td>
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<td>QL (60 EA per 365 days) ST</td>
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<tr>
<td>VIIBRYD TABS</td>
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<td>QL (30 EA per 30 days) ST</td>
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<td><em>Vilazodone hydrochloride</em></td>
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<td>QL (30 EA per 30 days)</td>
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**Tricyclics**

<table>
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<th>Requirements/Limits</th>
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<tr>
<td>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</td>
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<tr>
<td>amitriptyline hydrochloride tabs 10mg, 50mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>amoxapine</td>
<td>2</td>
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<tr>
<td>chlordiazepoxide/amitriptyline</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>clomipramine hydrochloride</td>
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<td>PA</td>
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<tr>
<td>desipramine hydrochloride</td>
<td>2</td>
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<tr>
<td>doxepin hcl caps 75mg</td>
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<td>PA</td>
</tr>
<tr>
<td>doxepin hcl conc</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>imipramine hcl tabs 25mg, 50mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>imipramine hydrochloride tabs 10mg</td>
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<td>imipramine pamoate</td>
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<td>PA</td>
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<tr>
<td>nortriptyline hcl caps 25mg, 75mg</td>
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<tr>
<td>nortriptyline hcl soln</td>
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<tr>
<td>nortriptyline hydrochloride caps 10mg, 50mg</td>
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<tr>
<td>perphenazine/amitriptyline</td>
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<td>PA</td>
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<tr>
<td>protriptyline hcl</td>
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<td>trimipramine maleate caps</td>
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**Antiemetics**

**Antiemetics, Other**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>compro</td>
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<tr>
<td>dimenhydrinate inj</td>
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<td>GC</td>
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<tr>
<td>droperidol inj</td>
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<td>GC</td>
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<tr>
<td>meclizine hcl tabs</td>
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<tr>
<td>meclizine hydrochloride tabs 25mg</td>
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<td></td>
</tr>
<tr>
<td>prochlorperazaine edisylate inj 10mg/2ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate tabs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine supp 25mg</td>
<td>2</td>
<td></td>
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<tr>
<td>promethazine hcl supp 12.5mg, 25mg</td>
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</tr>
<tr>
<td>promethazine hcl tabs 12.5mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>promethazine hydrochloride tabs 25mg, 50mg</td>
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<td>PA</td>
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<td>promethegan</td>
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<td>scopolamine</td>
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**Emetogenic Therapy Adjuncts**

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<tr>
<td>EMEND INJ, SUSR</td>
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<td>PA</td>
</tr>
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<td>fosaprepitant dimeglumine</td>
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<td>PA</td>
</tr>
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<td>granisetron hcl inj 1mg/ml</td>
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<tr>
<td>granisetron hydrochloride inj</td>
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<tr>
<td>granisetron hydrochloride tabs</td>
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<td>ondansetron hcl soln</td>
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<td>B/D</td>
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<td>B/D</td>
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<td>ondansetron odt</td>
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<td>itraconazole soln</td>
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<tr>
<td>NAFTIFINE HYDROCHLORIDE CREA</td>
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<tr>
<td>NAFTIFINE HYDROCHLORIDE GEL 1%</td>
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<td>naftifine hydrochloride gel 2%</td>
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<td>ST</td>
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<td>NAFTIN GEL 2%</td>
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<td>NATACYN</td>
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<td>nyamyc</td>
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<td>nystatin/triamcinolone</td>
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<td>nystatin crea, oint, powd, susp, tabs</td>
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<td>voriconazole tabs</td>
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**Antigout Agents**

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<th>Drug Tier</th>
<th>Requirements/Limit</th>
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<tbody>
<tr>
<td>allopurinol tabs 100mg, 300mg</td>
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<tr>
<td>colchicine tabs 0.6mg</td>
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<td>febuxostat</td>
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<td>KRYSTEXXA</td>
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<td>PA</td>
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<tr>
<td>probenecid/colchicine</td>
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<td>GC</td>
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<td>probenecid tabs</td>
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<td>GC</td>
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**Antimigraine Agents**

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<tr>
<td>dihydroergotamine mesylate soln</td>
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<td>QL (8 ML per 23 days)</td>
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<td>ERGOMAR</td>
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<tr>
<td>ERGOTAMINE TARTRATE/CAFFEINE</td>
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<tr>
<td>MIGERGOT</td>
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**Ergot Alkaloids**

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<th>Requirements/Limit</th>
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<tbody>
<tr>
<td>AIMOVIG</td>
<td>4</td>
<td>QL (2 ML per 30 days) PA</td>
</tr>
<tr>
<td>EMGALITY INJ 120MG/ML</td>
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<td>QL (2 ML per 28 days) PA</td>
</tr>
<tr>
<td>EMGALITY INJ 100MG/ML</td>
<td>4</td>
<td>QL (3 ML per 30 days) PA</td>
</tr>
<tr>
<td>NURTEC</td>
<td>5</td>
<td>QL (18 EA per 30 days) PA</td>
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<tr>
<td>VYEPTI</td>
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<td>PA</td>
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</table>

**Prophylactic**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limit</th>
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</thead>
<tbody>
<tr>
<td>naratriptan hcl</td>
<td>2</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>REYVOW TABS 50MG</td>
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<td>QL (4 EA per 30 days) PA</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>REYVOW TABS 100MG</td>
<td>4</td>
<td>QL (8 EA per 30 days) PA</td>
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<tr>
<td>rizatriptan benzoate</td>
<td>2</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate odt</td>
<td>2</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE REFILL</td>
<td>2</td>
<td>QL (4 ML per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate tabs</td>
<td>2</td>
<td>QL (9 EA per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</td>
<td>2</td>
<td>QL (4 ML per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate inj 6mg/0.5ml</td>
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<td>QL (6 ML per 30 days)</td>
</tr>
<tr>
<td>sumatriptan soln 20mg/act</td>
<td>2</td>
<td>QL (12 EA per 30 days)</td>
</tr>
<tr>
<td>sumatriptan soln 5mg/act</td>
<td>2</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>zolmitriptan odt</td>
<td>2</td>
<td>QL (9 EA per 30 days)</td>
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<tr>
<td>zolmitriptan tabs</td>
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**Antimyasthenic Agents**

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<tr>
<td>pyridostigmine bromide er</td>
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<tr>
<td>pyridostigmine bromide soln</td>
<td>5</td>
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<td>pyridostigmine bromide tabs 60mg</td>
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<tr>
<td>REGONOL INJ 10MG/2ML</td>
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**Antimycobacterials**

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<tr>
<td>dapsone tabs</td>
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<tr>
<td>PRETOMANID</td>
<td>4</td>
<td>QL (30 EA per 30 days) PA</td>
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<tr>
<td>rifabutin</td>
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**Antituberculars**

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<td>CAPASTAT SULFATE</td>
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<td>cycloserine</td>
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<td>ethambutol hydrochloride</td>
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<tr>
<td>isoniazid inj, syrp, tabs</td>
<td>1</td>
<td>GC</td>
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<tr>
<td>PASER</td>
<td>4</td>
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<td>PRIFTIN</td>
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<tr>
<td>pyrazinamide tabs</td>
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<td>GC</td>
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<tr>
<td>rifampin caps, inj</td>
<td>2</td>
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<tr>
<td>SIRTIURO</td>
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<td>PA</td>
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<td>TRECATOR</td>
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**Antineoplastics**

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<td>bendamustine hydrochloride</td>
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<td>PA</td>
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<tr>
<td>BENDEKA</td>
<td>5</td>
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<tr>
<td>BICNU</td>
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<td>busulfan</td>
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<td>BUSULFEX</td>
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<tr>
<td>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</td>
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<td>GC</td>
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<tr>
<td>CARMUSTINE INJ 300MG, 50MG</td>
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<tr>
<td>carmustine inj 100mg</td>
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<tr>
<td>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</td>
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<td>CYCLOPHOSPHAMIDE MONOHYDRATE INJ</td>
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<tr>
<td>CYCLOPHOSPHAMIDE CAPS, TABS</td>
<td>3 B/D</td>
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<td>CYCLOPHOSPHAMIDE INJ 500MG/2.5ML</td>
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<td>cyclophosphamide inj 1gm/5ml, 500mg</td>
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<td>cyclophosphamide inj 1gm, 2gm</td>
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<tr>
<td>dacarbazine inj 100mg, 200mg</td>
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<td>EVOMELA</td>
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<td>GLEOSTINE CAPS 100MG, 10MG, 40MG</td>
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<td>ifosfamide inj 1gm/20ml, 3gm/60ml</td>
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<tr>
<td>KISQALI FEMARA 200 DOSE</td>
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<td>KISQALI FEMARA 400 DOSE</td>
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<td>KISQALI FEMARA 600 DOSE</td>
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<td>LEUKERAN</td>
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<tr>
<td>MATULANE</td>
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<td>melphalan hydrochloride</td>
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<td>oxaliplatin inj 50mg/10ml</td>
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<td>oxaliplatin inj 100mg/20ml, 100mg, 50mg</td>
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<td>TEMODAR INJ</td>
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<td>thiopeta inj 100mg, 15mg</td>
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<td>TREANDA INJ 100MG, 25MG</td>
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<td>VALCHLOR</td>
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<td>YONDELIS</td>
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<td>ZANOSAR</td>
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**Antiandrogens**

<table>
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<th>Requirements/Limits</th>
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<td>bicalutamide</td>
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<td>ERLEADA</td>
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<td>flutamide</td>
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<td>nilutamide</td>
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<tr>
<td>NUBEQA</td>
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<tr>
<td>XTANDI</td>
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<td>YONSA</td>
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**Antiangiogenic Agents**

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<td>FOTIVDA</td>
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<td>lenalidomide</td>
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<td>POMALYST</td>
<td>5 QL (21 EA per 28 days) PA</td>
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<tr>
<td>QINLOCK</td>
<td>5 PA</td>
<td></td>
</tr>
<tr>
<td>REVLIMID</td>
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<tr>
<td>TABRECTA</td>
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<td>FASLODEX INJ 250MG/5ML</td>
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<td>fulvestrant</td>
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<td>SOLTAMOX</td>
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<td>tamoxifen citrate tabs</td>
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<td>toremifene citrate</td>
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<td><strong>Antimetabolites</strong></td>
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<td>ARRANON</td>
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<td>cladribine</td>
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<td>clofarabine</td>
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<tr>
<td>cytarabine aqueous</td>
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<td>B/D GC</td>
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<tr>
<td>cytarabine inj 100mg/ml, 20mg/ml</td>
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<td>B/D GC</td>
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<td>DROXIA</td>
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<td>mercaptopurine tabs</td>
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<td>pemetrexed disodium</td>
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<td>PA</td>
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<td><strong>Antineoplastics, Other</strong></td>
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<td>arsenic trioxide inj 12mg/6ml</td>
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<td>PA</td>
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<tr>
<td>bleomycin sulfate</td>
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<td>BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML</td>
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<td>bortezomib inj 3.5mg</td>
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<td>IBRANCE</td>
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<td>PA</td>
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<td>leucovorin calcium tabs</td>
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<th>Requirements/Limits</th>
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<td><em>levoleucovorin inj 50mg</em></td>
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<tr>
<td>LORBRENA</td>
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**Monoclonal Antibody/Antibody-Drug Conjugate**

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**Benzodiazepines**

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<td>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</td>
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<td>QL (120 EA per 30 days)</td>
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<td>alprazolam odt tb2p 2mg</td>
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<td>QL (150 EA per 30 days)</td>
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<tr>
<td>alprazolam xr tb24 0.5mg, 1mg</td>
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<td>QL (120 EA per 30 days)</td>
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<td>alprazolam xr tb24 2mg, 3mg</td>
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<td>alprazolam tabs 2mg</td>
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<td>QL (150 EA per 30 days)</td>
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<td>chlordiazepoxide hcl caps 10mg, 5mg</td>
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**Bipolar Agents**

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**Blood Glucose Regulators**

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<th>Drug Name</th>
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<td>ALOGLIPTIN/PIOGLITAZONE</td>
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**Glycemic Agents**

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**Insulins**

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<td>QL (60 ML per 30 days) ; Select Insulin</td>
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**Blood Products and Modifiers**

**Anticoagulants**

- dabigatran etexilate
- ELIQUIIS STARTER PACK
- ELIQUIIS TABS 2.5MG
- ELIQUIIS TABS 5MG
- enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 80mg/0.8ml
- enoxaparin sodium inj 120mg/0.8ml, 60mg/0.6ml
- fondaparinux sodium inj 2.5mg/0.5ml
- fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml
- FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML
- FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 1800UNIT/0.72ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML
- heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml
- heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 2500unit/500ml
- heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%
- heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%

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<td>1</td>
<td>GC</td>
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<tr>
<td>trandolapril/verapamil hcl er</td>
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<td><strong>Antiarrhythmics</strong></td>
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<tr>
<td>amiodarone hcl inj 50mg/ml, 900mg/18ml</td>
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<td>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</td>
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<td>GC</td>
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<td>amiodarone hydrochloride tabs 100mg, 400mg</td>
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<td>digitek tabs 0.25mg</td>
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<td>digox tabs 250mcg</td>
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<td>flecaainide acetate</td>
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<td></td>
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<tr>
<td>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</td>
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<td>lidocaine hcl inj 100mg/5ml, 50mg/5ml</td>
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<td>mexiletine hcl</td>
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<td>NEXTERONE INJ 150MG/100ML; 42.1MG/ML</td>
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<tr>
<td>NEXTERONE INJ 360MG/200ML; 41.4MG/ML</td>
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<td>procaainamide hcl inj</td>
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<td>GC</td>
</tr>
<tr>
<td>procaainamide hydrochloride</td>
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<td>propafenone hcl</td>
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<thead>
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<th>Drug Name</th>
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<tr>
<td>propafenone hydrochloride er</td>
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<td>quinidine gluconate cr</td>
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<td>quinidine gluconate er</td>
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<td>quinidine sulfate tabs</td>
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<td>GC</td>
</tr>
<tr>
<td>sorine</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hcl</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hcl (af) tabs 80mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hcl af</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hydrochloride (af)</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sotalol hydrochloride tabs 120mg, 160mg, 80mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>SOTYLIZE</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Beta-adrenergic Blocking Agents**

- acebutolol hydrochloride          | 1         | GC                 |
- atenolol/chlorthalidone           | 1         | GC                 |
- atenolol tabs                     | 1         | GC                 |
- betaxolol hcl tabs 10mg, 20mg     | 1         | GC                 |
- bisoprolol fumarate               | 1         | GC                 |
- bisoprolol fumarate/hydrochlorothiazide | 1         | GC                 |
- carvedilol                        | 1         | GC                 |
- carvedilol phosphate er           | 2         |                    |
- esmolol hcl inj 100mg/10ml        | 1         | GC                 |
- esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml | 2         |                    |
- HEMANGEOL                        | 4         |                    |
- KAPSPARGO SPRINKLE               | 4         |                    |
- labetalol hydrochloride tabs      | 1         | GC                 |
- labetalol hydrochloride inj 5mg/ml | 1         | GC                 |
- metoprolol succinate er           | 1         | GC                 |
- metoprolol tartrate tabs          | 1         | GC                 |
- metoprolol tartrate inj 5mg/5ml   | 1         | GC                 |
- metoprolol/hydrochlorothiazide    | 1         | GC                 |
- nadolol tabs 20mg, 40mg, 80mg     | 2         |                    |
- nebivolol hydrochloride           | 2         |                    |
- nebivolol tabs 5mg                | 2         |                    |
- pindolol tabs                     | 2         |                    |
- propranolol hcl er cp24 120mg, 160mg | 2         |                    |
- propranolol hcl inj, oral soln    | 1         | GC                 |
- propranolol hcl tabs 40mg         | 1         | GC                 |
- propranolol hydrochloride er cp24 60mg, 80mg | 2         |                    |
- propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg | 1         | GC                 |
- timolol maleate tabs 10mg, 20mg, 5mg | 1         | GC                 |

**Calcium Channel Blocking Agents, Dihydropyridines**

- amlodipine besylate tabs          | 1         | GC                 |

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<td>CARDENE IV INJ 4.8%; 20MG/200ML</td>
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<tr>
<td>felodipine er</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>isradipine</td>
<td>2</td>
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<tr>
<td>nicardipine hcl caps</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nicardipine hydrochloride inj 2.5mg/ml</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nifedipine er</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>nimodipine caps</td>
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<td></td>
</tr>
<tr>
<td>NYMALIZE SOLN 6MG/ML</td>
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<tr>
<td>Calcium Channel Blocking Agents, Nondihydropyridines</td>
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<td></td>
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<tr>
<td>cartia xt</td>
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<tr>
<td>dilt-xr</td>
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<td>GC</td>
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<tr>
<td>diltiazem hcl er</td>
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<tr>
<td>diltiazem hcl cd</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl er cp24 120mg, 180mg, 240mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl er cp12</td>
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<td>GC</td>
</tr>
<tr>
<td>diltiazem hcl er tb24</td>
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<td></td>
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<tr>
<td>diltiazem hcl tabs</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diltiazem hydrochloride er tb24</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>diltiazem hydrochloride inj 25mg/5ml</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>matzim la</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>taztia xt</td>
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</tr>
<tr>
<td>tiadyt er</td>
<td>2</td>
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<tr>
<td>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</td>
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<td>GC</td>
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<tr>
<td>verapamil hcl er tbcr 120mg, 240mg</td>
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<tr>
<td>verapamil hcl sr cp24</td>
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<td>GC</td>
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<tr>
<td>verapamil hcl tabs 40mg, 80mg</td>
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<td>GC</td>
</tr>
<tr>
<td>verapamil hydrochloride er cp24 200mg</td>
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<td>GC</td>
</tr>
<tr>
<td>verapamil hydrochloride er tbcr 180mg</td>
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<th>Drug Name</th>
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<td>atropine sulfate inj 0.25mg/5ml</td>
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<td>CAMZYS</td>
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<td>QL (30 EA per 30 days) PA</td>
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<tr>
<td>CORLANOR</td>
<td>4</td>
<td></td>
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<tr>
<td>dobutamine hcl/d5w inj 5%; 1mg/ml</td>
<td>1</td>
<td>B/D GC</td>
</tr>
<tr>
<td>dobutamine hcl inj 250mg/20ml</td>
<td>1</td>
<td>B/D GC</td>
</tr>
<tr>
<td>dobutamine hydrochloride/dextrose 5%</td>
<td>1</td>
<td>B/D GC</td>
</tr>
<tr>
<td>dopamine hydrochloride</td>
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</tr>
<tr>
<td>dopamine hydrochloride/dextrose</td>
<td>1</td>
<td>B/D GC</td>
</tr>
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<td>dopamine/d5w inj 5%; 3.2mg/ml</td>
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<td>ENTRESTO</td>
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<td>KERENDIA</td>
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<td>metyrosine</td>
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<td>milrinone lactate in dextrose</td>
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<td>norepinephrine bitartrate</td>
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<td>PRALUENT</td>
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<td>REPATHA</td>
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<td>REPATHA SURECLICK</td>
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<td>TAKHZYRO INJ 300MG/2ML</td>
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<td>VYNDAMAX</td>
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<td>PA</td>
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<td>VYNDAQEL</td>
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<td>PA</td>
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### Diuretics, Loop

- bumetanide inj, tabs
- ethacrynate sodium
- ethacrynic acid tabs
- furosemide inj, oral soln, tabs
- torsemide tabs

### Diuretics, Potassium-sparing

- amiloride hcl tabs
- amiloride/hydrochlorothiazide
- eplerenone
- spironolactone/hydrochlorothiazide
- spironolactone tabs
- triamterene/hydrochlorothiazide
- triamterene caps

### Diuretics, Thiazide

- chlorothiazide sodium
- chlorthalidone tabs 25mg, 50mg
- DIURIL SUSP
- hydrochlorothiazide caps, tabs
- indapamide tabs

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<th>Drug Name</th>
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<td><strong>Dyslipidemics, Fibric Acid Derivatives</strong></td>
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<td>fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg</td>
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</tr>
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<td>fenofibrate tabs</td>
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<td>fenofibric acid</td>
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<td></td>
</tr>
<tr>
<td>fenofibric acid dr</td>
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</tr>
<tr>
<td>gemfibrozil tabs</td>
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</tr>
<tr>
<td><strong>Dyslipidemics, HMG CoA Reductase Inhibitors</strong></td>
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<td>fluvastatin sodium er</td>
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<td>lovastatin tabs</td>
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<td>pravastatin sodium</td>
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<td>rosvastatin calcium</td>
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<td>simvastatin tabs</td>
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<td><strong>Dyslipidemics, Other</strong></td>
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<td>cholestyramine pack, powd</td>
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<td>colestipol hcl</td>
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<td>ezetimibe</td>
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</tr>
<tr>
<td>icosapent ethyl</td>
<td>2 PA</td>
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<td>JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG</td>
<td>5 PA</td>
<td></td>
</tr>
<tr>
<td>NEXLETOL</td>
<td>3 QL</td>
<td>(30 EA per 30 days) PA</td>
</tr>
<tr>
<td>NEXLIZET</td>
<td>3 QL</td>
<td>(30 EA per 30 days) PA</td>
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<td>niacin er</td>
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<td>omega-3-acid ethyl esters</td>
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<td>previalite</td>
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<tr>
<td>VASCEPA CAPS 0.5GM</td>
<td>4 PA</td>
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<td><strong>Vasodilators, Direct-acting Arterial/Venous</strong></td>
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<td>BIDIL</td>
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<tr>
<td>isosorbide dinitrate/hydralazine hydrochloride</td>
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<td>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</td>
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<tr>
<td>isosorbide dinitrate tabs 40mg</td>
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<td>isosorbide mononitrate</td>
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<tr>
<td>isosorbide mononitrate er</td>
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<tr>
<td>NITRO-BID</td>
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<td>NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR</td>
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<tr>
<td>nitroglycerin in dextrose 5%</td>
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<td></td>
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<tr>
<td>nitroglycerin lingual soln</td>
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<td></td>
</tr>
<tr>
<td>nitroglycerin transdermal</td>
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<tbody>
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<td>nitroglycerin inj 5mg/ml</td>
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<td>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</td>
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<td></td>
</tr>
<tr>
<td><strong>Vasodilators, Direct-acting Arterial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl inj</td>
<td>1 GC</td>
<td></td>
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<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>dextrose 5%/electrolyte #48 viaflex</td>
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<tr>
<td>dextrose 10%</td>
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</tr>
<tr>
<td>dextrose 10%/nacl 0.2%</td>
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</tr>
<tr>
<td>dextrose 2.5%/nacl 0.45%</td>
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<tr>
<td>dextrose 25% inj 250mg/ml</td>
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<tr>
<td>dextrose 5%</td>
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<tr>
<td>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</td>
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<td>GC</td>
</tr>
<tr>
<td>dextrose 5%/nacl 0.2%</td>
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<td>GC</td>
</tr>
<tr>
<td>dextrose 5%/nacl 0.3%</td>
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<td>GC</td>
</tr>
<tr>
<td>dextrose 5%/nacl 0.33%</td>
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</tr>
<tr>
<td>dextrose 5%/nacl 0.45%</td>
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<tr>
<td>dextrose 5%/nacl 0.9%</td>
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<td>dextrose 50%</td>
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<td>dextrose/sodium chloride</td>
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<td>dextrose inj 20%</td>
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<td>fluoride chew 1mg</td>
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<tr>
<td>IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L</td>
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<td>ISOLYTE-P/DEXTROSE 5%</td>
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<td>ISOLYTE-S PH 7.4</td>
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<td>ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L</td>
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<td>kcl 0.15%/d5w/nacl 0.2%</td>
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<td>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</td>
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<tr>
<td>kcl 0.15%/d5w/nacl 0.45%</td>
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<td>GC</td>
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<tr>
<td>kcl 0.15%/d5w/nacl 0.9%</td>
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</tr>
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<td>kcl 0.3%/d5w/nacl 0.45%</td>
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<tr>
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<td>klor-con m15</td>
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<td>klor-con m20</td>
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<td>magnesium sulfate in d5w inj 5%; 1gm/100ml</td>
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<tr>
<td>magnesium sulfate/dextrose inj 5%; 1gm/100ml</td>
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<td>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</td>
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<td>magnesium sulfate inj 50%</td>
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<td>NORMOSOL-R</td>
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<td>PLASMA-LYTE-148</td>
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<td>GC</td>
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<td>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</td>
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<td>potassium chloride pack, oral soln</td>
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<td>potassium citrate er</td>
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<td>B/D</td>
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<td>ringers injection inj 4.5meq/l; 156 meq/l; 4 meq/l; 147 meq/l</td>
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<td>sodium chloride 0.45% inj</td>
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<tr>
<td>sodium chloride inj 0.45%, 0.9%, 3%, 5%</td>
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<tr>
<td>sodium fluoride chew 1mg</td>
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**Electrolyte/Mineral/Metal Modifiers**

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<td>deferiprone</td>
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<td>FERRIPROX TWICE-A-DAY</td>
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<td>FERRIPROX SOLN</td>
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<td>JYNARQUE TABS</td>
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<td>QL (120 EA per 30 days) PA</td>
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<tr>
<td>JYNARQUE TBPK</td>
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<td>QL (56 EA per 28 days) PA</td>
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<td>penicillamine caps, tabs</td>
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<tr>
<td>SAMSCA TABS 15MG</td>
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<td>sodium polystyrene sulfonate</td>
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<td>sps</td>
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<td>TOLVAPTAN TABS 15MG</td>
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<td>tolvaptan tabs 30mg</td>
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<td>lanthanum carbonate</td>
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<tr>
<td>PHOSLYRA</td>
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<tr>
<td>sevelamer carbonate tabs</td>
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<tr>
<td>sevelamer carbonate pack</td>
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<tr>
<td>sevelamer hydrochloride</td>
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<td><strong>Vitamins</strong></td>
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<tr>
<td>prenatal 19 tabs 100mg; 100unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</td>
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<tr>
<td>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</td>
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<td>virt-c dha</td>
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<tr>
<td>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2500unit; 2.2mg; 6mg; 30unit; 20mg</td>
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<td><strong>Gastrointestinal Agents</strong></td>
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<td>gavilyte-n/flavor pack</td>
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<td>peg-3350/electrolytes</td>
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<td>peg-3350/nacl/na bicarbonate/kcl</td>
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<td>SODIUM SULFATE/POTASSIUM</td>
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<td>SULFATE/MAGNESIUM SULFATE</td>
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<td>alosetron hydrochloride</td>
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<td>VIBERZI</td>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td><strong>Antispasmodics, Gastrointestinal</strong></td>
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<td>glycopyrrolate oral soln</td>
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<td><strong>Gastrointestinal Agents, Other</strong></td>
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<td>lansoprazole cpdr</td>
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<td>omeprazole dr cpdr</td>
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<td>omeprazole cpdr 20mg, 40mg</td>
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<td>rabeprazole sodium</td>
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<tr>
<td>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</td>
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**Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)**

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**Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)**

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<th>Requirements/Limits</th>
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<td>TRELSTAR MIXJECT INJ 11.25MG</td>
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<td>TRELSTAR MIXJECT INJ 22.5MG, 3.75MG</td>
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**Hormonal Agents, Suppressant (Thyroid)**

### Antithyroid Agents
- methimazole tabs 10mg, 5mg
  - 1 GC
- propylthiouracil tabs
  - 1 GC

**Immunological Agents**

#### Angioedema Agents
- BERINERT
  - 5 PA
- CINRYZE
  - 5 PA
- HAEGARDA
  - 5 PA
- icatibant acetate
  - 5 PA
- RUCONEST
  - 5 PA
- sajazir
  - 5 PA
- TAKHZYRO INJ 150MG/ML, 300MG/2ML
  - 5 PA

#### Immunoglobulins
- ASCENIV
  - 5 B/D
- ATGAM
  - 5
- BIVIGAM INJ 10%, 5GM/50ML
  - 5 B/D
- CUVITRU
  - 5 PA
- CYTOGAM INJ 50MG/ML
  - 5
- FLEBOGAMMA DIF
  - 5 B/D
- GAMASTAN
  - 4
- GAMMAGARD LIQUID
  - 5 B/D
- GAMMAGARD S/D IGA LESS THAN 1MCG/ML
  - 5 B/D
- GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML
  - 5 B/D
- GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML
  - 5 B/D
- GAMUNEX-C
  - 5 B/D
- HEPAGAM B INJ 312UNIT/ML
  - 5 B/D
- HIZENTRA
  - 5 PA
- HYPERHEP B
  - 4 B/D
- HYPPERRAB
  - 3 B/D
- HYPPERRHO S/D MINI-DOSE
  - 4
- HYPPERRHO S/D INJ 1500UNIT
  - 4
- HYQVIA
  - 5 B/D
- IMOGAM RABIES-HT INJ 300UNIT/2ML (concluded)
  - 3 B/D
- KEDRAB
  - 3 B/D
- MICRHOGAM ULTRA-FILTERED PLUS
  - 4
- NABI-HB INJ 312UNIT/ML
  - 5 B/D
- OCTAGAM
  - 5 B/D
- PANZYGA
  - 5 B/D

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<td>HUMIRA PEN</td>
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<td>HUMIRA PEN-PS/UV STARTER</td>
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<td>mycophenolic acid dr</td>
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<th>Drug Name</th>
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<tr>
<td>sirolimus soln</td>
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<td>tacrolimus caps 0.5mg, 1mg, 5mg</td>
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<td>XATMEP</td>
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<td>Vaccines</td>
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<td>ACTHIB INJ 0</td>
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<td>ADACEL</td>
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<td>BCG VACCINE INJ 50MG</td>
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<td>BEXSERO</td>
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<td>BOOSTRIX</td>
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<td>DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML</td>
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<td>GARDASIL 9</td>
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<td>HEPLiSAV-B</td>
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<td>IPOL INACTiVATED IPV</td>
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<td>IXIARO</td>
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<td>JYNNEOS</td>
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<td>M-M-R II</td>
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<td>MENQUADFI</td>
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<td>MENVEO</td>
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<td>PEDIARiX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML</td>
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<td>SHINGRiX</td>
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<td>STAMAriL</td>
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<td>TENIVAC</td>
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<td>TICOVAC</td>
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<tr>
<td>YF-VAX</td>
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</tbody>
</table>

**Inflammatory Bowel Disease Agents**

**Aminosalicylates**

- balsalazide disodium
  - Drug Tier: 2
- DIPENTUM
  - Drug Tier: 5
- mesalamine dr
  - Drug Tier: 2
- mesalamine er cp24
  - Drug Tier: 2
- mesalamine enem, kit
  - Drug Tier: 4
- sulfasalazine tabs, tbec
  - Drug Tier: 1, GC

**Glucocorticoids**

- budesonide er
  - Drug Tier: 5
- budesonide cpep 3mg
  - Drug Tier: 4
- CORTIFOAM FOAM
  - Drug Tier: 3
- hydrocortisone crea 1%
  - Drug Tier: 1, GC
- hydrocortisone enem 100mg/60ml
  - Drug Tier: 4
- ORTIKOS
  - Drug Tier: 5
- procto-pak
  - Drug Tier: 1, GC

**Metabolic Bone Disease Agents**

**Metabolic Bone Disease Agents**

- alendronate sodium soln
  - Drug Tier: 1, GC
- alendronate sodium tabs 10mg, 35mg, 5mg, 70mg
  - Drug Tier: 1, GC
- calcitonin salmon nasal soln
  - Drug Tier: 2
- calcitonin salmon inj
  - Drug Tier: 5
- calcitonin-salmon soln
  - Drug Tier: 2
- calcitriol caps 0.25mcg, 0.5mcg
  - Drug Tier: 1, GC
- calcitriol inj 1mcg/ml
  - Drug Tier: 1, GC
- calcitriol oral soln 1mcg/ml
  - Drug Tier: 1, GC
- cinacalcet hydrochloride tabs 30mg, 60mg
  - Drug Tier: 4
- cinacalcet hydrochloride tabs 90mg
  - Drug Tier: 5
- doxercalciferol caps 0.5mcg
  - Drug Tier: 2, PA
- doxercalciferol caps 1mcg, 2.5mcg
  - Drug Tier: 4, PA
- doxercalciferol inj
  - Drug Tier: 2, PA
- FORTEO INJ 600MCG/2.4ML
  - Drug Tier: 5, PA

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<td>paricalcitol inj</td>
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<td>risedronate sodium dr</td>
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<td>TERIPARATIDE</td>
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<td>XGEVA</td>
<td>5</td>
<td>PA</td>
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<td>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</td>
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**Miscellaneous Therapeutic Agents**

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<td>BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM</td>
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<td>KALBITOR</td>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>cyclosporine emul 0.05%</td>
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<td>CYSTADROPS</td>
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<td>QL (20 ML per 28 days) PA</td>
</tr>
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<td>CYSTARAN</td>
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<td>QL (60 ML per 28 days) PA</td>
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<td>dorzolamide hcl/timolol maleate</td>
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<td>GC</td>
</tr>
<tr>
<td>dorzolamide hydrochloride/timolol maleate pf</td>
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</tr>
<tr>
<td>neo-polycin</td>
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<tr>
<td>neo-polycin hcl</td>
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</tr>
<tr>
<td>neomycin/bacitracin/polymyxin</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>neomycin/polymyxin/bacitracin/hydrocortisone</td>
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<tr>
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<tr>
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<tr>
<td>polycin</td>
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<tr>
<td>polymyxin b sulfate/trimethoprim sulfate</td>
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<td>GC</td>
</tr>
<tr>
<td>proparacaine hcl</td>
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<td>SIMBRINZA</td>
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<tr>
<td>trimethoprim sulfate/polymyxin b sulfate</td>
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<td>GC</td>
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<tr>
<td>VABYSMO</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>XIIDRA</td>
<td>3</td>
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**Ophthalmic Anti-allergy Agents**

| ALOCRLIL                                       | 4         |                                                        |
| azelastine hcl ophthalmic soln 0.05%           | 2         |                                                        |
| cromolyn sodium soln 4%                       | 1         | GC                                                     |
| epinastine hcl                                 | 2         |                                                        |
| olopatadine hcl                                | 2         |                                                        |
| olopatadine hydrochloride soln 0.2%            | 2         |                                                        |
| phenylephrine hcl                              | 1         | GC                                                     |

**Ophthalmic Anti-inflammatories**

| bromfenac                                      | 2         |                                                        |
| BROMSITE                                       | 4         |                                                        |
| dexamethasone sodium phosphate ophthalmic soln 0.1% | 1         | GC                                                     |
| diclofenac sodium soln 0.1%                    | 2         |                                                        |
| fluorometholone                                | 2         |                                                        |
| flurbiprofen sodium                           | 1         | GC                                                     |
| ILEVRO                                        | 4         |                                                        |
| ketorolac tromethamine ophthalmic soln 0.4%, 0.5% | 1         | GC                                                     |
| loteprednol etabonate susp                     | 2         |                                                        |
| neomycin/polymyxin/dexamethasone               | 1         | GC                                                     |

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</td>
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<tr>
<td>prednisolone acetate</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>prednisolone sodium phosphate ophthalmic soln 1%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>sulfacetamide sodium/prednisolone sodium phosphate</td>
<td>1</td>
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</tr>
<tr>
<td>tobramycin/dexamethasone</td>
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<tr>
<td><strong>Ophthalmic Beta-Adrenergic Blocking Agents</strong></td>
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<tr>
<td>betaxolol hcl soln 0.5%</td>
<td>1</td>
<td>GC</td>
</tr>
<tr>
<td>carteolol hcl</td>
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<tr>
<td>levobunolol hcl soln 0.5%</td>
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<td>timolol maleate ophthalmic gel forming</td>
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<tr>
<td>timolol maleate soln 0.5%</td>
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<td><strong>Ophthalmic Intraocular Pressure Lowering Agents, Other</strong></td>
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<tr>
<td>acetazolamide er</td>
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<td>brinzolamide</td>
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<td>pilocarpine hcl soln 1%, 2%, 4%</td>
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<td><strong>Ophthalmic Prostaglandin and Prostamide Analogs</strong></td>
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<td>latanoprost soln</td>
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<td>fluocinolone acetonide ear drops</td>
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<tr>
<td>hydrocortisone/acetic acid</td>
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<tr>
<td>neomycin/polymyxin/hc</td>
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<tr>
<td>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</td>
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</tr>
<tr>
<td>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</td>
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<tr>
<td><strong>Respiratory Tract/Pulmonary Agents</strong></td>
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<td><strong>Anti-inflammatories, Inhaled Corticosteroids</strong></td>
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<td>ASMANEX HFA</td>
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<td>ASMANEX TWISTHALER 120 METERED DOSES</td>
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<td>ASMANEX TWISTHALER 7 METERED DOSES</td>
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<tr>
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<tr>
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<td>FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST</td>
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<tr>
<td>FLOVENT HFA AERO 44MCG/ACT</td>
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<td>QL (21.2 GM per 30 days) ST</td>
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<tr>
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<td>QL (24 GM per 30 days) ST</td>
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<td>fluticasone propionate susp 50mcg/act</td>
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<td>QVAR REDIHALER</td>
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<td>hydroxyzine hcl tabs 50mg</td>
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<td>hydroxyzine hydrochloride tabs 10mg, 25mg</td>
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<td>hydroxyzine pamoate caps</td>
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<td>levocetirizine dihydrochloride tabs</td>
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<td>montelukast sodium chew, pack, tabs</td>
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<td>zafirlukast</td>
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<td><strong>Bronchodilators, Anticholinergic</strong></td>
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<td>ipratropium bromide/albuterol sulfate</td>
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<td>ipratropium bromide nasal soln</td>
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<td>SPIRIVA HANDBALALET</td>
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<td>SPIRIVA RESPIMAT</td>
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<td>TUDORZA PRESSAIR</td>
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<td><strong>Bronchodilators, Sympathomimetic</strong></td>
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<td>albuterol sulfate hfa aers 108mcg/act</td>
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<td>albuterol sulfate nebu</td>
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<td>arformoterol tartrate</td>
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<td>BEVESPI AEROSPERHE</td>
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<td>BROVANA</td>
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<td>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</td>
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<tr>
<td>KALYDECO TABS</td>
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<td>KALYDECO PACK 25MG, 50MG, 75MG</td>
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<td>KITABIS PAK</td>
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<td>ORKAMBI</td>
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<td>TRIKAFTA</td>
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<td><strong>Mast Cell Stabilizers</strong></td>
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<tbody>
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<td><strong>Phosphodiesterase Inhibitors, Airways Disease</strong></td>
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<td>DALIRESP</td>
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<td>ST</td>
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<td>epoprostenol sodium inj 0.5mg</td>
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<tr>
<td>ORENITRAM TITRATION KIT MONTH 1</td>
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<td>ORENITRAM TITRATION KIT MONTH 2</td>
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<td>QL (672 EA per 365 days) PA</td>
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<td>ORENITRAM TITRATION KIT MONTH 3</td>
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<td>QL (504 EA per 365 days) PA</td>
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<td>ORENITRAM TBCR 0.125MG</td>
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<tr>
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**Skeletal Muscle Relaxants**

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**Sleep Disorder Agents**

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**Wakefulness Promoting Agents**

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
Dextroamphetamine Sulfate
Dextroamphetamine Sulfate ER
Dextroamphetamine Hydrochloride
Dextroamphetamine Hydrochloride ER
Dexrazoxane
Dextrose 10%/NaCl 0.45%
Dextrose 5%/Electrolyte #48 Viaflex
dextrose 10%
Dextrose 10%/NaCl 0.2%
Dextrose 2.5%/NaCl 0.45%
Dextrose 25%
Dextrose 5%
Dextrose 5%/Lactated Ringers
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dextrose/sodium chloride
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Diazepam
Diazepam Intensol
diazepam Rectal Gel
diazoxide
dichlorphenamide
diclofenac Potassium
diclofenac Sodium
diclofenac Sodium DR
diclofenac Sodium ER
diclofenac Sodium/Misoprostol
dicloxacillin Sodium
dicyclomine HCL
dicyclomine Hydrochloride
Dificid
diflunisal
digitek
digoxin
Digoxin
Dilantin
Dilantin Infatabs
diltiazem HCL
diltiazem HCL CD
diltiazem HCL ER
diltiazem Hydrochloride
diltiazem Hydrochloride ER
dimethyl fumarate
Dimethyl Fumarate Starterpack
dimethyldiethylamine HCL
dimethyldiethylamine Hydrochloride
diphenoxylate Hydrochloride/Atropine Sulfate
diphenoxylate/Atropine
Diphenhydramine HCL
diphenhydramine Hydrochloride
diphenoxylate hydrochloride/atropine sulfate
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dobutamine HCL/D5W
dobutamine Hydrochloride/Dextrose 5%
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dofetilide
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donepezil hydrochloride
Dorsetil Hydrochloride ODT
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dopamine/D5W
Dopotent
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dorzolamide Hydrochloride
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**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame (800) 965-4022, WA: Llame (877) 750-3350 (TTY: 711).

**주의:** 당신이 한국어를 사용할 경우, 언어 협력 서비스를 무료로 이용할 수 있습니다. (800) 965-4022, WA: 전화 (877) 750-3350 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском, услуги сопровождения в языке, бесплатно доступные для вас. IA, IL, IN, OH: Вызов (800) 965-4022, WA: Вызов (877) 750-3350 (TTY: 711).

** atención:** Si usted habla español, servicios de asistencia lingüística, gratuitamente, están a su disposición. IA, IL, IN, OH: Llame (800) 965-4022, WA: Llame (877) 750-3350 (TTY: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez (800) 965-4022, WA: Appelez (877) 750-3350 (TTY: 711).

**注: **如果你讲中文，语言协助服务，免费的，都可以给你们。 (800) 965-4022, WA: 电话 (877) 750-3350 (TTY: 711).
Multi-Language Insert

Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (800) 965-4022 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (800) 965-4022 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (800) 965-4022 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您对我们的健康或药物保险可能存有疑问，为此我们提供免费的翻译服务。如需翻译服务，请致电 (800) 965-4022 (TTY: 711)。我们讲中文的工作人员将乐意为您提供帮助。这是一项免费服务。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamon. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (800) 965-4022 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (800) 965-4022 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (800) 965-4022 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.


**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (800) 965-4022 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (800) 965-4022 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسألة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، يمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على (711): (800) 965-4022. سيتم ذلك شهيق ما يحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (800) 965-4022 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (800) 965-4022 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Português:  Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (800) 965-4022 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (800) 965-4022 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:  Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (800) 965-4022 (TTY: 711). Ta usługa jest bezpłatna.

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This formulary was updated on 06/01/2023. For more recent information or other questions, please contact Health Alliance Medicare Member Services, at (800) 965-4022 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 - September 30 voicemail will be used on weekends and holidays, or visit HealthAlliance.org/Medicare.