GEISINGER HEALTH PLAN

2022 member formulary

List of covered drugs
Triple Choice medication benefit

Geisinger
General Formulary Information

This formulary is applicable to the Northern Light Employee Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the Northern Light Employee Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information
Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711
Fax: 570-300-2122

Mailing address:
Geisinger Health Plan
Pharmacy Department
Internal Mail Code 24-10
100 North Academy Avenue
Danville, PA 17822

Northern Light Employee Benefit
The Northern Light Employee benefit assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the Triple Choice benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

**Specialty Vendor Medication Program**

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

**A few things you should remember when using this formulary and your prescription benefit:**

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the highest applicable copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications not requiring prior authorization will be available at the highest copay level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
• Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

• Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 3 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

• Medications listed on Tier 0 are covered at $0 copay.

• All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 5-day supply is required for an adult or more than a 3-day supply for a member under 18 years of age.

Using this formulary

• Medication names with QL in the Requirements/Limits column have quantity limits

• Medication names followed by PA in the Requirements/Limits column require prior authorization.

• Medication names followed by ST in the Requirements/Limits column have step therapy requirements.

• Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.

• This formulary is accurate as of April 1, 2022 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.

• Restrictions in medication availability may result from use of a formulary.

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

• Quantity limits are listed in the Requirements/Limits Column

• Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.

• If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.
What is a medication formulary?
A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved under the Triple Choice benefit, you will be charged at the highest applicable copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions
There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for fertility
- Used for weight loss and weight management
- Life-style medications
- Used for cosmetic purposes
- Used for erectile dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.
Health Care Reform
The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- **Aspirin Products** - Low dose (81 mg) aspirin products
  - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
  - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.

- **Contraceptives** - Brands with no generic and generic products (other contraceptives may be covered under the medical benefit)
  - For females.

- **Bowel Preparations for Colonoscopy** - Brands with no generic and generic products
  - In preparation of a screening colonoscopy for members 45-75 years of age.

- **Breast Cancer Prevention** - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
  - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.

- **Folic Acid Supplements** - Generic folic acid 0.4 mg and 0.8 mg tablets
  - All women who are planning or capable of pregnancy.

- **Fluoride Supplements** - Fluoride drops and chewable tablets
  - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 5 years for the prevention of dental caries.

- **HIV Pre-Exposure Prophylaxis** – Descovy 200-25 mg tablet, Emtricitabine/tenofovir 200-300 mg tablet, emtricitabine 200 mg capsule, and tenofovir 300 mg tablet

- **Iron Supplements** - Pediatric Iron supplements
  - For members 6 - 12 months of age.

- **Smoking Cessation Products** - Brands with no generic and generic products
  - Two, 90-day treatment courses per benefit year.

- **Statin Preventive Medication** - low- to moderate-dose generic products
  - For adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.

- **Vaccinations** - Preventive vaccines are covered for $0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any...
claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

**Formulary development**
When deciding whether or not a medication should be included in the formulary, the Health Plan’s Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication’s inclusion or exclusion in the formulary. For the specific criteria used to determine a medication’s inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

**What are generics?**
When a company develops a new medication, it receives a patent that protects the medication company’s right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.
Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
  - Member satisfaction
  - Cost analysis
  - Contract terms and conditions
  - Market share analysis
  - Patent life assessment
  - Utilization management
  - Consumer advertising
  - Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by
these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

**Prior authorization:** To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member’s prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department at the address, telephone, or fax number above. Submission of medical documentation is required.

**Step Therapy:** Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

**Non-formulary medications:** The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

**Formulary addition requests:** Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

**Sources:**
Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7597 (TDD)


ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務，請致電 800-447-4000（TTY：711）。


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).


주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlatia sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).


ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).


सूचना: अगर आप अंग्रेजी मान्यता नहीं करते हैं, तो आप आपके मान्यता सर्विस का उपयोग कर सकते हैं। कॉल करें 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).


ჰუმბგური: პოლიგრაფიულ პირფაქტი არომატორი, მაღალი გამჭვირვალობა ღირსია დასაწყისი შესაძლო. ნუ დარტყმე 800-447-4000 (TTY: 711)

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</tr>
<tr>
<td>FLOVENT HFA</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>fludrocortisone acetate 0.1 mg Oral Tablet</td>
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<td>FLORINEF</td>
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<tr>
<td>fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated</td>
<td>1</td>
<td>AIRDUO</td>
<td>QL(1 EA per 30 days)</td>
</tr>
<tr>
<td>HIDEX 6-DAY</td>
<td>1</td>
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</tr>
<tr>
<td>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>CORTEF</td>
<td></td>
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<tr>
<td>methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 4 mg Oral Tablet Therapy Pack, 8 mg Oral Tablet</td>
<td>1</td>
<td>MEDROL</td>
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<tr>
<td>prednisolone 15 mg/5ml Oral Solution</td>
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<td>PRELONE</td>
<td></td>
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<tr>
<td>prednisolone sodium phosphate 25 mg/5ml Oral Solution</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate 10 mg/5ml Oral Solution</td>
<td>1</td>
<td>MILLIPRED</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate 15 mg/5ml Oral Solution</td>
<td>1</td>
<td>ORAPRED</td>
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</tr>
<tr>
<td>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</td>
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<td>PEDIAPRED</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate 20 mg/5ml Oral Solution</td>
<td>1</td>
<td>VERIPRED</td>
<td></td>
</tr>
<tr>
<td>prednisone 1 mg Oral Tablet, 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack, 5 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>prednisone 5 mg/5ml Oral Solution</td>
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<tr>
<td>PULMICORT FLEXHALER</td>
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</tr>
<tr>
<td>QVAR REDIHALER</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLU-CORTEF</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL 1000 mg Injection Solution Reconstituted</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QVAR REDIHALER</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL 125 mg Injection Solution Reconstituted</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL 40 mg Injection Solution Reconstituted</td>
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<td>TAPERDEX 7-DAY</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRELEGY ELLIPTA</td>
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<td>QL(2 EA per 1 days)</td>
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**ALCOHOL DETERRENTS**

<table>
<thead>
<tr>
<th>Alcohol Deterrents</th>
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<tbody>
<tr>
<td>disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet</td>
<td>1</td>
<td>ANTABUSE</td>
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**ALKALINIZING AGENTS**

<table>
<thead>
<tr>
<th>Alkalizing Agents</th>
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<tr>
<td>cytra k crystals</td>
<td>1</td>
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<tr>
<td>cytra-2</td>
<td>1</td>
<td>SHOHLS MODIFIED</td>
<td></td>
</tr>
<tr>
<td>CYTRA-3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cytra-k</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pot &amp; sod cit-cit ac 550-500-334 mg/5ml Oral Solution</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium citrate er</td>
<td>1</td>
<td>UROCIT-K</td>
<td></td>
</tr>
<tr>
<td>potassium citrate-citric acid 1100-334 mg/5ml Oral Solution</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sod citrate-citric acid 500-334 mg/5ml Oral Solution</td>
<td>1</td>
<td>SHOHLS MODIFIED</td>
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<tr>
<td>tricitrates</td>
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</tbody>
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**ALPHA-ADRENERGIC BLOCKING AGENTS**

<table>
<thead>
<tr>
<th>Alpha-adrenergic Blocking Agents</th>
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</thead>
<tbody>
<tr>
<td>doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</td>
<td>1</td>
<td>CARDURA</td>
<td></td>
</tr>
<tr>
<td>prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule</td>
<td>1</td>
<td>MINIPRESS</td>
<td></td>
</tr>
<tr>
<td>terazosin hcl</td>
<td>1</td>
<td>HYTRIN</td>
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</table>

**AMMONIA DETOXICANTS**

<table>
<thead>
<tr>
<th>Ammonia Detoxicants</th>
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<tbody>
<tr>
<td>constulose</td>
<td>1</td>
<td>CONSTULOSE</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>enulose</td>
<td>1</td>
<td>CONSTULOSE</td>
<td></td>
</tr>
<tr>
<td>generlac</td>
<td>1</td>
<td>CONSTULOSE</td>
<td></td>
</tr>
<tr>
<td>KRISTALOSE</td>
<td>2</td>
<td>PA</td>
<td></td>
</tr>
<tr>
<td>lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution</td>
<td>1</td>
<td>CONSTULOSE</td>
<td></td>
</tr>
<tr>
<td>lactulose 10 gm Oral Packet</td>
<td>1</td>
<td>KRISTALOSE</td>
<td></td>
</tr>
<tr>
<td>lactulose encephalopathy</td>
<td>1</td>
<td>CONSTULOSE</td>
<td></td>
</tr>
<tr>
<td>LITHOSTAT</td>
<td>2</td>
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</tbody>
</table>

**ANALGESICS AND ANTIPYRETICS**

**Analgesics And Antipyretics, Misc**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbital-acetaminophen 50-300 mg Oral Capsule</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen 50-300 mg Oral Tablet</td>
<td>1</td>
<td>ORBIVAN CF</td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen 50-325 mg Oral Tablet</td>
<td>1</td>
<td>TENCON</td>
<td></td>
</tr>
<tr>
<td>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</td>
<td>1</td>
<td>ESGIC</td>
<td></td>
</tr>
<tr>
<td>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</td>
<td>1</td>
<td>FIORICET</td>
<td></td>
</tr>
<tr>
<td>ILARIS</td>
<td>3</td>
<td></td>
<td>SP, QL (28 to 56 day supply per fill depending on indication), PA</td>
</tr>
<tr>
<td>PRIALT</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>TENCON</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZEBUTAL</td>
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**Nonsteroidal Anti-inflammatory Agents**

<table>
<thead>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>butalbital-aspirin-caffeine 50-325-40 mg Oral Capsule</td>
<td>1</td>
<td>FIORINAL</td>
<td></td>
</tr>
<tr>
<td>celecoxib 100 mg Oral Capsule, 200 mg Oral Capsule, 400 mg Oral Capsule, 50 mg Oral Capsule</td>
<td>1</td>
<td>CELEBREX</td>
<td></td>
</tr>
<tr>
<td>diclofenac epolamine 1.3 % External Patch</td>
<td>1</td>
<td>FLECTOR</td>
<td>PA, QL(30 EA per 15 days)</td>
</tr>
<tr>
<td>diclofenac potassium 50 mg Oral Tablet</td>
<td>1</td>
<td>CATALFLAM</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg</td>
<td>1</td>
<td>VOLTAREN</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</td>
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<td></td>
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</tr>
<tr>
<td>diclofenac sodium er</td>
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<td>VOLTAREN XR</td>
<td></td>
</tr>
<tr>
<td>diclofenac-misoprostol</td>
<td>1</td>
<td>ARTHROTEC</td>
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</tr>
<tr>
<td>diflunisal 500 mg Oral Tablet</td>
<td>1</td>
<td>DOLOBID</td>
<td></td>
</tr>
<tr>
<td>ec-naproxen</td>
<td>1</td>
<td>NAPROSYN</td>
<td></td>
</tr>
<tr>
<td>etodolac</td>
<td>1</td>
<td>LODINE</td>
<td></td>
</tr>
<tr>
<td>etodolac er</td>
<td>1</td>
<td>LODINE XL</td>
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</tr>
<tr>
<td>fenoprofen calcium 200 mg Oral Capsule</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>fenoprofen calcium 400 mg Oral Capsule, 600 mg Oral Tablet</td>
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<td>NALFON</td>
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</tr>
<tr>
<td>flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td>ANSAID</td>
<td></td>
</tr>
<tr>
<td>IBU</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>IBUPAK</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</td>
<td>1</td>
<td>MOTRIN</td>
<td></td>
</tr>
<tr>
<td>ibuprofen 100 mg/5ml Oral Suspension</td>
<td>1</td>
<td>MOTRIN</td>
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</tr>
<tr>
<td>INDOCIN 25 mg/5ml Oral Suspension</td>
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</tr>
<tr>
<td>indomethacin 25 mg Oral Capsule, 50 mg Oral Capsule</td>
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<td>INDOCIN</td>
<td></td>
</tr>
<tr>
<td>indomethacin er</td>
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<td>INDOCIN</td>
<td></td>
</tr>
<tr>
<td>ketoprofen 25 mg Oral Capsule</td>
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<tr>
<td>ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule</td>
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<td>ORUDIS</td>
<td></td>
</tr>
<tr>
<td>ketoprofen er</td>
<td>1</td>
<td>ORUVAIL</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine 10 mg Oral Tablet</td>
<td>1</td>
<td>TORADOL QL (20 tablets per fill)</td>
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<tr>
<td>meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule</td>
<td>1</td>
<td>MECLOMEN</td>
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<tr>
<td>mefenamic acid 250 mg Oral Capsule</td>
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<td>PONSTEL</td>
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<td>meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet</td>
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<td>MOBIC</td>
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<tr>
<td>nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet</td>
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<td>RELAFEN</td>
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<tr>
<td>naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 375 mg Oral Tablet Delayed Release, 500 mg Oral</td>
<td>1</td>
<td>NAPROSYN</td>
<td></td>
</tr>
</tbody>
</table>

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Northern Light Health Employee Plan

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablet, 500 mg Oral Tablet Delayed Release</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>naproxen 125 mg/5ml Oral Suspension</td>
<td>1</td>
<td>NAPROSYN</td>
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</tr>
<tr>
<td>naproxen sodium 275 mg Oral Tablet</td>
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<td>ANAPROX</td>
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<tr>
<td>naproxen sodium 550 mg Oral Tablet</td>
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<td>ANAPROX DS</td>
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</tr>
<tr>
<td>naproxen-esomeprazole</td>
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<td>VIMOVO</td>
<td>PA, QL(2 EA per 1 days)</td>
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<td>oxaprozin</td>
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<td>DAYPRO</td>
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<td>piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule</td>
<td>1</td>
<td>FELDENE</td>
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<td>salsalate 500 mg Oral Tablet, 750 mg Oral Tablet</td>
<td>1</td>
<td>DISALCID</td>
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<td>sulindac 150 mg Oral Tablet, 200 mg Oral Tablet</td>
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<td>CLINORIL</td>
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<td>tolmetin sodium</td>
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<td>ABSTRAL</td>
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<td>acetaminophen-codeine 300-15 mg Oral Tablet, 300-30 mg Oral Tablet, 300-60 mg Oral Tablet</td>
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<td>TYLENOL WITH CODEINE</td>
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<td>acetaminophen-codeine 120-12 mg/5ml Oral Solution</td>
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<td>TYLENOL WITH CODEINE</td>
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<td>acetaminophen-codeine #2</td>
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<td>TYLENOL WITH CODEINE</td>
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<td>acetaminophen-codeine #3</td>
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<td>TYLENOL WITH CODEINE</td>
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<td>acetaminophen-codeine #4</td>
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<td>TYLENOL WITH CODEINE</td>
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<td>apap-caff-dihydrocodeine 325-30-16 mg Oral Tablet</td>
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<td>ASCOMP-CODEINE</td>
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<td>butalbital-asa-caff-codeine</td>
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<td>FIORINAL WITH CODEINE</td>
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<tr>
<td>codeine sulfate</td>
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<tr>
<td>ENDOCET 2.5-325 mg Oral Tablet</td>
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</table>

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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</td>
<td>1</td>
<td>PEROCET</td>
<td></td>
</tr>
<tr>
<td>fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr Transdermal Patch 72 Hour, 25 mcg/hr Transdermal Patch 72 Hour, 37.5 mcg/hr Transdermal Patch 72 Hour, 50 mcg/hr Transdermal Patch 72 Hour, 62.5 mcg/hr Transdermal Patch 72 Hour, 75 mcg/hr Transdermal Patch 72 Hour, 87.5 mcg/hr Transdermal Patch 72 Hour</td>
<td>1</td>
<td>DURAGESIC</td>
<td>QL (30 days supply per fill)</td>
</tr>
<tr>
<td>fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 200 mcg Buccal Lozenge on a Handle, 400 mcg Buccal Lozenge on a Handle, 600 mcg Buccal Lozenge on a Handle, 800 mcg Buccal Lozenge on a Handle</td>
<td>1</td>
<td>ACTIQ</td>
<td>PA, QL(136 EA per 34 days)</td>
</tr>
<tr>
<td>fentanyl citrate 100 mcg Buccal Tablet, 200 mcg Buccal Tablet, 400 mcg Buccal Tablet, 600 mcg Buccal Tablet, 800 mcg Buccal Tablet</td>
<td>1</td>
<td>FENTORA</td>
<td>PA</td>
</tr>
<tr>
<td>FENTORA</td>
<td>3</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen 2.5-108 mg/5ml Oral Solution, 5-217 mg/10ml Oral Solution, 7.5-325 mg/15ml Oral Solution</td>
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<td>1</td>
<td>NORCO</td>
<td></td>
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<tr>
<td>hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet</td>
<td>1</td>
<td>VICODIN</td>
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<td>hydrocodone-acetaminophen 10-325 mg/15ml Oral Solution</td>
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<td></td>
<td></td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<td>DILAUDID</td>
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</table>

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Northern Light Health Employee Plan

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
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<td></td>
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<td>SUBSYS</td>
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<td>tramadol hcl 50 mg Oral Tablet</td>
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<tr>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>tramadol hcl er 150 mg Oral Capsule Extended Release 24 Hour</td>
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<td>tramadol-acetaminophen</td>
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<td><strong>Opiate Partial Agonists</strong></td>
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<tr>
<td>buprenorphine 10 mcg/hr Transdermal Patch Weekly, 15 mcg/hr Transdermal Patch Weekly, 20 mcg/hr Transdermal Patch Weekly, 5 mcg/hr Transdermal Patch Weekly, 7.5 mcg/hr Transdermal Patch Weekly</td>
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<td>BUTRANS</td>
<td>QL(0.14 EA per 1 days)</td>
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<td>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</td>
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<td>SUBUTEX</td>
<td>QL (34 days supply per fill)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl 12-3 mg Sublingual Film, 2-0.5 mg Sublingual Film, 2-0.5 mg Sublingual Tablet Sublingual, 4-1 mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual</td>
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<td>SUBOXONE</td>
<td>QL (34 days supply per fill)</td>
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<td>butorphanol tartrate 10 mg/ml Nasal Solution</td>
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<td>pentazocine-naloxone hcl</td>
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<td>PROBUPHINE IMPLANT KIT</td>
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<td>SP, QL (168 days supply per fill)</td>
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<td>SUBLOCADE</td>
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<td>SP, QL (28 days supply per fill)</td>
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<tr>
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<th>Requirements/Limits¹</th>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25 MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 40.5 MG/2.5GM (1.62%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel</td>
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<td>testosterone enanthate 200 mg/ml Intramuscular Solution</td>
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**ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS**

### Amphetamines

- amphetamine-dextroamphetamine 1 | ADDERALL XR |
- amphetamine-dextroamphetamine 1 | ADDERALL |
- dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet 1 | DEXTROSTAT |
- dextroamphetamine sulfate er 1 | DEXEDRINE |
- methamphetamine hcl 1 | DESOXYN |

### Respiratory And CNS Stimulants

- caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Oral Solution 1 | |
- DAYTRANA 3 | PA |
- dextymethylphenidate hcl 1 | FOCALIN |

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<td>METHYLIN</td>
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<td>methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>RITALIN</td>
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<td>methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour, 27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour, 54 mg Oral Tablet Extended Release 24 Hour, 72 mg Oral Tablet Extended Release</td>
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<td>methylphenidate hcl er 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release</td>
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<td>CONCERTA</td>
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</tr>
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<td>modafinil</td>
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<td>EMVERM</td>
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<td>ALOMIDE</td>
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<td>azelastine hcl 0.15 % Nasal Solution</td>
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<td>azelastine hcl 0.05 % Ophthalmic Solution</td>
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<td>SP, QL (34 days supply per fill)</td>
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<td>TOBI PODHALER</td>
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<td>SP, PA, QL(224 EA per 56 days)</td>
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<tr>
<td>tobramycin 300 mg/4ml Inhalation Nebulization Solution</td>
<td>1</td>
<td>BETHKIS</td>
<td>SP, PA, QL(224 ML per 56 days)</td>
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<td>tobramycin 300 mg/5ml Inhalation Nebulization Solution</td>
<td>1</td>
<td>TOBI</td>
<td>SP, PA, QL(280 ML per 56 days)</td>
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<tr>
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<th>Reference Name</th>
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<tbody>
<tr>
<td>AEMCOLO clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule</td>
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<td>CLEOCIN</td>
<td>PA, QL (12 EA per 3 days)</td>
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<td>clindamycin palmitate hcl</td>
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<td>CLEOCIN</td>
<td></td>
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<td>DALVANCE daptomycin 350 mg Intravenous Solution Reconstituted</td>
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<td>SP, QL (34 days supply per fill)</td>
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<tr>
<td>daptomycin 500 mg Intravenous Solution Reconstituted</td>
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<td>CUBICIN</td>
<td>SP, QL (34 days supply per fill)</td>
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<td>KIMYRSA linezolid 600 mg Oral Tablet</td>
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<td>ZYVOX</td>
<td>QL (112 EA per 180 days)</td>
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<td>ZYVOX</td>
<td>PA</td>
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<tr>
<td>SIVEXTRO 200 mg Oral Tablet</td>
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<td></td>
<td>PA, QL (6 EA per 365 days)</td>
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<td>XIFAXAN</td>
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<td>SUPRAX 500 mg/5ml Oral Suspension Reconstituted</td>
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<td>ERYTHROCIN STEARATE</td>
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<th>Drug Tier</th>
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<td><strong>Tetracyclines</strong></td>
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**ANTICHOLINERGIC AGENTS**

**Antimuscarinics/antispasmodics**

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<td>PA, QL(1 EA per 1 days)</td>
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</table>

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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<tr>
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<th>Drug Name</th>
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<th>Requirements/Limits¹</th>
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<td>XCOPRI 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>NOVOLOG PENFILL</td>
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<tr>
<td>insulin aspart prot &amp; aspart (70-30) 100 unit/ml Subcutaneous Suspension</td>
<td>1</td>
<td>NOVOLOG MIX 70/30</td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<table>
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<tr>
<th>Drug Name</th>
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<tr>
<td>LANTUS</td>
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<td>LEVEMIR FLEXTOUCH</td>
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<tr>
<td>NOVOLIN 70/30</td>
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<tr>
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<td>TOUJEO MAX SOLOSTAR</td>
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<td>AL(Min 18 years)</td>
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<td>AL(Min 18 years)</td>
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<td>XULTOPHY</td>
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<td>QL(0.5 ML per 1 days), ST</td>
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**Meglitinides**

- nateglinide  1  STARLIX
- repaglinide  1  PRANDIN

**Sodium-glucose Cotransporter 2 (sglt2) Inhibitors**

- GLYXAMBI  2  QL(1 EA per 1 days)
- INVOKAMET  2  QL(2 EA per 1 days)
- INVOKAMET XR  2  QL(2 EA per 1 days)
- INVOKANA  2  QL(1 EA per 1 days)

①You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
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<tr>
<td>JARDIANE</td>
<td>2</td>
<td></td>
<td>QL(1 EA per 1 days)</td>
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<td>SYNJARDY</td>
<td>2</td>
<td></td>
<td>QL(2 EA per 1 days)</td>
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<tr>
<td>SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour</td>
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<td></td>
<td>QL(1 EA per 1 days)</td>
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<td>SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour</td>
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**Sulfonylureas**

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<td>glimepiride</td>
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<td>AMARYL</td>
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<tr>
<td>glipizide 10 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>GLUCOTROL</td>
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<tr>
<td>glipizide er</td>
<td>1</td>
<td>GLUCOTROL XL</td>
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<tr>
<td>glipizide xl</td>
<td>1</td>
<td>GLUCOTROL XL</td>
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<tr>
<td>glipizide-metformin hcl</td>
<td>1</td>
<td>METAGLIP</td>
<td></td>
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<tr>
<td>glyburide 1.25 mg Oral Tablet, 2.5 mg Oral Tablet</td>
<td>1</td>
<td>DIABETA</td>
<td></td>
</tr>
<tr>
<td>glyburide micronized</td>
<td>1</td>
<td>GLYNASE</td>
<td></td>
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<tr>
<td>glyburide-metformin</td>
<td>1</td>
<td>GLUCOVANCE</td>
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<td>tolbutamide</td>
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<td>ORINASE</td>
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**Thiazolidinediones**

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<tr>
<td>pioglitazone hcl</td>
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<td>pioglitazone hcl-glimepiride</td>
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<td>DUETACT</td>
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<tr>
<td>pioglitazone hcl-metformin hcl</td>
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**ANTIDIARRHEA AGENTS**

**Antidiarrhea Agents**

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</thead>
<tbody>
<tr>
<td>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</td>
<td>1</td>
<td>LOMOTIL</td>
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</tr>
<tr>
<td>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</td>
<td>1</td>
<td>LOMOTIL</td>
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<tr>
<td>loperamide hcl 2 mg Oral Capsule</td>
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<td>IMODIUM</td>
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</tr>
<tr>
<td>MYTESI</td>
<td>3</td>
<td>PA</td>
<td></td>
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<tr>
<td>opium</td>
<td>1</td>
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<tr>
<td>XERMELO</td>
<td>3</td>
<td>SP, PA, QL(84 EA per 28 days)</td>
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</table>

**ANTIDOTES**

**Antidotes**

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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</td>
<td>1</td>
<td>MUCOMYST</td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>KHAPZORY</td>
<td>3</td>
<td>leucovorin calcium 10 mg Oral Tablet, 15 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>VORAXAZE</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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</tbody>
</table>

**ANTIEMETICS**

**5-htr3 Receptor Antagonists**

- granisetron hcl 1 mg Oral Tablet | 1 | KYTRIL | QL (2 tablets per fill) |
- ondansetron 4 mg tab disint, 8 mg tab disint | 1 | ZOFRAN ODT |
- ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet | 1 | ZOFRAN |
- ondansetron hcl 4 mg/5ml Oral Solution | 1 | ZOFRAN |

**ANTIEMETICS, Miscellaneous**

- dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule | 1 | MARINOL |
- scopolamine | 1 | TRANSDERM-SCOP |
- TRANSDERM-SCOP | 2 |

**Antihistamines**

- BONJESTA | 2 | QL(2 EA per 1 days) |
- doxylamine-pyridoxine | 1 | DICLEGIS | QL(4 EA per 1 days) |
- meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet | 1 | ANTIVERT |
- trimethobenzamide hcl 300 mg Oral Capsule | 1 | TIGAN |

**Neurokinin-1 Receptor Antagonists**

- AKYNZEO 300-0.5 mg Oral Capsule | 3 | QL(2 EA per 28 days) |
- aprepitant 125 mg Oral Capsule, 40 mg Oral Capsule, 80 & 125 mg Oral Capsule, 80 & 125 mg Oral Miscellaneous, 80 mg Oral Capsule | 1 | EMEND |
- CINVANTI | 3 | SP, QL (34 days supply per fill), PA |

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<table>
<thead>
<tr>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>EMEND 125 mg/5ml Oral Suspension Reconstituted</td>
<td>3</td>
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<tr>
<td>VARUBI (180 MG DOSE)</td>
<td>3</td>
<td>QL(2 EA per 14 days)</td>
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<td><strong>ANTIFUNGALS</strong></td>
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<td><strong>Allylamines</strong></td>
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<td>terbinafine hcl 250 mg Oral Tablet</td>
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<td>LAMISIL</td>
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<tr>
<td><strong>Antifungals, Miscellaneous</strong></td>
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<td>griseofulvin microsize 500 mg Oral Tablet</td>
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<td>GRIFULVIN V</td>
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<tr>
<td>griseofulvin microsize 125 mg/5ml Oral Suspension</td>
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<td>GRIFULVIN V</td>
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<tr>
<td>griseofulvin ultramicrosize</td>
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<td>GRIS-PEG</td>
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<td><strong>Azoles</strong></td>
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<td>CRESEMB 372 mg Intravenous Solution Reconstituted</td>
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<tr>
<td>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</td>
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<td>itraconazole 100 mg Oral Capsule</td>
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<td>SPORANOX</td>
<td>PA</td>
</tr>
<tr>
<td>itraconazole 10 mg/ml Oral Solution</td>
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<td>SPORANOX</td>
<td>PA</td>
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<tr>
<td>ketoconazole 200 mg Oral Tablet</td>
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<td>NIZORAL</td>
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<td>posaconazole 40 mg/ml Oral Suspension</td>
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<td>PA, QL(20 ML per 1 days)</td>
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<td>posaconazole 100 mg Oral Tablet Delayed Release</td>
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<td>voriconazole 40 mg/ml Oral Suspension Reconstituted</td>
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<td>VFEND</td>
<td>QL (34 days supply per fill), PA</td>
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<td><strong>ANTIGLAUCOMA AGENTS</strong></td>
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\(^1\)You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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<thead>
<tr>
<th>Drug Name</th>
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<td>ALPHAGAN P 0.1 % Ophthalmic Solution</td>
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<td>brimonidine tartrate 0.2 % Ophthalmic Solution</td>
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<tr>
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<td>SIMBRINZA</td>
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<td><strong>Beta-adrenergic Blocking Agents</strong></td>
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<td>betaxolol hcl 0.5 % Ophthalmic Solution</td>
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<td>OCUPRESS</td>
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<td>levobunolol hcl</td>
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<td>AZOPT</td>
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<td>dorzolamide hcl-timolol mal</td>
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<td><strong>Miotics</strong></td>
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<td>bimatoprost 0.03 % Ophthalmic Solution</td>
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<td>LUMIGAN</td>
<td>ST</td>
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</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits&lt;sup&gt;1&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>DURYSTA</td>
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<td>latanoprost 0.005 % Ophthalmic Solution</td>
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<td>travoprost (bak free)</td>
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<td>VYZULTA</td>
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<td>ZIOPTAN</td>
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**ANTIHYPOGLYCEMIC AGENTS**

- **Antihypoglycemic Agents, Miscellaneous**

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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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**Antifungals**

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<td>1</td>
<td>EXTINA</td>
<td></td>
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<tr>
<td>ketoconazole 2% External Cream</td>
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<td>NIZORAL</td>
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<td>ketoconazole 2% External Shampoo</td>
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<td>KETODAN</td>
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<tr>
<td>miconazole 3 200 mg Vaginal Suppository</td>
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<td>MONISTAT</td>
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<tr>
<td>naftifine hcl 1% External Cream, 1% External Gel, 2% External Cream</td>
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<td>NAFTIN</td>
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<tr>
<td>NAFTIN 2% External Gel</td>
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<tr>
<td>NATACYN</td>
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<td>NYAMYC</td>
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<td>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</td>
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<td>DENAVIR</td>
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<td>QL (1 tube per fill), PA</td>
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<td>XERESE</td>
<td>3</td>
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<td>chlorhexidine gluconate 0.12% Mouth/Throat Solution</td>
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<td>PAROEX</td>
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<tr>
<td>PERIOGARD</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>silver nitrate 0.5% External Solution, 10% External Solution, 25% External Solution, 50% External Solution</td>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
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<td>medpura alcohol pads</td>
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<td>mesalamine 1000 mg Rectal Suppository</td>
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<td>mesalamine 1.2 gm Oral Tablet Delayed Release</td>
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<td>mesalamine er 0.375 gm Oral Capsule Extended Release 24 Hour</td>
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<td>mesalamine-cleanser</td>
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<tr>
<td>NUCALA 100 mg Subcutaneous Solution Reconstituted</td>
<td>3</td>
<td>SP, QL (28 days supply per fill), PA</td>
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</table>

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<tbody>
<tr>
<td>NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe</td>
<td>3</td>
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<td>SP, QL (28 days supply per fill), PA</td>
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<td>PENTASA</td>
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**Anti-inflammatory Agents, Miscellaneous**

**EUCRISA**

**Corticosteroids**

ADVANCED ALLERGY COLLECTION

ALA SCALP

ala-cort 1 % External Cream

alclometasone dipropionate

amcinonide 0.1 % External Cream, 0.1 % External Ointment

amcinonide 0.1 % External Lotion

anucort-hc

bacitra-neomycin-polymyxin-hc

BECONASE AQ

betamethasone dipropionate 0.05 % External Cream, 0.05 % External Ointment

betamethasone dipropionate 0.05 % External Lotion

betamethasone dipropionate aug 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment

betamethasone dipropionate aug 0.05 % External Lotion

betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment

betamethasone valerate 0.1 % External Lotion

betamethasone valerate 0.12 % External Foam

BLEPHAMIDE

BLEPHAMIDE S.O.P.

CIPRO HC

ciprofloxacin-dexamethasone

clobetasol prop emollient base

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<th>Drug Tier</th>
<th>Reference Name</th>
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<td>clobetasol propionate 0.05 % External Ointment</td>
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<td>CLOBEX</td>
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<tr>
<td>clobetasol propionate 0.05 % External Solution</td>
<td>1</td>
<td>CLOBEX</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo</td>
<td>1</td>
<td>CLODAN</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate 0.05 % External Foam</td>
<td>1</td>
<td>OLUX</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate 0.05 % External Gel</td>
<td>1</td>
<td>TEMOVATE</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate 0.05 % External Cream</td>
<td>1</td>
<td>TEMOVATE-E</td>
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</tr>
<tr>
<td>clobetasol propionate e</td>
<td>1</td>
<td>TEMOVATE-E</td>
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</tr>
<tr>
<td>clobetasol propionate emulsion</td>
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<td>OLUX-E</td>
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<td>clobetavix</td>
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<td>COLOCORT</td>
<td>1</td>
<td></td>
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<tr>
<td>CORDRAN 4 mcg/sqcm External Tape</td>
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<tr>
<td>desonide 0.05 % External Cream, 0.05 % External Ointment</td>
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<td>DESOWEN</td>
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<td>desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment, 0.25 % External Cream, 0.25 % External Ointment</td>
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<td>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</td>
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<td>diflorasone diacetate</td>
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<td>FLAREX</td>
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<tr>
<td>flunisolide 25 MCG/ACT (0.025%) Nasal Solution</td>
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<td>NASALIDE</td>
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<td>fluocinolone acetonide 0.01 % Otic Oil</td>
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<tr>
<td>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</td>
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<td>SYNALAR</td>
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<tr>
<td>fluocinolone acetonide 0.01 % External Solution</td>
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<tr>
<td>fluocinolone acetonide body</td>
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<td>DERMA-SMOOTHE/FS</td>
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<td>fluocinolone acetonide scalp</td>
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<td>DERMA-SMOOTHE/FS</td>
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Northern Light Health Employee Plan

Update Date: 4/1/2022
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits(^1)</th>
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<tbody>
<tr>
<td>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</td>
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<td>LIDEX</td>
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<tr>
<td>fluocinonide 0.05 % External Solution</td>
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<tr>
<td>fluocinonide 0.1 % External Cream</td>
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<td>VANOS</td>
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<td>fluocinonide emulsified base</td>
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<tr>
<td>fluorometholone 0.1 % Ophthalmic Suspension</td>
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<td>FML</td>
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<td>fluovix</td>
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<td>fluovix plus</td>
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<td>flurandrenolide 0.05 % External Lotion</td>
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<tr>
<td>fluticasone propionate 0.05 % External Lotion</td>
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</tr>
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<td>fluticasone propionate 50 mcg/act Nasal Suspension</td>
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<td>FLONASE</td>
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<td>FML</td>
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<tr>
<td>hydrocortisone 1 % External Lotion</td>
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<td>hydrocortisone 1 % External Cream</td>
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<td>PROCTOZONE-HC</td>
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<td>3</td>
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<td>TRIDERM</td>
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<tr>
<td>VERDESO</td>
<td>3</td>
<td>PA</td>
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<td>ZETONNA</td>
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<td>PA</td>
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**Eent Anti-inflammatory Agents, Misc**

- RESTASIS 3
- RESTASIS MULTIDOSE 3
- XIIDRA 3

**Interleukin Antagonists**

1°You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<td>CINQAIR</td>
<td>3</td>
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<td>FASENRA PEN</td>
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<td>flurbiprofen sodium</td>
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<td><strong>ANTILIPEMIC AGENTS</strong></td>
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<td>icosapent ethyl 1 gm Oral Capsule</td>
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<td>VASCEPA</td>
<td>QL(4 EA per 1 days)</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>JUXTAPID 10 mg Oral Capsule, 40 mg Oral Capsule, 5 mg Oral Capsule, 60 mg Oral Capsule</td>
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<td>NEXLETOL</td>
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<td>NEXLIZET</td>
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<td>niacin er (antihyperlipidemic)</td>
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<td>NIASPAN</td>
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<td>omega-3-acid ethyl esters</td>
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<td>VASCEPA 0.5 gm Oral Capsule</td>
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<td>QL(8 EA per 1 days)</td>
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<td><strong>Bile Acid Sequestrants</strong></td>
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<td>cholestryramine 4 gm Oral Packet</td>
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<td>cholestryramine 4 gm/dose Oral Powder</td>
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<td>QUESTRAN</td>
<td></td>
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<td>QUESTRAN LIGHT</td>
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<td>QUESTRAN LIGHT</td>
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<td>WELCHOL</td>
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<td>colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet</td>
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<td>COLESTID</td>
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<td>colestipol hcl 5 gm Oral Granules</td>
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<td>PREVALITE 4 gm/dose Oral Powder</td>
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<tr>
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</tbody>
</table>

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<thead>
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<th>Drug Tier</th>
<th>Reference Name</th>
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<tbody>
<tr>
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<td>QL(2 EA per 1 days)</td>
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<td>PA</td>
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<td>QL(2 EA per 1 days)</td>
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<tr>
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<td>LESCOL</td>
<td>QL(4 EA per 1 days)</td>
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<td>LIVALO 2 mg Oral Tablet</td>
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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
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<td>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</td>
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<td>simvastatin 40 mg Oral Tablet, 80 mg Oral Tablet</td>
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<td>simvastatin 20 mg Oral Tablet</td>
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<td>ZOCOR</td>
<td>QL(2 EA per 1 days)</td>
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<td>simvastatin 10 mg Oral Tablet</td>
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<td>ZOCOR</td>
<td>QL(4 EA per 1 days)</td>
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<td>simvastatin 5 mg Oral Tablet</td>
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<td>REPATHA SURECLICK</td>
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<td><strong>ANTIMIGRAINE AGENTS</strong></td>
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<td>MIGERGOT</td>
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<td>AIMOVIG</td>
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<td>EMGALITY (300 MG DOSE)</td>
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<td>NURTEC</td>
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<td>UBRELVY</td>
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**Selective Serotonin Agonists**

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<td>RELPAX</td>
<td>QL (16 per 28), PA</td>
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<td>frovatriptan succinate</td>
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<td>FROVA</td>
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<td>naratriptan hcl</td>
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<td>AMERGE</td>
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<td>MAXALT</td>
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<td>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</td>
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<td>sumatriptan 20 mg/act Nasal Solution, 5 mg/act Nasal Solution</td>
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<td>sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution, 6 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
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<td>sumatriptan-naproxen sodium</td>
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| ZEMBRACE SYMTouch                   | 3         |                | PA, QL(8 ML per 28 days) |
| zolmitriptan 2.5 mg Oral Tablet, 2.5 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint | 1 | ZOMIG | QL (16 per 28) |
| zolmitriptan 2.5 mg Nasal Solution, 5 mg Nasal Solution | 1 | ZOMIG | QL (16 per 28), PA |

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<th>Drug Name</th>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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Northern Light Health Employee Plan

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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
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<td>QL(2 EA per 1 days</td>
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<td>QL(74 EA per 30 days</td>
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<td>fondaparinux sodium</td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<td>unit/0.5ml Injection Solution Prefilled Syringe, 5000 unit/ml Injection Solution</td>
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<td>warfarin sodium 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 2.5 mg Oral Tablet, 3 mg Oral Tablet, 4 mg Oral Tablet, 5 mg Oral Tablet, 6 mg Oral Tablet, 7.5 mg Oral Tablet</td>
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<td>XARELTO 15 mg Oral Tablet, 2.5 mg Oral Tablet</td>
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<td>QL (2 EA per 1 days)</td>
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<td>XARELTO 1 mg/ml Oral Suspension Reconstituted</td>
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<th>Requirements/Limits¹</th>
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<td>FLEBOGAMMA DIF</td>
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**ANTITUSSIVES**

**Antitusives**

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<th>Drug Tier</th>
<th>Reference Name</th>
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<td>g tussin ac</td>
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<td>guaiatussin ac</td>
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<td>guaifenesin ac</td>
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<td>guaifenesin-codeine 100-10 mg/5ml Oral Solution</td>
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<td>hydrocodone-polst-cpm-polst er 10-8 mg/5ml Oral Suspension Extended Release</td>
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**ANTIULCER AGENTS AND ACID SUPPRESSANTS**

**Histamine H2-antagonists**

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<td>cimetidine hcl 300 mg/5ml Oral Solution</td>
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<td>famotidine 20 mg Oral Tablet, 40 mg Oral Tablet</td>
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<tr>
<td>famotidine 40 mg/5ml Oral Suspension Reconstituted</td>
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<tr>
<td>nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule</td>
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<td>AXID</td>
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<td>nizatidine 15 mg/ml Oral Solution</td>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<td>ACIPHEX SPRINKLE 5 mg Oral Capsule Sprinkle</td>
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<td>PA</td>
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<td>PA</td>
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<td>omeprazole-sodium bicarbonate</td>
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<th>Drug Tier</th>
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<td>EPIVIR HBV 5 mg/ml Oral Solution</td>
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<td>VIREAD 40 mg/gm Oral Powder</td>
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<thead>
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<tr>
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<td>PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet</td>
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<td>XOFLUZA (40 MG DOSE) 2 x 20 mg Oral Tablet Therapy Pack</td>
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<td>VALCYTE</td>
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</tbody>
</table>

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<td>VEMLIDY</td>
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</table>

**ANXIOLYTICS, SEDATIVES, AND HYPNOTICS**

**Anxiolytics, Sedatives, & Hypnotics Misc**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</td>
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<td>BUSPAR</td>
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<tr>
<td>eszopiclone</td>
<td>1</td>
<td>LUNESTA</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>ATARAX</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl 10 mg/5ml Oral Syrup</td>
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<td>ATARAX</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</td>
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<td>VISTARIL</td>
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</tr>
<tr>
<td>meprobamate</td>
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</tr>
<tr>
<td>ramelteon</td>
<td>1</td>
<td>ROZEREM</td>
<td>ST</td>
</tr>
<tr>
<td>zaleplon</td>
<td>1</td>
<td>SONATA</td>
<td></td>
</tr>
<tr>
<td>zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>AMBIEN</td>
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<tr>
<td>zolpidem tartrate 1.75 mg Sublingual Tablet Sublingual, 3.5 mg Sublingual Tablet Sublingual</td>
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<td>INTERMEZZO</td>
<td>PA</td>
</tr>
<tr>
<td>zolpidem tartrate er</td>
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<td>AMBIEN CR</td>
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**Barbiturates**

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<th>Drug Name</th>
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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet</td>
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<td></td>
</tr>
<tr>
<td>phenobarbital 20 mg/5ml Oral Elixir, 20 mg/5ml Oral Solution</td>
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</tbody>
</table>

**Benzodiazepines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</td>
<td>1</td>
<td>NIRAVAM</td>
<td></td>
</tr>
</tbody>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</td>
<td>1</td>
<td>XANAX</td>
<td></td>
</tr>
<tr>
<td>alprazolam er</td>
<td>1</td>
<td>XANAX XR</td>
<td></td>
</tr>
<tr>
<td>ALPRAZOLAM INTENSOL</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprazolam xr</td>
<td>1</td>
<td>XANAX XR</td>
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</tr>
<tr>
<td>chlordiazepoxide hcl</td>
<td>1</td>
<td>LIBRIMUM</td>
<td></td>
</tr>
<tr>
<td>clorazepate dipotassium</td>
<td>1</td>
<td>TRANXENE</td>
<td></td>
</tr>
<tr>
<td>DIAZEPAM ACUDIAL</td>
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</tr>
<tr>
<td>diazepam 5 mg/ml Oral Concentrate</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</td>
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<td>DIASTAT</td>
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</tr>
<tr>
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<td>VALIUM</td>
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<tr>
<td>diazepam 5 mg/5ml Oral Solution</td>
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<td>VALIUM</td>
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<td>DIAZEPAM INTENSOL</td>
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<td>estazolam</td>
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<tr>
<td>flurazepam hcl</td>
<td>1</td>
<td>DALMANE</td>
<td></td>
</tr>
<tr>
<td>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</td>
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<td>ATIVAN</td>
<td></td>
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<tr>
<td>lorazepam 2 mg/ml Oral Concentrate</td>
<td>1</td>
<td>LORAZEPAM INTENSOL</td>
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<tr>
<td>LORAZEPAM INTENSOL</td>
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<td>midazolam hcl 2 mg/ml Oral Syrup</td>
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<td>oxazepam</td>
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<td>quazepam</td>
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<tr>
<td>triazolam</td>
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<td>HALCION</td>
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**ASTRINGENTS**

Astringents

DRYSOL 1

**AUTONOMIC DRUGS, MISCELLANEOUS**

Autonomic Drugs, Miscellaneous

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>apo-varenicline</td>
<td>0</td>
<td>CHANTIX</td>
<td>QL(2 EA per 1 days)</td>
</tr>
<tr>
<td>CHANTIX</td>
<td>0</td>
<td></td>
<td>QL(2 EA per 1 days)</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK</td>
<td>0</td>
<td></td>
<td>QL(2 EA per 1 days)</td>
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<tr>
<td>CHANTIX STARTING MONTH PAK</td>
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<td></td>
<td>QL(53 EA per 180 days)</td>
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<tr>
<td>cvs nicotine 14 mg/24hr Transdermal Patch 24 Hour, 2 mg</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>Mouth/Throat Lozenge, 21 mg/24hr</td>
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<td></td>
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<tr>
<td>Transdermal Patch 24 Hour, 7 mg/24hr</td>
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<tr>
<td>Transdermal Patch 24 Hour</td>
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<tr>
<td>cvs nicotine polacrilex</td>
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</tr>
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<td>eq nicotine</td>
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<td>eq nicotine polacrilex</td>
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<td>Transdermal Patch 24 Hour, 21-14-7 mg/24hr Transdermal Kit, 7 mg/24hr</td>
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<td>Transdermal Patch 24 Hour</td>
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<td>nicotine polacrilex 2 mg</td>
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<td>Mouth/Throat Gum, 2 mg</td>
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<td>Mouth/Throat Lozenge, 4 mg</td>
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<td>Mouth/Throat Gum, 4 mg</td>
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<td>Mouth/Throat Lozenge</td>
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<td>qc nicotine transdermal system</td>
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<td>ra mini nicotine</td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ra nicotine 2 mg Mouth/Throat Gum, 21 mg/24hr Transdermal Patch 24 Hour, 4 mg Mouth/Throat Gum</td>
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<td>ra nicotine gum</td>
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<td>ra nicotine polacrilex</td>
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</tr>
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<td>sm nicotine</td>
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<td>sm nicotine polacrilex</td>
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<td>tgt nicotine 4 mg Mouth/Throat Gum</td>
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<tr>
<td>tgt nicotine polacrilex</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>tgt nicotine step one</td>
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<td>tgt nicotine step three</td>
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<tr>
<td>tgt nicotine step two</td>
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<tr>
<td>varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet</td>
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<td>CHANTIX</td>
<td>QL(2 EA per 1 days)</td>
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</tbody>
</table>

**BETA-ADRENERGIC BLOCKING AGENTS**

**Beta-adrenergic Blocking Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule</td>
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<tr>
<td>atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>TENORMIN</td>
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<tr>
<td>atenolol-chlorthalidone</td>
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<td>TENORETIC</td>
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<td>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</td>
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<td>KERLONE</td>
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<tr>
<td>bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>ZEBETA</td>
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<tr>
<td>bisoprolol-hydrochlorothiazide</td>
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<td>ZIAC</td>
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<td>carvedilol</td>
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<td>COREG</td>
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<td>carvedilol phosphate er</td>
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<td>COREG CR</td>
<td>PA</td>
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<td>INNOPRAN XL</td>
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<td>metoprolol succinate er</td>
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<td>metoprolol tartrate 37.5 mg Oral Tablet, 75 mg Oral Tablet</td>
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<td>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
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<td>metoprolol-hydrochlorothiazide</td>
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<td>LOPRESSOR HCT</td>
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</tbody>
</table>

\[^1^You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document]
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</td>
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<td>CORGARD</td>
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</tr>
<tr>
<td>nebivolol hcl</td>
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<td></td>
<td>ST</td>
</tr>
<tr>
<td>pindolol</td>
<td>1</td>
<td></td>
<td>VISKEN</td>
</tr>
<tr>
<td>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</td>
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<td>INDERAL</td>
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</tr>
<tr>
<td>propranolol hcl 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution</td>
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<td>propranolol hcl er</td>
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<td>INDERAL LA</td>
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<td>propranolol-hctz</td>
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<td>INDERIDE</td>
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<tr>
<td>SORINE</td>
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</tr>
<tr>
<td>sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet</td>
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<td>BETAPACE</td>
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<td>sotalol hcl (af)</td>
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<td>BETAPACE AF</td>
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<td>timolol maleate 10 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>BLOCADREN</td>
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</table>

**BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS; MISC.**

**Blood Form, Coag, And Thromb Agent; Misc**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAKVEO</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>TAVALISSE</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(60 EA per 30 days)</td>
</tr>
</tbody>
</table>

**BONE ANABOLIC AGENTS**

**Bone Anabolic Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVENITY</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
</tbody>
</table>

**BONE RESORPTION INHIBITORS**

**Bone Resorption Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>alendronate sodium 10 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet, 70 mg Oral Tablet</td>
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<td>FOSAMAX</td>
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<td>alendronate sodium 70 mg/75ml Oral Solution</td>
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</tr>
<tr>
<td>BINOSTO</td>
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<td>PA</td>
</tr>
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<td>FOSAMAX PLUS D</td>
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<tr>
<td>ibandronate sodium 150 mg Oral Tablet</td>
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<td>QL(1 EA per 30 days)</td>
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<tr>
<td>PROLIA</td>
<td>3</td>
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<td>SP, QL (180 days supply per fill), PA</td>
</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<td>diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</td>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<th>Requirements/Limits¹</th>
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<table>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Northern Light Health Employee Plan

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Northern Light Health Employee Plan

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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit</td>
<td>3</td>
<td>SP, PA NSO, QL(3 EA per 28 days)</td>
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<tr>
<td>HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40 mg/0.8ml Subcutaneous Pen-injector Kit</td>
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<tr>
<td>HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit</td>
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<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit</td>
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<td>SP, PA NSO, QL(3 EA per 28 days)</td>
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<td>HUMIRA PEN-PSOR/UVEIT STARTER</td>
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<td>INFLECTRA</td>
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<tr>
<td>KEVZARA</td>
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<td>SP, PA NSO, QL(2.28 ML per 28 days)</td>
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<tr>
<td>KINERET</td>
<td>3</td>
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<tr>
<td>leflunomide 10 mg Oral Tablet, 20 mg Oral Tablet</td>
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<td>ARAVA</td>
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<td>OLMUINT</td>
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<td>SP, PA NSO, QL(30 EA per 30 days)</td>
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<tr>
<td>ORENCIA 250 mg Intravenous Solution Reconstituted</td>
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<tr>
<td>ORENCIA 50 mg/0.4ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA NSO, QL(1.6 ML per 28 days)</td>
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<td>ORENCIA 87.5 mg/0.7ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA NSO, QL(2.8 ML per 28 days)</td>
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</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>ORENCIA 125 mg/ml Subcutaneous Solution Prefilled Syringe</td>
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<td>ORENCIA CLICKJECT</td>
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<td>OTEZLA 10 &amp; 20 &amp; 30 mg Oral Tablet Therapy Pack</td>
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<td>REMICADE</td>
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<td>SP, QL (28 to 56 days supply per fill depending on indication), PA</td>
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<td>RENFLEXIS</td>
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<td>RINVOQ 15 mg Oral Tablet Extended Release 24 Hour</td>
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<td>SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA NSO, QL(0.5 ML per 28 days)</td>
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<td>SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SIMPONI ARIA</td>
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<td>SP, QL (56 days supply per fill), PA</td>
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<td>XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>XELJANZ 1 mg/ml Oral Solution</td>
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<td>LASIX</td>
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<th>Requirements/Limits¹</th>
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<td><strong>Vasopressin Antagonists</strong></td>
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<td>JYNARQUE 30 mg Oral Tablet</td>
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<tr>
<td>JYNARQUE 15 mg Oral Tablet Therapy Pack, 30 &amp; 15 mg Oral Tablet Therapy Pack, 45 &amp; 15 mg Oral Tablet Therapy Pack, 60 &amp; 30 mg Oral Tablet Therapy Pack, 90 &amp; 30 mg Oral Tablet Therapy Pack</td>
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<td>apraclonidine hcl 0.5 % Ophthalmic Solution</td>
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<td>OXERVATE</td>
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<tr>
<td>TEPEZZA</td>
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<td>VISUDYNE</td>
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<td><strong>Basic Lotions And Liniments</strong></td>
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<td>LAC-HYDRIN</td>
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<tr>
<td>ALDURAZYME</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>BRINEURA</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>LUMIZYME</td>
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<td>MEPSEVII</td>
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<td>NAGLAZYME</td>
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<td>NEXVIAZYME</td>
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<td>PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA, QL(4 ML per 28 days)</td>
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</table>

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<tbody>
<tr>
<td>PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
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<td>PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA, QL(84 ML per 28 days)</td>
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<td>REVCOVI</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>STRENSIQ</td>
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<td>SUCRAID</td>
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<td>VIMIZIM</td>
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<td>VPRIV</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>XIAFLEX</td>
<td>3</td>
<td>SP, QL (34 days supply per fill), PA</td>
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**ESTROGENS AND ANTIESTROGENS**

**Antiestrogens**

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<tr>
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<th>Drug Tier</th>
<th>Reference Name</th>
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<tr>
<td>anastrozole 1 mg Oral Tablet</td>
<td>0</td>
<td>ARIMIDEX</td>
<td>$0 copay for women</td>
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<td>exemestane</td>
<td>0</td>
<td>AROMASIN</td>
<td>$0 copay for women</td>
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<tr>
<td>KISQALI FEMARA (400 MG DOSE)</td>
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<td>SP, PA NSO, QL(70 EA per 28 days)</td>
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<tr>
<td>KISQALI FEMARA (600 MG DOSE)</td>
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<tr>
<td>KISQALI FEMARA(200 MG DOSE)</td>
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<td>letrozole 2.5 mg Oral Tablet</td>
<td>0</td>
<td>FEMARA</td>
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**Estrogen Agonist-antagonists**

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<td>OSPHENA</td>
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<td>PA, QL(1 EA per 1 days)</td>
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<td>raloxifene hcl</td>
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<td>tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet</td>
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**Estrogens**

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<td>COVARYX HS</td>
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<td>DELESTROGEN 10 mg/ml Intramuscular Oil</td>
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<td>DIVIGEL 0.25 mg/0.25gm Transdermal Gel, 0.5 mg/0.5gm Transdermal Gel, 0.75 mg/0.75gm Transdermal Gel</td>
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<td>DIVIGEL 1 mg/gm Transdermal Gel, 1.25 mg/1.25gm Transdermal Gel</td>
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<td>est estrogens-methyltest hs</td>
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<td>estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly, 0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly</td>
<td>1</td>
<td>VIVELLE-DOT</td>
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</tr>
</tbody>
</table>

<sup>1</sup>You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil</td>
<td>1</td>
<td>DELESTROGEN</td>
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<tr>
<td>estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet</td>
<td>1</td>
<td>ACTIVELLA</td>
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<tr>
<td>ESTRING</td>
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<tr>
<td>FYAVOLV</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JINTELI</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>LOPREEZA</td>
<td>1</td>
<td></td>
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<tr>
<td>LYLLANA</td>
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<tr>
<td>MIMVEY</td>
<td>1</td>
<td></td>
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<tr>
<td>norethindrone-eth estradiol 1-5 mg-mcg Oral Tablet</td>
<td>1</td>
<td>FEMHRT 1/5</td>
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<tr>
<td>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet</td>
<td>1</td>
<td>FEMHRT LOW DOSE</td>
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<tr>
<td>PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet</td>
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<tr>
<td>PREMARIN 0.625 mg/gm Vaginal Cream</td>
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<tr>
<td>PREMPHASE</td>
<td>2</td>
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<td>PREMPRO</td>
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<td>YUVAFEM</td>
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</tbody>
</table>

**EXPECTORANTS**

*Expectorants*

iodine strong (lugol's) | 1 | | |

**FIBROMYALGIA AGENTS**

*Fibromyalgia Agents*

SAVELLA | 2 | | |
SAVELLA TITRATION PACK | 2 | | |

**FIRST GENERATION ANTIHISTAMINES**

*Derivatives, Miscellaneous*

cyproheptadine hcl 4 mg Oral Tablet | 1 | PERIACTIN | |
cyproheptadine hcl 2 mg/5ml Oral Syrup | 1 | PERIACTIN | |

*Ethanolamine Derivatives*

carbinoxamine maleate 6 mg Oral Tablet | 1 | | |

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<table>
<thead>
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<tr>
<td>carbinoxamine maleate 4 mg Oral Tablet</td>
<td>1</td>
<td>CLISTIN</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate 4 mg/5ml Oral Solution</td>
<td>1</td>
<td>CLISTIN</td>
<td></td>
</tr>
<tr>
<td>clemastine fumarate 2.68 mg Oral Tablet</td>
<td>1</td>
<td>TAVIST</td>
<td></td>
</tr>
<tr>
<td>diphen 12.5 mg/5ml Oral Elixir</td>
<td>1</td>
<td>BENADRYL</td>
<td></td>
</tr>
<tr>
<td>di-phen 12.5 mg/5ml Oral Elixir</td>
<td>1</td>
<td>BENADRYL</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl 12.5 mg/5ml Oral Elixir</td>
<td>1</td>
<td>BENADRYL</td>
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<tr>
<td><strong>Phenothiazine Derivatives</strong></td>
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<tr>
<td>PHENADOZ</td>
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<td></td>
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</tr>
<tr>
<td>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet</td>
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<td>PHENERGAN</td>
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<tr>
<td>promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup</td>
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<tr>
<td>promethazine vc</td>
<td>1</td>
<td>PHENERGAN VC</td>
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<tr>
<td>promethazine-phenylephrine</td>
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<td>PHENERGAN VC</td>
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<td>PROMETHEGAN</td>
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<td><strong>Propylamine Derivatives</strong></td>
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<td>dextchlorpheniramine maleate 2 mg/5ml Oral Solution</td>
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<td>RYCLORA</td>
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<td><strong>GENITOURINARY SMOOTH MUSCLE RELAXANTS</strong></td>
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<td><strong>Antimuscarinics</strong></td>
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<td>darifenacin hydrobromide er</td>
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<tr>
<td>flavoxate hcl</td>
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<tr>
<td>GELNIQUE</td>
<td>3</td>
<td>PA</td>
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<td>oxybutynin chloride 5 mg Oral Tablet</td>
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<td>DITROAN</td>
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<tr>
<td>oxybutynin chloride 5 mg/5ml Oral Syrup</td>
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<td>oxybutynin chloride er</td>
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<td>VESICARE</td>
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<td>tolterodine tartrate</td>
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<td>DETROL</td>
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<td>tolterodine tartrate er</td>
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<td>DETROL LA</td>
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<td>TOVIAZ</td>
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<tr>
<td>trospium chloride</td>
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<td>SANCTURA</td>
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<thead>
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<tr>
<td>trospium chloride er</td>
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<td>MYRBETRIQ 25 mg Oral Tablet</td>
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<td>QL(1 EA per 1 days)</td>
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<tr>
<td>Extended Release 24 Hour, 50 mg Oral Tablet</td>
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<td>Extended Release 24 Hour</td>
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<td>MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER</td>
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<td></td>
<td>QL(10 ML per 1 days), AL(Min 3 years and Max 18 years)</td>
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<td><strong>GI DRUGS, MISCELLANEOUS</strong></td>
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<td><strong>Gi Drugs, Miscellaneous</strong></td>
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<tr>
<td>BYLVAY 1200 mcg Oral Capsule</td>
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<td>SP, PA, QL(5 EA per 1 days)</td>
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<tr>
<td>BYLVAY 400 mcg Oral Capsule</td>
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<td>SP, PA, QL(15 EA per 1 days)</td>
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<td>BYLVAY (PELLETS) 600 mcg Oral Capsule Sprinkle</td>
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<td>SP, PA, QL(10 EA per 1 days)</td>
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<td>BYLVAY (PELLETS) 200 mcg Oral Capsule Sprinkle</td>
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<td>SP, PA, QL(30 EA per 1 days)</td>
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<td>CHOLBAM</td>
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<td>SP, QL (30 days supply per fill), PA</td>
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<td>ENTYVIO</td>
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<td>SP, QL (56 days supply per fill), PA</td>
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<td>GATTEX</td>
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<td>SP, PA, QL(1 EA per 30 days)</td>
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<td>LINZESS</td>
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<td>QL(1 EA per 1 days), AL(Min 18 years)</td>
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<td><strong>lubiprostone</strong></td>
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<td>AMITIZA</td>
<td>QL(2 EA per 1 days)</td>
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<td>MOVANTIK</td>
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<td>QL(1 EA per 1 days)</td>
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<tr>
<td>RELISTOR 8 mg/0.4ml Subcutaneous Solution</td>
<td>3</td>
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<td>PA, QL(6 ML per 30 days)</td>
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<tr>
<td>RELISTOR 12 mg/0.6ml Subcutaneous Solution</td>
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<td>PA, QL(18 ML per 30 days)</td>
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<tr>
<td>STELARA 130 mg/26ml Intravenous Solution</td>
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<td>SP, QL (56 days supply per fill), PA</td>
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<td><strong>GOLD COMPOUNDS</strong></td>
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<td><strong>Gold Compounds</strong></td>
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<td>RIDAURA</td>
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<td><strong>GONADOTROPINS AND ANTAGONADOTROPINS</strong></td>
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<td><strong>Antagonadotropins</strong></td>
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</tr>
<tr>
<td>FIRMAGON</td>
<td>3</td>
<td></td>
<td>SP, QL (28 days supply per fill)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>FIRMAGON (240 MG DOSE)</td>
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<td>SP, QL (28 days supply per fill)</td>
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<tr>
<td>MYFEMBREE</td>
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<td></td>
<td>PA, QL (28 EA per 28 days)</td>
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<tr>
<td>ORGOVYX</td>
<td>3</td>
<td></td>
<td>PA, QL (64 EA per 30 days)</td>
</tr>
<tr>
<td>ORIAHNN</td>
<td>3</td>
<td></td>
<td>PA, QL (56 EA per 28 days)</td>
</tr>
<tr>
<td>ORILISSA 150 mg Oral Tablet</td>
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<td></td>
<td>PA, QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>ORILISSA 200 mg Oral Tablet</td>
<td>3</td>
<td></td>
<td>PA, QL (60 EA per 30 days)</td>
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<tr>
<td><strong>Gonadotropins</strong></td>
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</tr>
<tr>
<td>chorionic gonadotropin 10000 unit</td>
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<td>PREGNYL</td>
<td>PA</td>
</tr>
<tr>
<td>Intramuscular Solution Reconstituted</td>
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</tr>
<tr>
<td>ELIGARD 30 mg Subcutaneous Kit</td>
<td>3</td>
<td></td>
<td>SP, QL (112 days supply per fill)</td>
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<tr>
<td>ELIGARD 45 mg Subcutaneous Kit</td>
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<td>SP, QL (168 days supply per fill)</td>
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<td>ELIGARD 7.5 mg Subcutaneous Kit</td>
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<td></td>
<td>SP, QL (28 days supply per fill)</td>
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<tr>
<td>ELIGARD 22.5 mg Subcutaneous Kit</td>
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<td>SP, QL (84 days supply per fill)</td>
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<tr>
<td>FENSOLVI (6 MONTH)</td>
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<td>SP, PA, QL (1 EA per 168 days)</td>
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<td>leuprolide acetate 1 mg/0.2ml Injection Kit</td>
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<td>LUPRON</td>
<td>SP</td>
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<tr>
<td>LUPANETA PACK 3.75 &amp; 5 mg Combination Kit</td>
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<td></td>
<td>SP, QL (28 days supply per fill)</td>
</tr>
<tr>
<td>LUPANETA PACK 11.25 &amp; 5 mg Combination Kit</td>
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<td></td>
<td>SP, QL (84 days supply per fill)</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH)</td>
<td>3</td>
<td></td>
<td>SP, QL (28 days supply per fill)</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH)</td>
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<td></td>
<td>SP, QL (84 days supply per fill)</td>
</tr>
<tr>
<td>LUPRON DEPOT (4-MONTH)</td>
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<td>SP, QL (112 days supply per fill)</td>
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<td>LUPRON DEPOT (6-MONTH)</td>
<td>3</td>
<td></td>
<td>SP, QL (168 days supply per fill)</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH)</td>
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<td>SP, QL (28 days supply per fill)</td>
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<tbody>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH)</td>
<td>3</td>
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<td>SP, QL (84 days supply per fill)</td>
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<tr>
<td>MENOPUR</td>
<td>3</td>
<td></td>
<td>QL (34 days supply per fill)</td>
</tr>
<tr>
<td>NOVAREL</td>
<td>3</td>
<td></td>
<td>QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>PREGNYL</td>
<td>3</td>
<td></td>
<td>QL (34 days supply per fill)</td>
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<td>SUPPRELIN LA</td>
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<td>SP, QL (365 days supply per fill), PA</td>
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<tr>
<td>SYNAREL</td>
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<td>SP</td>
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<tr>
<td>TRELSTAR MIXJECT 22.5 mg</td>
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<td>SP, QL (168 days supply per fill)</td>
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<tr>
<td>Intramuscular Suspension</td>
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<td>Reconstituted</td>
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<tr>
<td>TRELSTAR MIXJECT 3.75 mg</td>
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<td>SP, QL (28 days supply per fill)</td>
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<tr>
<td>Intramuscular Suspension</td>
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<td>Reconstituted</td>
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<tr>
<td>TRELSTAR MIXJECT 11.25 mg</td>
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<td>SP, QL (84 days supply per fill)</td>
</tr>
<tr>
<td>Intramuscular Suspension</td>
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<td>Reconstituted</td>
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<tr>
<td>TRIPTODUR</td>
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<td>SP, QL (168 days supply per fill), PA</td>
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</table>

### HEAVY METAL ANTAGONISTS

**Heavy Metal Antagonists**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>deferasirox 125 mg Oral Tablet</td>
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<td>EXJADE</td>
<td>SP, QL (30 days supply per fill), PA</td>
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<tr>
<td>Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble</td>
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<tr>
<td>deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet</td>
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<td>JADENU</td>
<td>SP, QL (30 days supply per fill), PA</td>
</tr>
<tr>
<td>deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet</td>
<td>1</td>
<td>JADENU SPRINKLE</td>
<td>SP, QL (30 days supply per fill), PA</td>
</tr>
<tr>
<td>deferasirox granules</td>
<td>1</td>
<td>JADENU SPRINKLE</td>
<td>SP, QL (30 days supply per fill), PA</td>
</tr>
<tr>
<td>deferiprone 500 mg Oral Tablet</td>
<td>1</td>
<td>FERRIPROX</td>
<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>FERRIPROX 1000 mg Oral Tablet</td>
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<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>FERRIPROX 100 mg/ml Oral Solution</td>
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<td>SP, QL (34 days supply per fill), PA</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>FERRIPROX TWICE-A-DAY</td>
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<td>penicillamine 250 mg Oral Tablet</td>
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<td>DEPEN TITRATABS</td>
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<td><strong>Hematopoietic Agents</strong></td>
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</tr>
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<td>ARANESP (ALBUMIN FREE)</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>DOPTELET</td>
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<td>SP, PA, QL(60 EA per 30 days)</td>
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<td>EPOGEN</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>FULPHILA</td>
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<td>SP, PA, QL(0.04 ML per 1 days)</td>
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<td>LEUKINE</td>
<td>2</td>
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<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>MIRCERA</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>MOZOBIL</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>MULPLETA</td>
<td>3</td>
<td></td>
<td>SP, QL (7 tablets per fill), PA</td>
</tr>
<tr>
<td>NEULASTA</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(0.04 ML per 1 days)</td>
</tr>
<tr>
<td>NEULASTA ONPRO</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(0.04 ML per 1 days)</td>
</tr>
<tr>
<td>NEUPOGEN</td>
<td>2</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>NIVESTYM</td>
<td>3</td>
<td></td>
<td>SP, QL (7 days supply per fill), PA</td>
</tr>
<tr>
<td>NPLATE</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>PROCRIT</td>
<td>2</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>PROMACTA</td>
<td>3</td>
<td></td>
<td>SP, QL (30 days supply per fill), PA</td>
</tr>
<tr>
<td>REBLOZYL</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>RETACRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection</td>
<td>2</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solution, 40000 unit/ml Injection Solution</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UDENYCA</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(0.04 ML per 1 days)</td>
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<tr>
<td>ZIEXTENZO</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(0.04 ML per 1 days)</td>
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</tbody>
</table>

**HEMORRHEOLOGIC AGENTS**

**Hemorrheologic Agents**

- **pentoxifylline er**
  - 1
  - TRENITAL

**HYPOTENSIVE AGENTS**

**Central Alpha-agonists**

- **clonidine**
  - 1
  - CATAPRES-TTS

- **clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet**
  - 1
  - CATAPRES

- **guanfacine hcl**
  - 1
  - TENEX

- **methyldopa**
  - 1
  - ALDOMET

- **methyldopa-hydrochlorothiazide**
  - 1
  - ALDORIL

**Direct Vasodilators**

- **hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet**
  - 1
  - APRESOLINE

- **minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet**
  - 1
  - LONITEN

**IMMUNOMODULATORY AGENTS**

**Immunomodulatory Agents**

- **ACTIMMUNE**
  - 3
  - SP, QL (28 days supply per fill), PA

- **AUBAGIO 14 mg Oral Tablet**
  - 2
  - SP, QL(30 EA per 30 days)

- **AUBAGIO 7 mg Oral Tablet**
  - 2
  - SP, PA, QL(30 EA per 30 days)

- **AVONEX PEN**
  - 2
  - SP, QL(1 EA per 28 days)

- **AVONEX PEN**
  - 2
  - SP, QL(1 ML per 28 days)

- **AVONEX PREFILLED**
  - 2
  - SP, QL(1 EA per 28 days)

- **AVONEX PREFILLED**
  - 2
  - SP, QL(1 ML per 28 days)

- **BAFIERTAM**
  - 2
  - SP, QL(120 EA per 30 days), ST

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>BETASERON</td>
<td>2</td>
<td></td>
<td>SP, QL(14 EA per 28 days)</td>
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<tr>
<td>dimethyl fumarate 120 mg Oral Capsule Delayed Release</td>
<td>1</td>
<td>TECFIDERA</td>
<td>SP, QL(14 EA per 7 days)</td>
</tr>
<tr>
<td>dimethyl fumarate 240 mg Oral Capsule Delayed Release</td>
<td>1</td>
<td>TECFIDERA</td>
<td>SP, QL(60 EA per 30 days)</td>
</tr>
<tr>
<td>dimethyl fumarate starter pack</td>
<td>1</td>
<td>TECFIDERA STARTER PACK</td>
<td>SP, QL(60 EA per 30 days)</td>
</tr>
<tr>
<td>ENSPRYNG</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(1 ML per 28 days)</td>
</tr>
<tr>
<td>EXTAVIA</td>
<td>2</td>
<td></td>
<td>SP, QL(15 EA per 30 days)</td>
</tr>
<tr>
<td>GILENYA</td>
<td>2</td>
<td></td>
<td>SP, QL(30 EA per 30 days)</td>
</tr>
<tr>
<td>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</td>
<td>1</td>
<td>COPAXONE</td>
<td>SP, QL(12 ML per 28 days)</td>
</tr>
<tr>
<td>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</td>
<td>1</td>
<td>COPAXONE</td>
<td>SP, QL(30 ML per 30 days)</td>
</tr>
<tr>
<td>KESIMPTA</td>
<td>2</td>
<td></td>
<td>SP, QL(0.4 ML per 28 days)</td>
</tr>
<tr>
<td>LEMTRADA</td>
<td>3</td>
<td></td>
<td>SP, QL(1 course per 365 days), PA</td>
</tr>
<tr>
<td>MAYZENT 2 mg Oral Tablet</td>
<td>2</td>
<td></td>
<td>SP, QL(30 EA per 30 days)</td>
</tr>
<tr>
<td>MAYZENT 0.25 mg Oral Tablet</td>
<td>2</td>
<td></td>
<td>SP, QL(140 EA per 28 days)</td>
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<tr>
<td>MAYZENT STARTER PACK 12 x 0.25 mg Oral Tablet Therapy Pack</td>
<td>2</td>
<td></td>
<td>SP, QL(12 EA per 180 days)</td>
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<tr>
<td>OCREVUS</td>
<td>3</td>
<td></td>
<td>SP, QL (180 days supply per fill), PA, QL(40 ML per 365 days)</td>
</tr>
<tr>
<td>PLEGRIDY</td>
<td>2</td>
<td></td>
<td>SP, QL(1 ML per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK</td>
<td>2</td>
<td></td>
<td>SP, QL(1 ML per 28 days)</td>
</tr>
<tr>
<td>PONVORY</td>
<td>2</td>
<td></td>
<td>SP, QL(30 EA per 30 days)</td>
</tr>
<tr>
<td>PONVORY STARTER PACK</td>
<td>2</td>
<td></td>
<td>SP, QL(14 EA per 180 days)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>REBIF</td>
<td>2</td>
<td></td>
<td>SP, QL(6 ML per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE</td>
<td>2</td>
<td></td>
<td>SP, QL(6 ML per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK</td>
<td>2</td>
<td></td>
<td>SP, QL(4.2 ML per 28 days)</td>
</tr>
<tr>
<td>REBIF TITRATION PACK</td>
<td>2</td>
<td></td>
<td>SP, QL(4.2 ML per 28 days)</td>
</tr>
<tr>
<td>THALOMID</td>
<td>2</td>
<td></td>
<td>SP, QL (34 days supply per fill)</td>
</tr>
<tr>
<td>TYSABRI</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>UPLIZNA</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(30 ML per 180 days)</td>
</tr>
<tr>
<td>VUMERITY</td>
<td>2</td>
<td></td>
<td>SP, QL(120 EA per 30 days), ST</td>
</tr>
<tr>
<td>VUMERITY (STARTER)</td>
<td>2</td>
<td></td>
<td>SP, QL(120 EA per 30 days), ST</td>
</tr>
<tr>
<td>ZEPOSIA</td>
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<td></td>
<td>SP, PA, QL(30 EA per 30 days)</td>
</tr>
<tr>
<td>ZEPOSIA 7-DAY STARTER PACK</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(7 EA per 180 days)</td>
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<td>ZEPOSIA STARTER KIT</td>
<td>2</td>
<td></td>
<td>SP, PA, QL(37 EA per 180 days)</td>
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<tr>
<td>IMMUNOSUPPRESSIVE AGENTS</td>
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<td>Immunosuppressive Agents</td>
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<tr>
<td>ASTAGRAF XL</td>
<td>3</td>
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<tr>
<td>azathioprine 50 mg Oral Tablet</td>
<td>1</td>
<td>IMURAN</td>
<td></td>
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<tr>
<td>BENLYSTA 120 mg Intravenous</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>Solution Reconstituted, 400 mg</td>
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</tr>
<tr>
<td>Intravenous Solution Reconstituted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENLYSTA 200 mg/ml</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(4 ML per 28 days)</td>
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<tr>
<td>Subcutaneous Solution Auto-</td>
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<td></td>
</tr>
<tr>
<td>injector, 200 mg/ml Subcutaneous</td>
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<td></td>
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</tr>
<tr>
<td>Solution Prefilled Syringe</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine 100 mg Oral</td>
<td>1</td>
<td>SANDIMMUNE</td>
<td></td>
</tr>
<tr>
<td>Capsule, 25 mg Oral Capsule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified 100 mg Oral</td>
<td>1</td>
<td>NEORAL</td>
<td></td>
</tr>
<tr>
<td>Capsule, 25 mg Oral Capsule, 50</td>
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<tr>
<td>mg Oral Capsule</td>
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</tr>
<tr>
<td>cyclosporine modified 100 mg/ml</td>
<td>1</td>
<td>NEORAL</td>
<td></td>
</tr>
<tr>
<td>Oral Solution</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>ENVARSUS XR</td>
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<tr>
<td>everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet</td>
<td>1</td>
<td>ZORTRESS</td>
<td>PA</td>
</tr>
<tr>
<td>GAMIANT</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENGRAF 100 mg/ml Oral Solution</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPKYNIS</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(180 EA per 30 days)</td>
</tr>
<tr>
<td>MAVENCLAD (10 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(10 EA per 28 days)</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(4 EA per 27 days)</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(5 EA per 28 days)</td>
</tr>
<tr>
<td>MAVENCLAD (6 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(6 EA per 28 days)</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(7 EA per 28 days)</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(8 EA per 28 days)</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS)</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(9 EA per 28 days)</td>
</tr>
<tr>
<td>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Oral Tablet</td>
<td>1</td>
<td>CELLECEPT</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</td>
<td>1</td>
<td>CELLECEPT</td>
<td></td>
</tr>
<tr>
<td>mycophenolate sodium</td>
<td>1</td>
<td>MYFORTIC</td>
<td></td>
</tr>
<tr>
<td>NEORAL 100 mg Oral Capsule, 25 mg Oral Capsule</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEORAL 100 mg/ml Oral Solution</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NULOJIX</td>
<td>3</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>PROGRAF 0.2 mg Oral Packet, 0.5 mg Oral Capsule, 1 mg Oral Capsule, 1 mg Oral Packet, 5 mg Oral Capsule</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE 100 mg Oral Capsule, 25 mg Oral Capsule</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<th>Reference Name</th>
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<tbody>
<tr>
<td>SANDIMMUNE 100 mg/ml Oral Solution</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAPHNELO</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(2 ML per 28 days)</td>
</tr>
<tr>
<td>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet</td>
<td>1</td>
<td>RAPAMUNE</td>
<td>PA</td>
</tr>
<tr>
<td>sirolimus 1 mg/ml Oral Solution</td>
<td>1</td>
<td>RAPAMUNE</td>
<td>PA</td>
</tr>
<tr>
<td>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule</td>
<td>1</td>
<td>PROGRAF</td>
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</table>

**ION-REMOVING AGENTS**

**Phosphate-removing Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>AURYXIA</td>
<td>3</td>
<td></td>
<td>PA, QL(408 EA per 34 days)</td>
</tr>
<tr>
<td>FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral Tablet Chewable, 750 mg Oral Tablet Chewable</td>
<td>1</td>
<td>FOSRENOL</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate</td>
<td>1</td>
<td>RENVELA</td>
<td></td>
</tr>
<tr>
<td>sevelamer hcl</td>
<td>1</td>
<td>RENAGEL</td>
<td>PA</td>
</tr>
<tr>
<td>VELPHORO</td>
<td>3</td>
<td></td>
<td>PA</td>
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**Potassium-removing Agents**

<table>
<thead>
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<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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<tbody>
<tr>
<td>KIONEX</td>
<td>1</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
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<tr>
<td>LOKELMA 5 gm Oral Packet</td>
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<td></td>
<td>PA, QL(1.14 EA per 1 days)</td>
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<tr>
<td>LOKELMA 10 gm Oral Packet</td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate Oral Powder</td>
<td>1</td>
<td>KAYEXALATE</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate 15 gm/60ml Oral Suspension</td>
<td>1</td>
<td>SPS</td>
<td></td>
</tr>
<tr>
<td>SPS</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VELTASSA</td>
<td>3</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
</tr>
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</table>

**KALLIKREIN-KININ SYSTEM INHIBITORS**

**Bradykinin Receptor Antagonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
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</thead>
<tbody>
<tr>
<td>icatibant acetate</td>
<td>1</td>
<td>FIRAZYR</td>
<td>SP, PA, QL(9 ML per 30 days)</td>
</tr>
<tr>
<td>SAJAZIR</td>
<td>1</td>
<td></td>
<td>SP, PA, QL(9 ML per 30 days)</td>
</tr>
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</table>

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<td><strong>Complement Inhibitors</strong></td>
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<tr>
<td>BERINERT</td>
<td>3</td>
<td>SP, QL (34 days supply per fill), PA</td>
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<td>CINRYZE</td>
<td>3</td>
<td>SP, QL (34 days supply per fill), PA</td>
<td></td>
</tr>
<tr>
<td>EMPAVELI</td>
<td>3</td>
<td>SP, QL (28 days supply per fill), PA</td>
<td></td>
</tr>
<tr>
<td>HAEGARDA</td>
<td>3</td>
<td>SP, QL (8 weight based doses per 28 days), PA</td>
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</tr>
<tr>
<td>RUCONEST</td>
<td>3</td>
<td>SP, QL (34 days supply per fill), PA</td>
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<td>SOLIRIS</td>
<td>3</td>
<td>SP, QL (28 days supply per fill), PA</td>
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**LOCAL ANESTHETICS**

**Local Anesthetics**

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**Mucolytic Agents**

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**MULTIVITAMIN PREPARATIONS**

**Multivitamin Preparations**

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**MYDRIATICS**

Mydriatics

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<td>tropicamide 0.5 % Ophthalmic Solution</td>
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**NON-AHFS SUBCLASS**

Unknown Therapeutic Class

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<td>BOTOX</td>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>SP, QL (34 days supply per fill)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Drug Tier</th>
<th>Reference Name</th>
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<tr>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits$^1$</th>
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<tr>
<td>RISPERDAL CONSTA</td>
<td>3</td>
<td></td>
<td>SP, PA, QL(2 EA per 28 days)</td>
</tr>
<tr>
<td>risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint, 4 mg Oral Tablet, 4 mg tab disint</td>
<td>1</td>
<td>RISPERDAL</td>
<td></td>
</tr>
<tr>
<td>risperidone 1 mg/ml Oral Solution</td>
<td>1</td>
<td>RISPERDAL</td>
<td></td>
</tr>
<tr>
<td>SECUADO</td>
<td>3</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td>MELLARIL</td>
<td></td>
</tr>
<tr>
<td>thiothixene</td>
<td>1</td>
<td>NAVANE</td>
<td></td>
</tr>
<tr>
<td>trifluoperazine hcl</td>
<td>1</td>
<td>STELAZINE</td>
<td></td>
</tr>
<tr>
<td>VRAYLAR</td>
<td>3</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
</tr>
<tr>
<td>ziprasidone hcl</td>
<td>1</td>
<td>GEODON</td>
<td>SP, PA, QL(2 EA per 28 days)</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV</td>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>

**RADIOACTIVE AGENTS**

Radioactive Agents

<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>XOFIGO</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
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</tbody>
</table>

**RENIN-ANGIOTENSIN-ALDOSTERONE SYS INHIB**

Angiotensin II Receptor Antagonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>candesartan cilexetil</td>
<td>1</td>
<td>ATACAND</td>
<td></td>
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<tr>
<td>candesartan cilexetil-hctz</td>
<td>1</td>
<td>ATACAND HCT</td>
<td></td>
</tr>
<tr>
<td>EDARBI</td>
<td>3</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
</tr>
<tr>
<td>EDARBYCLOR</td>
<td>3</td>
<td></td>
<td>PA, QL(1 EA per 1 days)</td>
</tr>
<tr>
<td>eprosartan mesylate</td>
<td>1</td>
<td>TEVETEN</td>
<td></td>
</tr>
<tr>
<td>irbesartan</td>
<td>1</td>
<td>AVAPRO</td>
<td></td>
</tr>
<tr>
<td>irbesartan-hydrochlorothiazide</td>
<td>1</td>
<td>AVALIDE</td>
<td></td>
</tr>
<tr>
<td>losartan potassium 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td>COZAAR</td>
<td></td>
</tr>
<tr>
<td>losartan potassium-hctz</td>
<td>1</td>
<td>HYZAAR</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>BENICAR</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil-hctz</td>
<td>1</td>
<td>BENICAR HCT</td>
<td></td>
</tr>
<tr>
<td>telmisartan</td>
<td>1</td>
<td>MICARDIS</td>
<td></td>
</tr>
<tr>
<td>telmisartan-hctz</td>
<td>1</td>
<td>MICARDIS-HCT</td>
<td></td>
</tr>
<tr>
<td>valsartan</td>
<td>1</td>
<td>DIOVAN</td>
<td></td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide</td>
<td>1</td>
<td>DIOVAN HCT</td>
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Angiotensin-converting Enzyme Inhibitors

<table>
<thead>
<tr>
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>LOTENSIN</td>
<td></td>
</tr>
<tr>
<td>benazepril-hydrochlorothiazide</td>
<td>1</td>
<td>LOTENSIN HCT</td>
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</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td>CAPOTEN</td>
<td></td>
</tr>
<tr>
<td>captopril-hydrochlorothiazide</td>
<td>1</td>
<td>CAPOZIDE</td>
<td></td>
</tr>
<tr>
<td>enalapril maleate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>VASOTEC</td>
<td></td>
</tr>
<tr>
<td>enalapril-hydrochlorothiazide</td>
<td>1</td>
<td>VASERETIC</td>
<td></td>
</tr>
<tr>
<td>fosinopril sodium</td>
<td>1</td>
<td>MONOPRIL</td>
<td></td>
</tr>
<tr>
<td>fosinopril sodium-hctz</td>
<td>1</td>
<td>MONOPRIL-HCT</td>
<td></td>
</tr>
<tr>
<td>lisinopril 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>ZESTRIL</td>
<td></td>
</tr>
<tr>
<td>lisinopril-hydrochlorothiazide</td>
<td>1</td>
<td>ZESTORETIC</td>
<td></td>
</tr>
<tr>
<td>moexipril hcl</td>
<td>1</td>
<td>UNIVASC</td>
<td></td>
</tr>
<tr>
<td>perindopril erbumine</td>
<td>1</td>
<td>ACEON</td>
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</tr>
<tr>
<td>quinapril hcl</td>
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<td>ACCUPRIL</td>
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</tr>
<tr>
<td>quinapril-hydrochlorothiazide</td>
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</tr>
<tr>
<td>ramipril</td>
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<tr>
<td>trandolapril</td>
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<td>MAVIK</td>
<td></td>
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<td><strong>Mineralocorticoid (aldost) Recept Antag</strong></td>
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<td>eplerenone</td>
<td>1</td>
<td>INSPIRA</td>
<td></td>
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<tr>
<td>spironolactone 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</td>
<td>1</td>
<td>ALDACTONE</td>
<td></td>
</tr>
<tr>
<td>spironolactone-hctz 25-25 mg Oral Tablet</td>
<td>1</td>
<td>ALDACTAZIDE</td>
<td></td>
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<tr>
<td><strong>Renin Inhibitors</strong></td>
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<td>aliskiren fumarate</td>
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<td>TEKTURNA PA</td>
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<td>TEKTURNA HCT</td>
<td>3</td>
<td>PA</td>
<td></td>
</tr>
<tr>
<td><strong>Renin-angiotensin-aldosterone System Inhibitors, Misc</strong></td>
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<tr>
<td>ENTRESTO 97-103 mg Oral Tablet</td>
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<td>QL(2 EA per 1 days)</td>
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<tr>
<td>ENTRESTO 49-51 mg Oral Tablet</td>
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<td>QL(3 EA per 1 days)</td>
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<tr>
<td>ENTRESTO 24-26 mg Oral Tablet</td>
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<td>QL(6 EA per 1 days)</td>
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<tr>
<td><strong>REPLACEMENT PREPARATIONS</strong></td>
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<tr>
<td><strong>Replacement Preparations</strong></td>
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<tr>
<td>calcium acetate 667 mg Oral Tablet</td>
<td>1</td>
<td>ELIPHOS</td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phos binder) 667 mg Oral Tablet</td>
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<td>ELIPHOS</td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phos binder) 667 mg Oral Capsule</td>
<td>1</td>
<td>PHOSLO</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
| Drug Name                                      | Drug Tier | Reference Name       | Requirements/Limits
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<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFER-K 25 meq Oral Tablet Effervescent</td>
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<td></td>
</tr>
<tr>
<td>KLR-CON</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>KLR-CON 10</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLR-CON M10</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLR-CON M15</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLR-CON M20</td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>KLR-CON SPRINKLE</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLR-CON/EF</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-PHOS</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium chloride 20 meq Oral Packet</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium chloride 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</td>
<td>1</td>
<td>K-SOL</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er 10 meq Oral Tablet Extended Release</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release</td>
<td>1</td>
<td>KLR-CON</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er 20 meq Oral Tablet Extended Release</td>
<td>1</td>
<td>K-TAB</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</td>
<td>1</td>
<td>KLR-CON</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</td>
<td>1</td>
<td>MICRO-K</td>
<td></td>
</tr>
</tbody>
</table>

**RESPIRATORY SMOOTH MUSCLE RELAXANTS**

**Respiratory Smooth Muscle Relaxants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIXOPHYLLIN</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THEO-24</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline 80 mg/15ml Oral Solution</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline er 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</td>
<td>1</td>
<td>THEO-DUR</td>
<td></td>
</tr>
<tr>
<td>theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600 mg Oral Tablet Extended Release 24 Hour</td>
<td>1</td>
<td>UNIPHYL</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARALEST NP</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>GLASSIA</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>PROLASTIN-C</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>XOLAIR 150 mg Subcutaneous Solution Reconstituted</td>
<td>3</td>
<td></td>
<td>SP, QL (28 days supply per fill), PA</td>
</tr>
<tr>
<td>XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe</td>
<td>3</td>
<td></td>
<td>SP, PA, QL (4 ML per 28 days)</td>
</tr>
<tr>
<td>XOLAIR 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
<td>3</td>
<td></td>
<td>SP, PA, QL (5 ML per 28 days)</td>
</tr>
<tr>
<td>ZEMAIRA</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>CLARINEX-D 12 HOUR</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>desloratadine 5 mg Oral Tablet</td>
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<td>CLARINEX</td>
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<tr>
<td>levocetirizine dihydrochloride 5 mg Oral Tablet</td>
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<td>XYZAL</td>
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</tr>
<tr>
<td>levocetirizine dihydrochloride 2.5 mg/5ml Oral Solution</td>
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<td>XYZAL</td>
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</tr>
<tr>
<td>carisoprodol 250 mg Oral Tablet, 350 mg Oral Tablet</td>
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<td>SOMA</td>
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<tr>
<td>carisoprodol-aspirin</td>
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<td>SOMA</td>
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<tr>
<td>carisoprodol-aspirin-codeine</td>
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<td>SOMA COMPOUND WITH CODEINE</td>
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<td>chlorzoxazone 250 mg Oral Tablet</td>
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<td></td>
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<tr>
<td>chlorzoxazone 375 mg Oral Tablet, 750 mg Oral Tablet</td>
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<td>LORZONE</td>
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<tr>
<td>chlorzoxazone 500 mg Oral Tablet</td>
<td>1</td>
<td>PARAFON FORTE</td>
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<td>cyclobenzaprine hcl 7.5 mg Oral Tablet</td>
<td>1</td>
<td>FEXMID</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>FLEXERIL</td>
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</tr>
<tr>
<td>metaxalone</td>
<td>1</td>
<td>SKELAXIN</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</td>
<td>1</td>
<td>ROBAXIN</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl 2 mg Oral Capsule, 2 mg Oral Tablet, 4 mg Oral Capsule, 4 mg Oral Tablet, 6 mg Oral Capsule</td>
<td>1</td>
<td>ZANAFLEX</td>
<td></td>
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<tr>
<td><strong>Direct-acting Skeletal Muscle Relaxants</strong></td>
<td></td>
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<td></td>
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<tr>
<td>dantrolene sodium 100 mg Oral Capsule, 50 mg Oral Capsule</td>
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<td>DANTRIUM</td>
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</tr>
<tr>
<td><strong>Gaba-derivative Skeletal Muscle Relaxants</strong></td>
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<td>baclofen 5 mg Oral Tablet</td>
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<tr>
<td>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</td>
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<td>LIORESAL</td>
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<tr>
<td><strong>Skeletal Muscle Relaxants, Miscellaneous</strong></td>
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<td></td>
</tr>
<tr>
<td>orphenadrine citrate er</td>
<td>1</td>
<td>NORFLEX</td>
<td></td>
</tr>
<tr>
<td><strong>SKIN AND MUCOUS MEMBRANE AGENTS, MISC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABSORICA 10 mg Oral Capsule, 20 mg Oral Capsule, 30 mg Oral Capsule, 40 mg Oral Capsule</td>
<td>3</td>
<td>QL (30 days supply per fill), PA</td>
<td></td>
</tr>
<tr>
<td>acitretin</td>
<td>1</td>
<td>SORIATANE</td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>adapalene 0.1 % External Cream, 0.1 % External Gel, 0.3 % External Gel</td>
<td>1</td>
<td>DIFFERIN</td>
<td></td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide 0.1-2.5 % External Gel</td>
<td>1</td>
<td>EPIDUO</td>
<td></td>
</tr>
<tr>
<td><strong>Skin And Mucous Membrane Agents, Misc</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AMNESTEEM</td>
<td>1</td>
<td></td>
<td>QL (30 days supply per fill)</td>
</tr>
<tr>
<td>azelaic acid 15 % External Gel</td>
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<td>FINACEA</td>
<td>PA</td>
</tr>
<tr>
<td>bimatoprost 0.03 % External Solution</td>
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<td>ST</td>
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<tr>
<td>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</td>
<td>1</td>
<td>DOVONEX</td>
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<tr>
<td>calcipotriene 0.005 % External Solution</td>
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</tr>
<tr>
<td>CALCITRENE</td>
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<td>calcitriol 3 mcg/gm External Ointment</td>
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<td><strong>CLARAVIS</strong></td>
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<td>QL (30 days supply per fill)</td>
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</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDYLOX</td>
<td>2</td>
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</tr>
<tr>
<td>COREMINO</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUPIXENT 200 mg/1.14 ml Subcutaneous Solution Pen-injector</td>
<td>3</td>
<td>SP, PA, QL(2.28 ML per 28 days)</td>
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</tr>
<tr>
<td>DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe</td>
<td>3</td>
<td>SP, PA, QL(4 ML per 28 days)</td>
<td></td>
</tr>
<tr>
<td>FABIOR</td>
<td>3</td>
<td>PA</td>
<td></td>
</tr>
<tr>
<td>FINACEA 15 % External Foam</td>
<td>3</td>
<td>PA</td>
<td></td>
</tr>
<tr>
<td>fluorouracil 0.5 % External Cream</td>
<td>1</td>
<td>CARAC</td>
<td></td>
</tr>
<tr>
<td>fluorouracil 5 % External Cream</td>
<td>1</td>
<td>EFUDEX</td>
<td></td>
</tr>
<tr>
<td>fluorouracil 2 % External Solution, 5 % External Solution</td>
<td>1</td>
<td>EFUDEX</td>
<td></td>
</tr>
<tr>
<td>ILUMYA</td>
<td>3</td>
<td>SP, QL (84 days supply per fill), PA</td>
<td></td>
</tr>
<tr>
<td>imiquimod 5 % External Cream</td>
<td>1</td>
<td>ALDARA</td>
<td></td>
</tr>
<tr>
<td>isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 25 mg Oral Capsule, 30 mg Oral Capsule, 35 mg Oral Capsule, 40 mg Oral Capsule</td>
<td>1</td>
<td>ABSORICA</td>
<td>QL (30 days supply per fill)</td>
</tr>
<tr>
<td>KLISYRI</td>
<td>3</td>
<td>QL (5 packets per fill), PA</td>
<td></td>
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<tr>
<td>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour, 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</td>
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<td>SOLODYN</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl er 105 mg Oral Tablet Extended Release 24 Hour, 115 mg Oral Tablet Extended Release 24 Hour, 55 mg Oral Tablet Extended Release 24 Hour, 65 mg Oral Tablet Extended Release 24 Hour, 80 mg Oral Tablet Extended Release 24 Hour</td>
<td>1</td>
<td>SOLODYN</td>
<td>PA</td>
</tr>
<tr>
<td>MIRVASO</td>
<td>3</td>
<td>QL (1 tube per fill), PA</td>
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</tr>
<tr>
<td>MYORISAN</td>
<td>1</td>
<td>QL (30 days supply per filter)</td>
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</tr>
<tr>
<td>PICATO</td>
<td>3</td>
<td>QL (1 tube per fill), PA</td>
<td></td>
</tr>
</tbody>
</table>

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Northern Light Health Employee Plan

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
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<tbody>
<tr>
<td>pimecrolimus</td>
<td>1</td>
<td>ELIDEL</td>
<td>PA</td>
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<tr>
<td>podofilox 0.5 % External Solution</td>
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<td>CONDYLOX</td>
<td></td>
</tr>
<tr>
<td>PRUTECT</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QBREXZA</td>
<td>2</td>
<td></td>
<td>PA, QL (1 EA per 1 day)</td>
</tr>
<tr>
<td>SANTYL</td>
<td>2</td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td>SCENESSE</td>
<td>3</td>
<td></td>
<td>SP, QL (60 days supply per fill), PA</td>
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<tr>
<td>SKYRIZI</td>
<td>3</td>
<td></td>
<td>SP, PA NSO, QL (1 ML per 84 days)</td>
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<tr>
<td>SKYRIZI (150 MG DOSE)</td>
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<td>SP, PA NSO, QL (1 EA per 84 days)</td>
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<tr>
<td>SKYRIZI PEN</td>
<td>3</td>
<td></td>
<td>SP, PA NSO, QL (1 ML per 84 days)</td>
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<tr>
<td>STELARA 45 mg/0.5ml Subcutaneous Solution, 45 mg/0.5ml Subcutaneous Solution Prefilled Syringe</td>
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<td>SP, PA NSO, QL (0.5 ML per 84 days)</td>
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<tr>
<td>STELARA 90 mg/ml Subcutaneous Solution Prefilled Syringe</td>
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<td></td>
<td>SP, QL (56 or 84 days supply per fill depending on indication), PA NSO, QL (1 ML per 56 days)</td>
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<td>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</td>
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<td>PROTOPIC</td>
<td>SP, PA NSO, QL (1 ML per 28 days)</td>
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<td>TALTZ</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>TARGRETIN 1 % External Gel</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tazarotene 0.1 % External Foam</td>
<td>1</td>
<td>FABIOR</td>
<td>PA</td>
</tr>
<tr>
<td>tazarotene 0.1 % External Cream</td>
<td>1</td>
<td>TAZORAC</td>
<td></td>
</tr>
<tr>
<td>TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel</td>
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<td></td>
<td></td>
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<tr>
<td>VALCHLOR</td>
<td>3</td>
<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>VEREGEN</td>
<td>3</td>
<td></td>
<td>PA</td>
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<tr>
<td>ZENATANE</td>
<td>1</td>
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<td>QL (30 days supply per fill)</td>
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</table>

**SOMATOSTATIN AGONISTS AND ANTAGONISTS**

**Somatostatin Agonists**

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>lanreotide acetate 120 mg/0.5ml Subcutaneous Solution</td>
<td>3</td>
<td></td>
<td>SP, QL (28 days supply per fill), PA</td>
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<tr>
<td>octreotide acetate 100 mcg/ml Subcutaneous Solution Prefilled Syringe,</td>
<td>1</td>
<td></td>
<td>SP, QL (34 days supply per fill)</td>
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<tr>
<td>50 mcg/ml Subcutaneous Solution Prefilled Syringe, 500 mcg/ml Subcutane-</td>
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<td>SANDOSTATIN</td>
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</tr>
<tr>
<td>ous Solution Prefilled Syringe</td>
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<td></td>
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</tr>
<tr>
<td>octreotide acetate 100 mcg/ml Injection Solution, 1000 mcg/ml Injection</td>
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<td></td>
<td>SP, QL (34 days supply per fill)</td>
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<tr>
<td>Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 mcg/ml Injection Solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT</td>
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<td>SP, QL (28 days supply per fill), PA</td>
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<td>SIGNIFOR</td>
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<td>SP, PA, QL(60 ML per 30 days)</td>
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<td>SIGNIFOR LAR</td>
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<td>SOMATULINE DEPOT</td>
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<td>SP, QL (28 days supply per fill), PA</td>
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**SOMATOTROPIN AGONISTS AND ANTAGONISTS**

**Somatotropin Agonists**

<table>
<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>GENOTROPIN</td>
<td>3</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>GENOTROPIN MINIQUICK</td>
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<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
</tr>
<tr>
<td>HUMATROPE</td>
<td>3</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>NORDITROPIN FLEXPRO 10 mg/1.5ml Subcutaneous Solution Pen-injector, 15</td>
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<td></td>
<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>mg/1.5ml Subcutaneous Solution Pen-injector, 30 mg/3ml Subcutaneous Solut-</td>
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<tr>
<td>ion Pen-injector, 5 mg/1.5ml Subcutaneous Solution Pen-injector</td>
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</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 10 10 mg/2ml Subcutaneous Solution Pen-injector</td>
<td>3</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>NUTROPIN AQ NUSPIN 20 20 mg/2ml Subcutaneous Solution Pen-injector</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>NUTROPIN AQ NUSPIN 5 5 mg/2ml Subcutaneous Solution Pen-injector</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<tr>
<td>OMNITROPE 5.8 mg Subcutaneous Solution Reconstituted</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>OMNITROPE 10 mg/1.5ml Subcutaneous Solution Cartridge, 5 mg/1.5ml Subcutaneous Solution Cartridge</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td>SAIZEN</td>
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<td>SAIZENPREP</td>
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<td>SEROSTIM</td>
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<td>ZOMACTON (FOR ZOMA-JET 10)</td>
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<td>SP, QL (34 days supply per fill), PA</td>
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<td><strong>Somatotropin Antagonists</strong></td>
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<td>SOMAVER</td>
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<td>SP, PA</td>
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<tr>
<td><strong>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</strong></td>
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<tr>
<td><strong>Alpha-adrenergic Blocking Agents</strong></td>
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<tr>
<td>alfuzosin hcl er</td>
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<td>dihydroergotamine mesylate 1 mg/ml Injection Solution</td>
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<td>D.H.E. 45</td>
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<td>dihydroergotamine mesylate 4 mg/ml Nasal Solution</td>
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<td>ergoloid mesylates 1 mg Oral Tablet</td>
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<td>phenoxybenzamine hcl 10 mg Oral Capsule</td>
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<td>DIBENZYLINE</td>
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<td>silodosin</td>
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<td>RAPAFLERO</td>
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<tr>
<td>tamsulosin hcl</td>
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<td>FLOMAX</td>
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<td><strong>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</strong></td>
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<tr>
<td><strong>Alpha- And Beta-adrenergic Agonists</strong></td>
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</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUVI-Q 0.1 mg/0.1ml Injection Solution Auto-injector</td>
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<td>QL (2 kits per fill), AL(Max 3 years)</td>
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<td>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</td>
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<td>EPIPEN</td>
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</tr>
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<td>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</td>
<td>1</td>
<td>EPIPEN JR</td>
<td>QL (2 kits per fill)</td>
</tr>
<tr>
<td><strong>Alpha-adrenergic Agonists</strong></td>
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<tr>
<td>LUCEMYRA</td>
<td>3</td>
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<td>PA, QL(112 EA per 7 days)</td>
</tr>
<tr>
<td>midodrine hcl</td>
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<td>PROAMATINE</td>
<td></td>
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<tr>
<td><strong>Beta-adrenergic Agonists</strong></td>
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<td></td>
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<tr>
<td>ADVAIR HFA</td>
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<tr>
<td>albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</td>
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<td>ACCUNEB</td>
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<tr>
<td>albuterol sulfate 2 mg Oral Tablet, 2.5 mg/0.5ml Inhalation Nebulization Solution, 4 mg Oral Tablet</td>
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<tr>
<td>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution, 2 mg/5ml Oral Syrup</td>
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<td>PROVENTIL</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate er</td>
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<td>VOSPIRE ER</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate hfa</td>
<td>1</td>
<td>PROAIR HFA</td>
<td></td>
</tr>
<tr>
<td>arformoterol tartrate</td>
<td>1</td>
<td>BROVANA</td>
<td>PA</td>
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<tr>
<td>COMBIVENT RESPIMAT</td>
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</tr>
<tr>
<td>fluticasone-salmeterol 100-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 250-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 500-50 mcg/dose Inhalation Aerosol Powder Breath Activated</td>
<td>1</td>
<td>ADVAIR DISKUS</td>
<td>QL(2 EA per 1 days)</td>
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<td>formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution</td>
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<td>PERFOROMIST</td>
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<td>ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution</td>
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<td>DUONEB</td>
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<tr>
<td>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</td>
<td>1</td>
<td>XOPENEX</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</td>
<td>1</td>
<td>XOPENEX</td>
<td></td>
</tr>
<tr>
<td>levalbuterol tartrate</td>
<td>1</td>
<td>XOPENEX HFA</td>
<td></td>
</tr>
<tr>
<td>PROAIR DIGIHALER 108 (90 Base) mcg/act Inhalation Aerosol Powder Breath Activated</td>
<td>2</td>
<td>PA NSO</td>
<td></td>
</tr>
<tr>
<td>PROAIR RESPICLICK</td>
<td>2</td>
<td>PA</td>
<td></td>
</tr>
<tr>
<td>SEREVENT DISKUS</td>
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<td></td>
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</tr>
<tr>
<td>STRIVERDI RESPIMAT</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>BRETHINE</td>
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</tr>
<tr>
<td>VENTOLIN HFA</td>
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<tr>
<td>WIXELA INHUB</td>
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**THYROID AND ANTITHYROID AGENTS**

**Antithyroid Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits(^1)</th>
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<tbody>
<tr>
<td>methimazole 10 mg Oral Tablet, 5 mg Oral Tablet</td>
<td>1</td>
<td>TAPAZOLE</td>
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</tr>
<tr>
<td>propylthiouracil 50 mg Oral Tablet</td>
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**Thyroid Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Reference Name</th>
<th>Requirements/Limits(^1)</th>
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<td>ARMOUR THYROID</td>
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<td>EUTHYROX</td>
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<td></td>
</tr>
<tr>
<td>LEVO-T</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175 mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</td>
<td>1</td>
<td>SYNTROHID</td>
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</tr>
<tr>
<td>LEVOXYL</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liothyrionine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</td>
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<td>CYTOMEL</td>
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</tr>
<tr>
<td>NATURE-THROID</td>
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<td>np thyroid</td>
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\(^1\)You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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**VASOCONSTRICTORS**

Vasoconstrictors

- phenylephrine hcl 10 % Ophthalmic Solution

**VASODILATING AGENTS**

**Nitrate And Nitrates**

- *isosorbide dinitrate* 1 SP, PA, QL(60 EA per 30 days)
- *isosorbide mononitrate* 1 REVATIO SP, QL (34 days supply per fill), PA
- *isosorbide mononitrate er* 1 REVATIO SP, QL (34 days supply per fill), PA

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**Phosphodiesterase Type 5 Inhibitors**

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<td>tadalafl 2.5 mg Oral Tablet, 5 mg Oral Tablet</td>
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<td>CIALIS</td>
<td>PA</td>
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1You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Northern Light Health Employee Plan

Update Date: 4/1/2022
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1You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.
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1You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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