2021 Rx4 Traditional Drug List

This is a list of covered medicines. This document contains information about the medicines we cover in this plan.

Buscando o español? Haga clic aquí.
Welcome to Humana

The Humana Drug List (also known as a formulary) is effective on January 1st unless otherwise specified. This is an all-inclusive list and may change throughout the year.

What is the Drug List?
The Drug List is a list of covered medicines selected by Humana. The medicines in the Drug List are covered by Humana as long as the medicine is medically necessary, the prescription is filled at a Humana in-network pharmacy and other plan rules are followed.

If you have insurance through your employer and live in Texas, Louisiana, Illinois, or Puerto Rico: You will continue to use the 2020 version of this Drug List until your plan's renewal date in 2021. Otherwise, this Drug List is effective as of January 1, 2021. You can find that Drug List at Humana.com/DrugList.

How do I use the Drug List?
Medicines are listed in the Drug List alphabetically.

Prescription medicines are grouped into one of four levels – Level 1, Level 2, Level 3, or Level 4. Generic medicines have the same active ingredients as brand medicines and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand medicines. Generic medicines often cost much less.

- **Level 1**: Includes low-cost generic and brand medicines.
- **Level 2**: Includes higher-cost generic and brand medicines.
- **Level 3**: Includes high-cost, mostly brand medicines. These medicines may have generic or brand alternatives in Levels 1 or 2.
- **Level 4**: Includes highest-cost medicines.
- **Specialty Medicines**: High-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Please visit Humana.com and log into MyHumana to view specific prescription drug benefits, including copayments or cost-share, limitations and exclusions; OR refer to your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

What if my medicine is not on the Drug List?
You can use the drug search tool by signing into MyHumana at Humana.com to view alternatives for your medicine. You can access the drug search tool “Drug Pricing Tool” under "Tools & Resources" at the bottom of the page.

Your health care provider can also ask Humana to make an exception. Generally, Humana will only approve a request if a covered medicine wouldn't work as well OR would have a negative effect on your health. To ask for an approval, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.

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

- **Prior authorization (PA)**: Some medicines need to be approved in advance to be covered under your pharmacy plan. For these medicines to be covered, your health care provider must get approval from Humana. Your plan benefits won't cover this medicine without prior authorization. You may pay the entire cost of the medicine if you buy it without first getting a prior authorization.

- **Quantity limits (QL)**: You may have a limit on how much you can get of some medicines at one time. The quantity limit for each medicine is based on safety or health care concerns and whether your health care provider prescribes a supply for 30, 60, or 90 days. These limits help prevent misuse of medicines. If your prescription is over the limit there are two choices:
– You can get the amount of medicine that's covered by your plan.

Or

– If your health care provider thinks you need more than the amount allowed, he or she can ask for prior authorization from Humana for the amount of the medicine that goes over the limit.

**Step therapy (ST):** Sometimes there's more than one medicine that works to treat a health condition. Some medicines may cost less but still work for you. Before a prescription is filled for a medicine that costs more, you may be asked to try at least one other medicine first.

Talk to your health care provider if your medicine has an additional requirement. Ask your health care provider to contact Humana Clinical Pharmacy Review (HCPR) to ask for approval for a medicine that requires prior authorization, quantity limit, or step therapy. Your health care provider can contact HCPR at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday to request an approval. Please allow 24-72 hours for Humana to review and provide a response back to your health care provider. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.

You can find out if your medicine has any additional requirements or limits by looking in the Drug List that begins on page 5.

**Please note:**
If your medicine isn't included in this printed list of covered medicines, you should visit Humana.com following the instructions below to see if your medicine is covered.

- For some medicines not listed below, coverage determination may be needed.
- If Humana doesn’t cover your medicine, your health care provider can ask Humana for approval. Generally, Humana will only approve a request if a covered medicine wouldn't work as well OR would have a negative effect on your health.
- Some covered medicines may have additional requirements or limits on coverage, such as requiring your health care provider to get advance approval from Humana in order to be covered under your pharmacy plan (also known as prior authorization). Please follow the instructions on page 3 to get information on specific medicine coverage.

**Can the Drug List change?**
Yes. Humana reviews and updates the Drug List as needed. New medicines may be added and medicines that are deemed unsafe by the Food and Drug Administration (FDA) or a medicine's manufacturer are immediately removed.

We will communicate changes to the Drug List to members, by mail, based on the Drug List notification requirements established by each state. Members can view the most up-to-date Drug List on Humana.com.

**How much will I pay for covered medicines?**
The amount you pay often depends on which level your medicine is covered on this Drug List and whether you fill your prescription at an in-network pharmacy. Please refer to your Certificate of Coverage/ Summary Plan Description/Policy of Insurance or call the number on the back of your Humana ID card to reach Customer Care to find out more about your pharmacy coverage. Click here to find a list of women's preventive medicines that are covered at no cost to you. You must have a prescription from your health care provider and fill at a pharmacy in your plan’s pharmacy network. Some contraceptive medicines covered on the Drug List may be available to you at no cost if medically necessary. To ask for a medical necessity review to receive your contraceptive medicine at no cost, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at 1-866-488-5991 between 8:00 a.m. - 8:00 p.m. local time, Monday-Friday.
For specific coverage and cost information for existing members:

- Visit Humana.com and log into MyHumana.
- Access the drug search tool by clicking "Pharmacy".
- Search for your medicine by name.
- Please note: MyHumana only shows benefits as of the date of log in. Depending on your plan, you should wait until after your plan's 2021 renewal date to see your new benefit information.

For More Information

Not all the medicines listed on this Drug List are covered by all prescription drug benefit plans. For more detailed information about your Humana prescription drug coverage, please review your Certificate of Insurance/Summary Plan Description/Policy of Insurance and other plan materials.

If you're thinking about enrolling in a Humana plan, please call the Customer Care number listed in your enrollment materials.

If you're already enrolled in a Humana plan, please call the number on the back of your Humana member ID card or log into MyHumana.

2021 Rx4 Traditional Drug List

The Drug List that begins on the next page provides coverage information about some of the medicines covered by Humana.

How to read your Drug List

The first column of the chart lists medicine names in alphabetical order. Brand medicines are listed in UPPER CASE and generic medicines are listed in lower case. Next to the medicine name you may see the following indicators to tell you about additional coverage information for that medicine:

**MM** – Maintenance medicines are taken long-term such as medicines you take for high cholesterol, mental health, or high blood pressure. Coverage may be different by plan and you may be required to fill your prescriptions using your plan’s mail-delivery pharmacy.

**SP** – Specialty medicines are typically high-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Specialty medicine coverage may be different by plan.

**LD** – This medicine is limited distribution and may not be available at all in-network pharmacies, please call the number on the back of your ID card for additional information. This list may not be all inclusive and is subject to change.

**DL** – This medicine has a dispensing limit and may be limited to a 30 day supply or less as additional restrictions may be applied by state/federal law(s) or your pharmacy. Please speak to your doctor or pharmacist about your treatment options.

The second column lists the drug level. See page 2 for more details on the drug levels in your plan.

The third column shows the utilization management requirements for the medicine. Utilization management means that Humana may have requirements for covering that medicine. These can include prior authorization, quantity limits, or step therapy. See page 2 for more details on these requirements for your plan.
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
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<th>DRUG NAME</th>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
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<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>acetaminop-codeine 120-12 mg/5&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(2700 per 30 days)</td>
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<tr>
<td>acetaminophen-cod #2 tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(390 per 30 days)</td>
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<tr>
<td>acetaminophen-cod #3 tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>acetaminophen-cod #4 tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(180 per 30 days)</td>
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<tr>
<td>acetamn-caf-dihydrcodein 320.5&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>acetazolamide 125 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
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<td>acetazolamide 250 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>acetazolamide er 500 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>acetic acid 2%&lt;sup&gt;DL&lt;/sup&gt; vial</td>
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<td>acetylcysteine 10%&lt;sup&gt;DL&lt;/sup&gt; vial</td>
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<td>acetylcysteine 20%&lt;sup&gt;DL&lt;/sup&gt; vial</td>
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<tr>
<td>ACIPHEX 20 MG TABLET,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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</tr>
<tr>
<td>ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>acitretin 10 mg capsule&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>acitretin 17.5 mg capsule&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>acitretin 25 mg capsule&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<tr>
<td>ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(3.6 per 28 days)</td>
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<tr>
<td>ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>ACTHAR 80 UNIT/ML INJECTION GEL&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>ACTI-LANCE LANCETS 17 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ACTICLATE 150 MG TABLET</td>
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<td>ACTICLATE 75 MG TABLET</td>
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<tr>
<td>ACTIGALL 300 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(12 per 30 days)</td>
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<tr>
<td>ACTIQ 1,200 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>ACTIQ 1,600 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>ACTIQ 200 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ACTIQ 400 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ACTIQ 600 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ACTIQ 800 MCG LOZENGE ON A HANDLE&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ACTIVE FE 75 MG IRON-1,250 MCG TABLET</td>
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<td>ACTIVELLA 0.5-0.1 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ACTIVELLA 1 MG-0.5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACTONEL 150 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(1 per 30 days)</td>
</tr>
<tr>
<td>ACTONEL 35 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(4 per 28 days)</td>
</tr>
<tr>
<td>ACTONEL 5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>ACTOPLUS MET 15 MG-500 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ACTOPLUS MET 15 MG-850 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACTOPLUS MET XR 30-1,000 MG TB&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ACTOS 15 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ACTOS 45 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>ACULAR 0.5 % EYE DROPS</td>
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<tr>
<td>ACULAR LS 0.4 % EYE DROPS</td>
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<tr>
<td>ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE</td>
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<td>ST</td>
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<td>acyclovir 200 mg capsule</td>
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<tr>
<td>acyclovir 200 mg/5 ml susp</td>
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<td>PA</td>
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<td>acyclovir 400 mg tablet</td>
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<td>PA</td>
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<tr>
<td>acyclovir 5% cream</td>
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<tr>
<td>acyclovir 5% ointment</td>
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<td>PA</td>
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<tr>
<td>acyclovir 800 mg tablet</td>
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<td>ACZONE 5 % TOPICAL GEL</td>
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<tr>
<td>ACZONE 7.5 % TOPICAL GEL WITH PUMP</td>
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<tr>
<td>ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE</td>
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<td>ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP</td>
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<td>ADALAT CC 30 MG TABLET,EXTENDED RELEASE</td>
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<td>ADALAT CC 60 MG TABLET,EXTENDED RELEASE</td>
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<td>ADALAT CC 90 MG TABLET,EXTENDED RELEASE</td>
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<td>adapalene 0.1% cream</td>
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<td>adapalene 0.1% lotion</td>
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<td>adapalene 0.1% solution</td>
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<td>adapalene 0.1% swab</td>
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<td>adapalene 0.3% gel</td>
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<td>adapalene 0.3% gel pump</td>
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<td>adapalene-benzyl perox 0.1-2.5%</td>
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<tr>
<td>ADASUVE 10 MG BREATH ACTIVATED</td>
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<tr>
<td>ADCIRCA 20 MG TABLET</td>
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<tr>
<td>ADDERALL 10 MG TABLET</td>
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<td>ADDERALL 12.5 MG TABLET</td>
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<td>ADDERALL 15 MG TABLET</td>
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<tr>
<td>ADDERALL 20 MG TABLET</td>
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<td>ST,QL(90 per 30 days)</td>
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<tr>
<td>ADDERALL 30 MG TABLET</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>ADDERALL 5 MG TABLET</td>
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<tr>
<td>ADDERALL 7.5 MG TABLET</td>
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</tr>
<tr>
<td>ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
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<td>ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>adefovir dipivoxil 10 mg tab</td>
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<td>PA,QL(90 per 30 days)</td>
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<td>ADEMPAS 1.5 MG TABLET</td>
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<td>ADEMPAS 2 MG TABLET</td>
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<td>ADEMPAS 2.5 MG TABLET</td>
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<td>ADHANSIA XR 25 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ADHANSIA XR 45 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ADHANSIA XR 55 MG CAPSULE,EXTENDED RELEASE</td>
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<td>ADHANSIA XR 70 MG CAPSULE,EXTENDED RELEASE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

8 - DRUG LIST Updated 09/2020
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>ADHANSIA XR 85 MG CAPSULE, EXTENDED RELEASE MM</td>
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<td>ADJUSTABLE LANCING DEVICE</td>
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<tr>
<td>ADLYXIN 10 MCG/0.2 ML - 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR MM</td>
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<td>ST, QL(6 per 28 days)</td>
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<td>ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR MM</td>
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<td>ST, QL(6 per 28 days)</td>
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<tr>
<td>ADMELOG SOLOSTAR U-100 INSULIN LIPRO 100 UNIT/ML SUBCUTANEOUS PEN MM</td>
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<td>ADMELOG U-100 INSULIN LIPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION MM</td>
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<tr>
<td>ADVAIIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION MM</td>
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<td>ADVAIIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION MM</td>
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<tr>
<td>ADVAIIR HFA 115 MCG-21 MCG/ACTION AEROSOL INHALER MM</td>
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<td>ADVAIIR HFA 230 MCG-21 MCG/ACTION AEROSOL INHALER MM</td>
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<td>ADVAIIR HFA 45 MCG-21 MCG/ACTION AEROSOL INHALER MM</td>
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<td>ST, QL(150 per 30 days)</td>
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<tr>
<td>ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16&quot; MM</td>
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<tr>
<td>ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2&quot; MM</td>
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<tr>
<td>ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16&quot; MM</td>
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<tr>
<td>ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16&quot; MM</td>
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<tr>
<td>ADVOCATE TEST STRIPS MM</td>
<td>3</td>
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</tr>
<tr>
<td>ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR MM</td>
<td>3</td>
<td>ST, QL(450 per 30 days)</td>
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</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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</thead>
<tbody>
<tr>
<td>ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<tr>
<td>ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<tr>
<td>ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<tr>
<td>ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<tr>
<td>ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<tr>
<td>AEMCOLO 194 MG TABLET, DELAYED RELEASE</td>
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<td>PA,QL(12 per 30 days)</td>
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<tr>
<td>AEROCHAMBER MINI</td>
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<tr>
<td>AEROCHAMBER MV SPACER</td>
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<td>AEROCHAMBER PLUS FLOW-VU</td>
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<tr>
<td>AEROCHAMBER PLUS FLOW-VU,LARGE MASK</td>
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<tr>
<td>AEROCHAMBER PLUS FLOW-VU, MEDIUM MASK</td>
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<td>AEROCHAMBER PLUS FLOW-VU, SMALL MASK</td>
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<tr>
<td>AEROCHAMBER PLUS Z STAT LARGE MASK</td>
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<td>AEROCHAMBER PLUS Z STAT MEDIUM MASK</td>
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<tr>
<td>AEROCHAMBER PLUS Z STAT SPACER</td>
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<tr>
<td>AEROCHAMBER WITH FLOW-SIGNAL</td>
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<td>AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL</td>
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<td>AEROGEAR ACTION ASTHMA KIT</td>
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<tr>
<td>AEROTRACH PLUS SPACER</td>
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<tr>
<td>AEROVENT PLUS SPACER</td>
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<tr>
<td>ofeditab cr 30 mg tablet</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>ofeditab cr 60 mg tablet</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR 10 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR 2.5 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR 5 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR 7.5 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>afirmelle 0.1 mg-20 mcg tablet</td>
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<tr>
<td>AFLURIA QD 2020-21 (36 MOS UP)(PF) 60 MCG (15 MCG X4)/0.5 ML IM SYRINGE</td>
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<tr>
<td>AFLURIA QD 2020-21 (6-35 MOS)(PF) 30 MCG (7.5 MCGX4)/0.25 ML IM SYRINGE</td>
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<tr>
<td>AFLURIA QUAD 2020-2021 60 MCG (15 MCG X4)/0.5 ML INTRAMUSCULAR SUSP.</td>
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<tr>
<td>AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE, INHALER</td>
<td>4</td>
<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>AFREZZA 12 UNIT CARTRIDGE WITH INHALER</td>
<td>4</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER</td>
<td>4</td>
<td>PA,QL(180 per 30 days)</td>
</tr>
<tr>
<td>AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER</td>
<td>4</td>
<td>PA,QL(180 per 30 days)</td>
</tr>
<tr>
<td>AFREZZA 4 UNIT CARTRIDGE WITH INHALER</td>
<td>4</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>AFREZZA 8 UNIT CARTRIDGE WITH INHALER</td>
<td>4</td>
<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>AGAMATRIX AMP GLUCOSE MONITORING SYSTEM</td>
<td>3</td>
<td>ST</td>
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<tr>
<td>AGAMATRIX AMP TEST STRIPS</td>
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<td>ST,QL(150 per 30 days)</td>
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<tr>
<td>AGAMATRIX CONTROL HIGH SOLUTION</td>
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<tr>
<td>AGAMATRIX CONTROL NORM–HI SOLUTION</td>
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<tr>
<td>AGAMATRIX PRESTO TEST STRIPS</td>
<td>3</td>
<td>ST,QL(150 per 30 days)</td>
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<tr>
<td>AGGRENOX 25 MG–200 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST</td>
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<tr>
<td>AGRYLIN 0.5 MG CAPSULE</td>
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<td></td>
</tr>
<tr>
<td>AIMOVIG 140 MG DOSE–2 AUTOINJ</td>
<td>3</td>
<td>PA,QL(2 per 30 days)</td>
</tr>
<tr>
<td>AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>3</td>
<td>PA,QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>3</td>
<td>PA,QL(2 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AIRDUO DIGIHALER 113 MCG-14 MCG/ACTION BREATH ACT, POWDER SENSOR</td>
<td>3</td>
<td>ST, QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIRDUO DIGIHALER 232 MCG-14 MCG/ACTION BREATH ACT, POWDER SENSOR</td>
<td>3</td>
<td>ST, QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIRDUO DIGIHALER 55 MCG-14 MCG/ACTION BREATH ACTIVATED</td>
<td>3</td>
<td>ST, QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 113 MCG-14 MCG/ACTION BREATH ACTIVATED</td>
<td>3</td>
<td>ST, QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 232 MCG-14 MCG/ACTION BREATH ACTIVATED</td>
<td>3</td>
<td>ST, QL(1 per 30 days)</td>
</tr>
<tr>
<td>AIRDUO RESPICLICK 55 MCG-14 MCG/ACTION BREATH ACTIVATED</td>
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<td>ST, QL(1 per 30 days)</td>
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<tr>
<td>AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>PA, QL(1.5 per 30 days)</td>
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<tr>
<td>AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS</td>
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<td>PA, QL(1.5 per 30 days)</td>
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<tr>
<td>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</td>
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<td>PA</td>
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<tr>
<td>AKLIEF 0.005 % TOPICAL CREAM</td>
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<td>PA</td>
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<tr>
<td>AKTEN (PF) 3.5 % EYE GEL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>AKTIPAK 3%-5% GEL POUCH</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE</td>
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<td>PA, QL(4 per 28 days)</td>
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<tr>
<td>ALA-CORT 1 % TOPICAL CREAM</td>
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<td>PA</td>
</tr>
<tr>
<td>ALA-SCALP 2 % LOTION</td>
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<td>PA</td>
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<tr>
<td>albendazole 200 mg tablet</td>
<td>DL</td>
<td>PA</td>
</tr>
<tr>
<td>ALBENZA 200 MG TABLET</td>
<td>DL</td>
<td>PA</td>
</tr>
<tr>
<td>albuterol 2.5 mg/0.5 ml sol</td>
<td>MM</td>
<td>QL(36 per 30 days)</td>
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<tr>
<td>albuterol 5 mg/ml solution</td>
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<tr>
<td>albuterol hfa 90 mcg inhaler</td>
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<td>QL(36 per 30 days)</td>
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<tr>
<td>albuterol sul 0.63 mg/3 ml sol</td>
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<td>QL(36 per 30 days)</td>
</tr>
<tr>
<td>albuterol sul 1.25 mg/3 ml sol</td>
<td>MM</td>
<td>QL(36 per 30 days)</td>
</tr>
<tr>
<td>albuterol sul 2.5 mg/3 ml sol</td>
<td>MM</td>
<td>QL(36 per 30 days)</td>
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<tr>
<td>albuterol sulf 2 mg/5 ml syrup</td>
<td>MM</td>
<td>QL(36 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate 2 mg tab</td>
<td>MM</td>
<td>QL(36 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate 4 mg tab</td>
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<td>QL(36 per 30 days)</td>
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<tr>
<td>albuterol sulfate er 4 mg tab</td>
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<td>QL(36 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate er 8 mg tab</td>
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<td>QL(36 per 30 days)</td>
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<tr>
<td>ALCAIN 0.5 % EYE DROPS</td>
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<tr>
<td>alclometasone dpr 0.05% oint</td>
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<td>PA</td>
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<tr>
<td>alclometasone dipro 0.05% crm</td>
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<td>ALCOHOL PREP PADS</td>
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<td>ALCOHOL SWAB</td>
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<tr>
<td>ALCOHOL WIPES</td>
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<tr>
<td>ALDACTAZIDE 25 MG-25 MG TABLET</td>
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<td>ALDACTAZIDE 50 MG-50 MG TABLET</td>
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<tr>
<td>ALDACTONE 25 MG TABLET</td>
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<td>PA</td>
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<tr>
<td>ALDACTONE 50 MG TABLET</td>
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<td>PA</td>
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<tr>
<td>ALDARA 5 % TOPICAL CREAM PACKET</td>
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</tr>
<tr>
<td>ALECENSA 150 MG CAPSULE</td>
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<tr>
<td>alendronate sod 70 mg/75 ml</td>
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<tr>
<td>alendronate sodium 10 mg tab</td>
<td>MM</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>alendronate sodium 35 mg tab</td>
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<td>QL(30 per 28 days)</td>
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<tr>
<td>alendronate sodium 40 mg tab</td>
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<td>QL(30 per 28 days)</td>
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<tr>
<td>alendronate sodium 5 mg tablet</td>
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<tr>
<td>alendronate sodium 70 mg tab</td>
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<tr>
<td>alfuzosin hcl er 10 mg tablet</td>
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<tr>
<td>ALINIA 100 MG/5 ML ORAL SUSPENSION</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>ALINIA 500 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>aliskiren 150 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>aliskiren 300 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>ALKERAN 2 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(80 per 30 days)</td>
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<tr>
<td>ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8&quot; SYRINGE</td>
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<tr>
<td>ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2&quot; SYRINGE</td>
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<tr>
<td>ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8&quot; SYRINGE</td>
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</tr>
<tr>
<td>ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8&quot; SYRINGE</td>
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<tr>
<td>ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8&quot; SYRINGE</td>
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<td>allopurinol 100 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>allopurinol 300 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ALLZITAL 25 MG-325 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>almotriptan malate 12.5 mg tab</td>
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<td>ST, QL(9 per 30 days)</td>
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<tr>
<td>almotriptan malate 6.25 mg tab</td>
<td>3</td>
<td>ST, QL(9 per 30 days)</td>
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<tr>
<td>ALOCRL 2 % EYE DROPS</td>
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<td>ST</td>
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<tr>
<td>alogliptin 12.5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(30 per 30 days)</td>
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<td>alogliptin 25 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>alogliptin 6.25 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>alogliptin-metformin 12.5-1000&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>alogliptin-metformin 12.5-500&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>alogliptin-pioglit 12.5-15 mg&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>alogliptin-pioglit 12.5-30 mg&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>alogliptin-pioglit 12.5-45 mg&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>alogliptin-pioglit 25-15 mg&lt;sup&gt;tb&lt;/sup&gt;</td>
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<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>alogliptin-pioglit 25-30 mg&lt;sup&gt;tb&lt;/sup&gt;</td>
<td>3</td>
<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>alogliptin-pioglit 25-45 mg&lt;sup&gt;tb&lt;/sup&gt;</td>
<td>3</td>
<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>ALOMIDE 0.1 % EYE DROPS</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>ALORA 0.025 MG/24 HR TRANSDERMAL PATCH&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(8 per 28 days)</td>
</tr>
<tr>
<td>ALORA 0.05 MG/24 HR TRANSDERMAL PATCH&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(8 per 28 days)</td>
</tr>
<tr>
<td>ALORA 0.075 MG/24 HR TRANSDERMAL PATCH&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(8 per 28 days)</td>
</tr>
<tr>
<td>ALORA 0.1 MG/24 HR TRANSDERMAL PATCH&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(8 per 28 days)</td>
</tr>
<tr>
<td>alosetron hcl 0.5 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>alosetron hcl 1 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>ALPHAGAN P 0.1 % EYE DROPS&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST, QL(10 per 30 days)</td>
</tr>
<tr>
<td>ALPHAGAN P 0.15 % EYE DROPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(10 per 30 days)</td>
</tr>
<tr>
<td>alprazolam 0.25 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>alprazolam 0.5 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>alprazolam 1 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>alprazolam 2 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>alprazolam er 0.5 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>alprazolam er 1 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>alprazolam er 2 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>alprazolam er 3 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>alprazolam intensol 1 mg/ml oral concentrate&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>alprazolam odt 0.25 mg tab&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>alprazolam odt 0.5 mg tab&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
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<tr>
<td>alprazolam odt 1 mg tab&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>alprazolam odt 2 mg tab&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ALREX 0.2 % EYE DROPS, SUSPENSION</td>
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<td>ALTABAX 1 % TOPICAL OINTMENT</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>ALTACE 1.25 MG CAPSULE</td>
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<td>ALTACE 2.5 MG CAPSULE</td>
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<td>ALTACE 5 MG CAPSULE</td>
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<td>altavera (28) 0.15 mg-0.03 mg tablet</td>
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<td>ALTERNATE SITE LANCET 26 GAUGE</td>
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<td>ALTERNATE SITE LANCING DEVICE</td>
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<tr>
<td>ALTOPREV 20 MG TABLET,EXTENDED RELEASE</td>
<td>* ST,QL(30 per 30 days)</td>
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<tr>
<td>ALTOPREV 40 MG TABLET,EXTENDED RELEASE</td>
<td>* ST,QL(30 per 30 days)</td>
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<tr>
<td>ALTOPREV 60 MG TABLET,EXTENDED RELEASE</td>
<td>* ST,QL(30 per 30 days)</td>
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<tr>
<td>ALTRENO 0.05 % LOTION</td>
<td>3 PA</td>
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<tr>
<td>ALUNBRIG 180 MG TABLET,EXTENDED RELEASE</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>ALUNBRIG 30 MG TABLET,EXTENDED RELEASE</td>
<td>* PA,QL(180 per 30 days)</td>
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<tr>
<td>ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>ALUNBRIG 90 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>ALVESCO 160 MCG/ACTUATION AEROSOL INHALER</td>
<td>3 ST,QL(18.3 per 28 days)</td>
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<tr>
<td>ALVESCO 80 MCG/ACTUATION AEROSOL INHALER</td>
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<td>alyacen 1/35 (28) 1 mg-35 mcg tablet</td>
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<td>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</td>
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<tr>
<td>alyq 20 mg tablet</td>
<td>3 PA,QL(60 per 30 days)</td>
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<tr>
<td>amabelz 0.5 mg-0.1 mg tablet</td>
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<tr>
<td>amantadine 100 mg capsule</td>
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<td>amantadine 100 mg tablet</td>
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<tr>
<td>amantadine 50 mg/5 ml solution</td>
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<td>AMARYL 1 MG TABLET</td>
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<td>AMARYL 2 MG TABLET</td>
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<tr>
<td>AMARYL 4 MG TABLET</td>
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<td></td>
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<tr>
<td>AMBIEN 10 MG TABLET</td>
<td>3 ST,QL(30 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>AMBIEN 5 MG TABLET</td>
<td>3 ST,QL(30 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE</td>
<td>3 ST,QL(30 per 30 days)</td>
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</tr>
<tr>
<td>AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE</td>
<td>3 ST,QL(30 per 30 days)</td>
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<tr>
<td>ambrisentan 10 mg tablet</td>
<td>* PA,QL(30 per 30 days)</td>
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</tr>
<tr>
<td>ambrisentan 5 mg tablet</td>
<td>* PA,QL(30 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>amcinonide 0.1% cream</td>
<td>4</td>
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</tr>
<tr>
<td>amcinonide 0.1% lotion</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>AMERGE 1 MG TABLET</td>
<td>4 ST,QL(9 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>AMERGE 2.5 MG TABLET</td>
<td>4 ST,QL(9 per 30 days)</td>
<td></td>
</tr>
</tbody>
</table>
| amethia 0.15 mg-30 mcg (84)/10 mcg (7) tablets,3 month dose pack | 1  
| amethia 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack | 1  
| amethyst (28) 90 mcg-20 mcg tablet             | 3  |                                      |
| AMICAR 1,000 MG TABLET                         | 4          |                                      |
| AMICAR 250 MG/ML (25 %) ORAL SOLUTION          | *          |                                      |
| AMICAR 500 MG TABLET                           | 4          |                                      |
| amloride hcl 5 mg tablet                      | 2          |                                      |
| amloride hcl-hctz 5-50 mg tab                 | 1          |                                      |
| aminocaproic acid 0.25 gram/ml                | 4          |                                      |
| aminocaproic acid 1,000 mg tab                | 4          |                                      |
| aminocaproic acid 500 mg tab                  | 4          |                                      |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION | 3  |                                      |

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<tbody>
<tr>
<td>AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION</td>
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<tr>
<td>AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION</td>
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<tr>
<td>AMINOSYN M 3.5 % INTRAVENOUS SOLUTION</td>
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<td>AMINOSYN-HBC 7% INTRAVENOUS SOLUTION</td>
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<td>amiodarone hcl 100 mg tablet</td>
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<tr>
<td>amiodarone hcl 200 mg tablet</td>
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<tr>
<td>amiodarone hcl 400 mg tablet</td>
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<tr>
<td>AMITIZA 24 MCG CAPSULE MM</td>
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<td>PA,QL(60 per 30 days)</td>
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<td>AMITIZA 8 MCG CAPSULE MM</td>
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<tr>
<td>amitriptyline hcl 100 mg tab</td>
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<tr>
<td>amitriptyline hcl 150 mg tab</td>
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<tr>
<td>amitriptyline hcl 25 mg tab</td>
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<td>amitriptyline hcl 50 mg tab</td>
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<tr>
<td>amitriptyline hcl 75 mg tab</td>
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<tr>
<td>amlodipine besylate 10 mg tab</td>
<td>MM 1</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>amlodipine besylate 2.5 mg tab</td>
<td>MM 1</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>amlodipine besylate 5 mg tab</td>
<td>MM 1</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>amlodipine-atorvast 10-10 mg</td>
<td>MM 3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>amlodipine-atorvast 10-20 mg</td>
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<tr>
<td>amlodipine-atorvast 5-10 mg</td>
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<td>QL(60 per 30 days)</td>
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<td>amlodipine-atorvast 5-20 mg</td>
<td>MM 3</td>
<td>QL(30 per 30 days)</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>amlodipine-benazepril 10-20 mg</td>
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<td>QL(30 per 30 days)</td>
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<tr>
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<td>amlodipine-benazepril 5-10 mg</td>
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<td>amlodipine-benazepril 5-20 mg</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>amlodipine-benazepril 5-40 mg</td>
<td>MM 1</td>
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<td>amlodipine-olmesartan 10-20 mg</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>amlodipine-olmesartan 10-40 mg</td>
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<td>ST,QL(30 per 30 days)</td>
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<td>amlodipine-olmesartan 5-40 mg</td>
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<tr>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>amlodipine-valsartan 10-320 mg</td>
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<td>amlodipine-valsartan 5-320 mg</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>ammonium lactate 12% cream</td>
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</table>

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<tbody>
<tr>
<td>ammonium lactate 12% lotion</td>
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<tr>
<td>amnesteem 10 mg capsule</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>amnesteem 20 mg capsule</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>amnesteem 40 mg capsule</td>
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<td>amox-clav 200-28.5 mg tab chew</td>
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<tr>
<td>amox-clav 200-28.5 mg/5 ml sus</td>
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<td>amox-clav 250-125 mg tablet</td>
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<td>amox-clav 250-62.5 mg/5 ml sus</td>
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<td>amox-clav 400-57 mg/5 ml susp</td>
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<td>amoxicillin 200 mg/5 ml susp</td>
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<td>amoxicillin 400 mg/5 ml susp</td>
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<tr>
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<td>AMPYRA 10 MG TABLET,EXTENDED RELEASE</td>
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<td>ANAFRANIL 50 MG CAPSULE</td>
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<tr>
<td>ANAFRANIL 75 MG CAPSULE</td>
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<tr>
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<td>anagrelide hcl 1 mg capsule</td>
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<td>ANALPRAM-HC 1 %-1 % RECTAL CREAM</td>
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<td>ANALPRAM-HC 2.5 %-1 % LOTION</td>
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<td>ANAPROX DS 550 MG TABLET</td>
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<tr>
<td>ANASPAZ 0.125 MG DISINTEGRATING TABLET</td>
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<tr>
<td>anastrozole 1 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>ANCOBON 250 MG CAPSULE</td>
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<tr>
<td>ANCOBON 500 MG CAPSULE</td>
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<tr>
<td>ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
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<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET</td>
<td>4</td>
<td>PA,QL(300 per 30 days)</td>
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</tbody>
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<tr>
<td>ANDROGEL 1% (50 MG/5 GRAM) TRANSDERMAL GEL PACKET</td>
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<td>PA, QL (300 per 30 days)</td>
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<tr>
<td>ANDROGEL 1.62% (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET</td>
<td>4</td>
<td>PA, QL (37.5 per 30 days)</td>
</tr>
<tr>
<td>ANDROGEL 1.62% (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET</td>
<td>4</td>
<td>PA, QL (150 per 30 days)</td>
</tr>
<tr>
<td>ANDROGEL 20.25 MG/1.25 GRAM (1.62%) TRANSDERMAL GEL PUMP</td>
<td>4</td>
<td>PA, QL (150 per 30 days)</td>
</tr>
<tr>
<td>ANDROID 10 MG CAPSULE</td>
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<td></td>
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<tr>
<td>ANGELIQ 0.25 MG-0.5 MG TABLET</td>
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</tr>
<tr>
<td>ANGELIQ 0.5 MG-1 MG TABLET</td>
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<td></td>
</tr>
<tr>
<td>ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING</td>
<td>3</td>
<td>QL (1 per 365 days)</td>
</tr>
<tr>
<td>ANORO ELLIPTA 62.5 MCG-25 MCG/ACTION POWDER FOR INHALATION</td>
<td>2</td>
<td>QL (60 per 30 days)</td>
</tr>
<tr>
<td>ANTABUSE 250 MG TABLET</td>
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<tr>
<td>ANTABUSE 500 MG TABLET</td>
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<tr>
<td>ANTARA 30 MG CAPSULE</td>
<td>3</td>
<td>ST, QL (30 per 30 days)</td>
</tr>
<tr>
<td>ANTARA 90 MG CAPSULE</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>anusol-hc 2.5 % topical cream with perineal applicator</td>
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<tr>
<td>ANZEMET 100 MG TABLET</td>
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<td>QL (4 per 28 days)</td>
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<tr>
<td>ANZEMET 50 MG TABLET</td>
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<td>QL (4 per 28 days)</td>
</tr>
<tr>
<td>APADAZ 4.08 MG-325 MG TABLET DL</td>
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<td>PA, QL (168 per 30 days)</td>
</tr>
<tr>
<td>APADAZ 6.12 MG-325 MG TABLET DL</td>
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<td>PA, QL (168 per 30 days)</td>
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<tr>
<td>APADAZ 8.16 MG-325 MG TABLET DL</td>
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<td>PA, QL (168 per 30 days)</td>
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<tr>
<td>apexicon e 0.05 % topical cream</td>
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<td>ST</td>
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<tr>
<td>APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN</td>
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<td>ST</td>
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<tr>
<td>APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
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<td>ST</td>
</tr>
<tr>
<td>APLENZIN 174 MG TABLET, EXTENDED RELEASE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>APLENZIN 348 MG TABLET, EXTENDED RELEASE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>APLENZIN 522 MG TABLET, EXTENDED RELEASE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE MM, SP, LD, DL</td>
<td>*</td>
<td>QL (84 per 28 days)</td>
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<tr>
<td>apraclonidine hcl 0.5% drops</td>
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<tr>
<td>aprepitant 125 mg capsule</td>
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<td>PA, QL (2 per 28 days)</td>
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<tr>
<td>aprepitant 125-80-80 mg pack</td>
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<td>PA, QL (6 per 28 days)</td>
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<tr>
<td>aprepitant 40 mg capsule</td>
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<td>PA, QL (2 per 28 days)</td>
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<tr>
<td>aprepitant 80 mg capsule</td>
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<td>PA, QL (4 per 28 days)</td>
</tr>
<tr>
<td>apri 0.15 mg-0.03 mg tablet MM</td>
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<tr>
<td>APRISO 0.375 GRAM CAPSULE, EXTENDED RELEASE MM</td>
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<td>ST, QL (120 per 30 days)</td>
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<tr>
<td>APTENSIO XR 10 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 15 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 20 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 30 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 40 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 50 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>APTENSIO XR 60 MG CAPSULE, EXTENDED RELEASE SPRINKLE MM, SP, DL</td>
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<td>ST, QL (30 per 30 days)</td>
</tr>
<tr>
<td>APTIOM 200 MG TABLET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>APTIOM 400 MG TABLET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>APTIOM 600 MG TABLET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (60 per 30 days)</td>
</tr>
<tr>
<td>APTIOM 800 MG TABLET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION MMM, SP</td>
<td>*</td>
<td>QL (285 per 28 days)</td>
</tr>
<tr>
<td>APTIVUS 250 MG CAPSULE MM, SP</td>
<td>*</td>
<td>QL (120 per 30 days)</td>
</tr>
<tr>
<td>AQUA LANCE LANCING DEVICE</td>
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<tr>
<td>ARAKODA 100 MG TABLET</td>
<td>3</td>
<td>QL (56 per 180 days)</td>
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<tr>
<td>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MM</td>
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</tr>
<tr>
<td>ARANESP 10 MG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (1.6 per 30 days)</td>
</tr>
</tbody>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
<td>*</td>
<td>PA,QL(2 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
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<td>ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
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<td>PA,QL(1.2 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION</td>
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<td>PA,QL(3 per 30 days)</td>
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<tr>
<td>ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
<td>*</td>
<td>PA,QL(1.6 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 25 MCG/0.62 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
<td>*</td>
<td>PA,QL(1.68 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION</td>
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<td>PA,QL(4 per 30 days)</td>
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<tr>
<td>ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
<td>*</td>
<td>PA,QL(2.4 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
<td>*</td>
<td>PA,QL(1.6 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
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<tr>
<td>ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE</td>
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<td>PA,QL(1.2 per 30 days)</td>
</tr>
<tr>
<td>ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION</td>
<td>*</td>
<td>PA,QL(4 per 30 days)</td>
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<tr>
<td>ARAVA 10 MG TABLET</td>
<td>4</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>ARAVA 20 MG TABLET</td>
<td>4</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>ARAZLO 0.045 % LOTION</td>
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<td>PA</td>
</tr>
<tr>
<td>ARCALYST 220 MG SUBCUTANEOAL SOLUTION MM,SP,LD,DL</td>
<td>*</td>
<td>PA,QL(1 per 30 days)</td>
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<tr>
<td>ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>ARICEPT 10 MG TABLET MM</td>
<td>3</td>
<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>ARICEPT 23 MG TABLET MM</td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>ARICEPT 5 MG TABLET MM</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>ARIKAYCÉ 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION</td>
<td>*</td>
<td>PA,QL(235.2 per 28 days)</td>
</tr>
<tr>
<td>ARIMIDEX 1 MG TABLET MM</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>aripiprazole 1 mg/ml solution MM</td>
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<td>QL(750 per 30 days)</td>
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<tr>
<td>aripiprazole 10 mg tablet MM</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>aripiprazole 15 mg tablet MM</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>aripiprazole 2 mg tablet MM</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>aripiprazole 20 mg tablet MM</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole 30 mg tablet MM</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole 5 mg tablet MM</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>aripiprazole odt 10 mg tablet MM</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>aripiprazole odt 15 mg tablet MM</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE</td>
<td>*</td>
<td>QL(3.9 per 56 days)</td>
</tr>
<tr>
<td>ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE</td>
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<td>QL(1.6 per 28 days)</td>
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<tr>
<td>ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE</td>
<td>*</td>
<td>QL(2.4 per 28 days)</td>
</tr>
<tr>
<td>ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE</td>
<td>*</td>
<td>QL(3.2 per 28 days)</td>
</tr>
<tr>
<td>ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE</td>
<td>*</td>
<td>QL(2.4 per 42 days)</td>
</tr>
<tr>
<td>ARIXTRA 10 MG/0.8 ML SUBCUTANEOAL SOLUTION SYRINGE SP,DL</td>
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<td>QL(24 per 30 days)</td>
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<tr>
<td>ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOAL SOLUTION SYRINGE SP,DL</td>
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<td>QL(15 per 30 days)</td>
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<td>ARIXTRA 5 MG/0.4 ML SUBCUTANEOAL SOLUTION SYRINGE SP,DL</td>
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<td>QL(12 per 30 days)</td>
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<tr>
<td>ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOAL SOLUTION SYRINGE SP,DL</td>
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<td>armodafinil 150 mg tablet MM</td>
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<td>armodafinil 200 mg tablet MM</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>armodafinil 250 mg tablet MM</td>
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<td>armodafinil 50 mg tablet MM</td>
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<td>ARMONAIR RESPICLICK 113 MCG MM</td>
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<tr>
<td>ARMONAIR RESPICLICK 232 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MM</td>
<td>3</td>
<td>ST,QL(1 per 30 days)</td>
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<tbody>
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<td>ARMONAIR RESPICLICK 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER™</td>
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<tr>
<td>ARMOUR THYROID 120 MG TABLET™</td>
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<td>ARMOUR THYROID 15 MG TABLET™</td>
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<td>ARMOUR THYROID 180 MG TABLET™</td>
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<td>ARMOUR THYROID 240 MG TABLET™</td>
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<td>ARMOUR THYROID 300 MG TABLET™</td>
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<td>ARMOUR THYROID 60 MG TABLET™</td>
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<td>ARMOUR THYROID 90 MG TABLET™</td>
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<td>ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION™</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION™</td>
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<td>QL (30 per 30 days)</td>
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<td>AROMASIN 25 MG TABLET™</td>
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<td>ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED</td>
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<td>ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED</td>
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<tr>
<td>ARYMO ER 15 MG TABLET,Crush Resistant, Extended Release™</td>
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<td>ST, QL (90 per 30 days)</td>
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<td>ARYMO ER 30 MG TABLET,Crush Resistant, Extended Release™</td>
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<td>ST, QL (90 per 30 days)</td>
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<td>ARYMO ER 60 MG TABLET,Crush Resistant, Extended Release™</td>
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<td>aso-butalb-coff-cod #3 capsule</td>
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<td>ASACOL HD 800 MG TABLET, Delayed Release™</td>
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<td>ST, QL (180 per 30 days)</td>
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<tr>
<td>ascomp with codeine 30 mg-50 mg-325 mg-60 mg capsule™</td>
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<td>QL (360 per 30 days)</td>
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<td>ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack™</td>
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<td>QL (91 per 90 days)</td>
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<tr>
<td>ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER™</td>
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<td>ST, QL (13 per 30 days)</td>
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<tr>
<td>ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER™</td>
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<td>ST, QL (13 per 30 days)</td>
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<tr>
<td>ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER™</td>
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<td>ST, QL (13 per 30 days)</td>
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<td>ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREAT ACTIVATED INHALER™</td>
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<td>ST, QL (1 per 28 days)</td>
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<tr>
<td>ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREAT ACTIVATED INHALER™</td>
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<td>ST, QL (1 per 28 days)</td>
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<tr>
<td>ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREAT ACTIVATED INHALER™</td>
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<tr>
<td>ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREAT ACTIVATED INHALER™</td>
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<td>ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREAT ACTIVATED INHALER™</td>
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<tr>
<td>aspirin-dipyridam er 25-200 mg™</td>
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<td>ST</td>
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<tr>
<td>aspirin-omeprazol dr 325-40 mg™</td>
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<td>PA, QL (30 per 30 days)</td>
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<td>aspirin-omeprazole dr 81-40 mg™</td>
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<td>PA, QL (30 per 30 days)</td>
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<td>ASSURE 4 CONTROL SOLUTION COMBO PACK™</td>
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<td>ASSURE 4 STRIPS™</td>
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<td>ASSURE COMFORT 28G LANCETS™</td>
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<td>ASSURE DOSE NORMAL CONTROL SOLUTION™</td>
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<td>ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION™</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
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<th>DRUG NAME</th>
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<td>ATACAND 8 MG TABLET MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<td>ATRIPLA 600 MG-200 MG-300 MG TABLET</td>
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<td>AUSTEDO 12 MG TABLET</td>
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<td>AUSTEDO 6 MG TABLET</td>
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<td>AUSTEDO 9 MG TABLET</td>
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<td>AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS</td>
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<td>AUVI-Q 0.1 MG/0.1 ML INJECTION, AUTO-INJECTOR</td>
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<tr>
<td>AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS)</td>
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<td>AVALIDE 150 MG-12.5 MG TABLET</td>
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<td>AVONEX 30 MCG VIAL KIT&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>AYVAKIT 100 MG TABLET&lt;sup&gt;NN,PL,DL&lt;/sup&gt;</td>
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<td>AZOR 10 MG-20 MG TABLET&lt;sup&gt;NN&lt;/sup&gt;</td>
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<td>AZOR 5 MG-20 MG TABLET&lt;sup&gt;NN&lt;/sup&gt;</td>
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<td>AZULFIDINE 500 MG TABLET&lt;sup&gt;NN&lt;/sup&gt;</td>
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<td>AZULFIDINE EN-TABS 500 MG TABLET,Delayed Release&lt;sup&gt;NN&lt;/sup&gt;</td>
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<td>BACIGUENT 500 UNIT/GRAM EYE OINTMENT</td>
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<td>baclofen 20 mg tablet&lt;sup&gt;NN&lt;/sup&gt;</td>
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<tr>
<td>BACTRIM DS 800 MG-160 MG TABLET</td>
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<tr>
<td>BACTROBAN 2% CREAM</td>
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<tr>
<td>BACTROBAN NASAL 2% OINTMENT</td>
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<tr>
<td>BAFIERTAM 95 MG CAPSULE, Delayed Release&lt;sup&gt;NN&lt;/sup&gt;</td>
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<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release&lt;sup&gt;NN&lt;/sup&gt;</td>
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<tr>
<td>BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET,CAPSULE,DELAY REL&lt;sup&gt;NN&lt;/sup&gt;</td>
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<tr>
<td>BALCOTRA (0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET&lt;sup&gt;NN&lt;/sup&gt;</td>
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<tr>
<td>balsalazide disodium 750 mg cp</td>
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<td>QL(270 per 30 days)</td>
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<tr>
<td>BALVERSA 3 MG TABLET&lt;sup&gt;NN,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(90 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>BALVERSA 4 MG TABLET</td>
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<td>BALVERSA 5 MG TABLET</td>
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<td>BANZEL 200 MG TABLET</td>
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<td>BANZEL 40 MG/ML ORAL SUSPENSION</td>
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<td>BANZEL 400 MG TABLET</td>
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<td>BAQSIMI 3 MG/ACTIONAL NASAL SPRAY</td>
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<td>BARACLUDE 0.05 MG/ML ORAL SOLUTION</td>
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<td>BAXDELA 450 MG TABLET</td>
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<td>BD ALCOHOL SWABS</td>
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<td>BD BLUNT NEEDLE 18GX1-1/2&quot;</td>
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<td>BD FILTER NEEDLE-5 MICRON 19 X 1 1/2&quot;</td>
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<tr>
<td>BD INSULIN SYR 1 ML 28GX1/2&quot;</td>
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<tr>
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<tr>
<td>BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8&quot;</td>
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<tr>
<td>BD INSULIN SYRINGE 1 ML 25 X 1&quot;</td>
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<tr>
<td>BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2&quot;</td>
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<td>BD INSULIN SYRINGE SLIP TIP 1 ML</td>
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<tr>
<td>BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64&quot;</td>
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<td>BD Luer-Lok 1 ML</td>
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<td>BD MICROTAINER LANCET 21 GAUGE</td>
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<tr>
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<td>BD SYRINGE GLASS 3 ML</td>
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<td>BD ULTRA-FINE II LANCETS 30 GAUGE</td>
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<td>BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16&quot;</td>
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<td>BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64&quot;</td>
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<td>BECONASE AQ 4.2 MCG (0.042 %) NASAL SPRAY</td>
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<td>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</td>
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<td>BELBUCA 150 MCG BUCCAL FILM</td>
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<td>BELBUCA 300 MCG BUCCAL FILM</td>
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<td>BELBUCA 450 MCG BUCCAL FILM</td>
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<td>BELBUCA 600 MCG BUCCAL FILM</td>
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<td>benazepril-hctz 20-12.5 mg tab</td>
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<td>BENICAR HCT 20 MG-12.5 MG TABLET</td>
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<td>BENZACLIN PUMP 1 %-5 % TOPICAL GEL</td>
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<td>BENZAMycin 3 %-5 % TOPICAL GEL</td>
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<td>BETASERON 0.3 MG SUBCUTANEOUS SOLUTION</td>
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<td>PA, QL (15 per 30 days)</td>
</tr>
<tr>
<td>betaxolol 10 mg tablet</td>
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<tr>
<td>betaxolol 20 mg tablet</td>
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<tr>
<td>betaxolol hcl 0.5% eye drop MM</td>
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<tr>
<td>betanechol 10 mg tablet</td>
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<tr>
<td>betanechol 25 mg tablet</td>
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<td>betanechol 5 mg tablet</td>
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<tr>
<td>betanechol 50 mg tablet</td>
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<tr>
<td>BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION</td>
<td>*</td>
<td>PA, QL (224 per 28 days)</td>
</tr>
<tr>
<td>BETIMOL 0.25 % EYE DROPS</td>
<td>3</td>
<td>ST</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<tbody>
<tr>
<td>BETIMOL 0.5 % EYE DROPS</td>
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<td>ST</td>
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<tr>
<td>BETOPTIC S 0.25 % EYE DROPS,SUSPENSION</td>
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<td>ST</td>
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<tr>
<td>BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER</td>
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<td>ST, QL(10.7 per 30 days)</td>
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<tr>
<td>BEVYXXA 40 MG CAPSULE</td>
<td>4</td>
<td>PA, QL(41 per 41 days)</td>
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<tr>
<td>BEVYXXA 80 MG CAPSULE</td>
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<td>PA, QL(41 per 41 days)</td>
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<tr>
<td>bexarotene 75 mg capsule</td>
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<td>PA, QL(300 per 30 days)</td>
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<tr>
<td>BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET</td>
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<tr>
<td>bicalutamide 50 mg tablet</td>
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<tr>
<td>BIDIL 20 MG-37.5 MG TABLET</td>
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<tr>
<td>Bijuva 1 MG-100 MG CAPSULE</td>
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<tr>
<td>BIKTARVY 50 MG-200 MG-25 MG TABLET</td>
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<tr>
<td>BILTRICIDE 600 MG TABLET</td>
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<tr>
<td>bimatoprost 0.03% eye drops</td>
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<td>QL(2.5 per 25 days)</td>
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<tr>
<td>BINOSTO 70 MG EFFERVESCENT TABLE</td>
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<td>BIONIME RIGHTTEST GM300 SYSTEM KIT</td>
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<tr>
<td>BIONIME RIGHTTEST TEST STRIPS</td>
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<td>bisoprolol fumarate 10 mg tab</td>
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<tr>
<td>bisoprolol fumarate 5 mg tab</td>
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<td>bisoprolol-hctz 10-6.25 mg tab</td>
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<td>bisoprolol-hctz 2.5-6.25 mg tab</td>
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<tr>
<td>bisoprolol-hctz 5-6.25 mg tab</td>
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<td>BLEPH-10 10 % EYE DROPS</td>
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<td>BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION</td>
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<td>BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT</td>
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<td>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</td>
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<tr>
<td>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</td>
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<tr>
<td>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</td>
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<td>BLOOD GLUCOSE MONITORING KIT</td>
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<td>BLOOD GLUCOSE MONITORING SYSTEM</td>
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<tr>
<td>BLOOD GLUCOSE TEST STRIPS</td>
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<tr>
<td>BONIVA 150 MG TABLET</td>
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<td>QL(1 per 28 days)</td>
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<tr>
<td>BONJESTA 20 MG-20 MG TABLET, IMMEDIATE AND DELAY RELEASE</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>BOOST SOOTHE 0.04 GRAM-1.27 KCAL/ML ORAL LIQUID</td>
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<td>BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION</td>
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<tr>
<td>BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE</td>
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<td>bosentan 125 mg tablet</td>
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<tr>
<td>bosentan 62.5 mg tablet</td>
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<tr>
<td>BOSULIF 100 MG TABLET</td>
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<td>BOSULIF 400 MG TABLET</td>
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<tr>
<td>BOSULIF 500 MG TABLET</td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>BRAFTOVI 50 MG CAPSULE</td>
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<td>PA, QL(120 per 30 days)</td>
</tr>
<tr>
<td>BRAFTOVI 75 MG CAPSULE</td>
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<td>PA, QL(180 per 30 days)</td>
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<tr>
<td>BREATHERITE MDI SPACER</td>
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<tr>
<td>BREATHERITE SPACER AND MASK, ADULT</td>
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<tr>
<td>BREATHERITE SPACER AND MASK, CHILD</td>
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<tr>
<td>BREATHERITE SPACER AND MASK, INFANT</td>
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<tr>
<td>BREATHERITE SPACER AND MASK, NEONATE</td>
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<tr>
<td>BREATHERITE SPACER AND MASK, SMALL CHILD</td>
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<tr>
<td>BREATHERITE VALVED MDI CHAMBER SPACER</td>
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<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<tr>
<td>BREATHERITE VALVED MDI SPACER</td>
<td>1</td>
<td>ST,QL(150 per 30 days)</td>
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<tr>
<td>BREEZE 2 CONTROL SOLUTION, HIGH/MM</td>
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<tr>
<td>BREEZE 2 CONTROL SOLUTION, LOW/MM</td>
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<td>BREEZE 2 CONTROL SOLUTION, NORMAL/MM</td>
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<td>PA,QL(10.7 per 30 days)</td>
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<td>BREEZE 2 TEST STRIPS/MM</td>
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<tr>
<td>BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION/MM</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION/MM</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER</td>
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<td>briellyn 0.4 mg-35 mcg tablet/MM</td>
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<td>BRILINTA 60 MG TABLET/MM</td>
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<td>BRILINTA 90 MG TABLET/MM</td>
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<tr>
<td>brimonidine 0.2% eye drop/MM</td>
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<tr>
<td>brimonidine tartrate 0.15% drp/MM</td>
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<td>BRISDELL 7.5 MG CAPSULE/MM</td>
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<tr>
<td>BRIVIACT 10 MG TABLET/MM,SP,DL</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>BRIVIACT 10 MG/ML ORAL SOLUTION/MM,SP,DL</td>
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<tr>
<td>BRIVIACT 100 MG TABLET/MM,SP,DL</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>BRIVIACT 25 MG TABLET/MM,SP,DL</td>
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<tr>
<td>BRIVIACT 50 MG TABLET/MM,SP,DL</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>BRIVIACT 75 MG TABLET/MM,SP,DL</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup</td>
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<td>bromfenac sodium 0.09% eye drp/MM</td>
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<td>ST,QL(1.7 per 30 days)</td>
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<td>bromocriptine 2.5 mg tablet/MM</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>bromocriptine 5 mg capsule/MM</td>
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<tr>
<td>bromphen-pse-dm 2-30-10 mg/5ml</td>
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<td>BROMSITE 0.075 % EYE DROPS</td>
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<tr>
<td>BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION/MM,SP,DL</td>
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<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>BRUIKINSA 80 MG CAPSULE/MM,SP,LD</td>
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<td>PA,QL(120 per 30 days)</td>
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<td>BRYHALI 0.01 % LOTION</td>
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<tr>
<td>budesonide 0.25 mg/2 ml susp/MM</td>
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<td>QL(240 per 30 days)</td>
</tr>
<tr>
<td>budesonide 0.5 mg/2 ml susp/MM</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>budesonide 1 mg/2 ml inh susp/MM</td>
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<tr>
<td>budesonide ec 3 mg capsule</td>
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<tr>
<td>budesonide er 9 mg tablet,Sp,DL</td>
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<td>budesonide-formoterol 160-4.5/MM</td>
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<td>budesonide-formoterol 80-4.5/MM</td>
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<td>BULLSEYE MINI SAFETY LANCETS 25 GAUGE/MM</td>
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<td>BULLSEYE MINI SAFETY LANCETS 28 GAUGE/MM</td>
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<td>bumetanide 0.5 mg tablet/MM</td>
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<td>bumetanide 1 mg tablet/MM</td>
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<td>bumetanide 2 mg tablet/MM</td>
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<tr>
<td>BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM/MM</td>
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<td>BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM/MM</td>
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<td>BUNAVAIL 6.3 MG-1 MG BUCCAL FILM/MM</td>
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<tr>
<td>bupap 50 mg-300 mg tablet,Sp,DL</td>
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<td>BUPHENYL 0.94 GRAM/GRAM ORAL POWDER/MM,SP,DL</td>
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<td>BUPHENYL 500 MG TABLET/MM,SP,DL</td>
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<td>bupreno-nalox 2-0.5 mg sl film/MM</td>
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<td>buprenor-nalox 12-3 mg sl film/MM</td>
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<td>buprenorp-nalox 8-2 mg sl film**</td>
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<tr>
<td>buprenorphine 15 mcg/hr patch**</td>
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<tr>
<td>buprenorphine 2 mg tablet sl</td>
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<td>buprenorphine 20 mcg/hr patch**</td>
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<td>buprenorphine 5 mcg/hr patch**</td>
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<td>buprenorphine 7.5 mcg/hr patch**</td>
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<td>buprenorphine 8 mg tablet sl</td>
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<td>buspirone hcl 15 mg tablet**</td>
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<td>buspirone hcl 7.5 mg tablet**</td>
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<td>butalb-acetaminoph-coff-codein**</td>
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<td>butalb-aspirin-coffe 50-325-40</td>
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<td>butalb-coff-acetaminoph-codein**</td>
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<td>QL(360 per 30 days)</td>
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<td>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule**</td>
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<td>butalbital-acetaminoph 25-325**</td>
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<tr>
<td>butalbital-acetaminoph 50-300**</td>
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<td>butalbital-acetaminoph 50-300**</td>
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<td>butalbital-aso-coffeine cap</td>
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<td>butorphanol 10 mg/ml spray**</td>
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<td>BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH**</td>
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<td>BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH**</td>
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<td>ST,QL(4 per 28 days)</td>
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<td>BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH**</td>
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<td>BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH**</td>
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<tr>
<td>BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH**</td>
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<tr>
<td>BYDUREON 2 MG VIAI**</td>
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<td>BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR**</td>
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<td>BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR**</td>
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<tr>
<td>BYETTA 10 MCG/DOSAGE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR**</td>
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<td>BYETTA 5 MCG/DOSAGE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR**</td>
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<tr>
<td>BYYNFZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR**</td>
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<tr>
<td>BYSTOLIC 10 MG TABLET**</td>
<td>3</td>
<td>PA,QL(120 per 30 days)</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>BYSTOLIC 2.5 MG TABLET</td>
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<tr>
<td>BYSTOLIC 20 MG TABLET</td>
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<tr>
<td>BYSTOLIC 5 MG TABLET</td>
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<td>BYVALSON 5 MG-80 MG TABLET</td>
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<td>c-nate dha 28 mg iron-1 mg-200 mg capsule</td>
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<td>cabergoline 0.5 mg tablet</td>
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<td>CABLIVI 11 MG INJECTION KIT</td>
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<td>CAFERGOT 1 MG-100 MG TABLET</td>
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<td>caffeine cit 60 mg/3 ml oral</td>
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<td>CALAN 120 MG TABLET</td>
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<td>calcipotriene 0.005% cream</td>
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<td>calcium acetate 667 mg tablet</td>
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<td>CALQUENCE 100 MG CAPSULE</td>
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<td>CAMBIA 50 MG ORAL POWDER PACKET</td>
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<td>CANASA 1,000 MG RECTAL SUPPOSITORY</td>
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<td>candesartan cilexetil 16 mg tab</td>
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<td>candesartan cilexetil 32 mg tab</td>
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<td>candesartan cilexetil 4 mg tab</td>
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<tr>
<td>candesartan-hctz 16-12.5 mg tab</td>
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<td>CAPLYTA 42 MG CAPSULEMM,SP,DL</td>
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<td>CAPRELSA 100 MG TABLETMM,SP,LD,DL</td>
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<td>CAPRELSA 300 MG TABLETMM,SP,LD,DL</td>
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<td>captopril 12.5 mg tabletMM</td>
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<td>captopril 25 mg tabletMM</td>
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<td>captopril 50 mg tabletMM</td>
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<td>CARAFATE 1 GRAM TABLETMM</td>
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<td>CARAFATE 100 MG/ML ORAL SUSPENSIONMM</td>
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<td>CARBAGLU 200 MG DISPERSIBLE TABLETMM,SP,LD,DL</td>
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<td>carbamazepine 100 mg/5 ml suspMM</td>
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<td>carbamazepine 200 mg tabletMM</td>
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<td>carbinoxamine 4 mg/5 ml liquid</td>
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<td>carbinoxamine maleate 4 mg tab</td>
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</table>

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<td>CARDIZEM 60 mg TABLET MM</td>
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<tr>
<td>CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16&quot; MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>CATAPRES 0.3 MG TABLET</td>
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<td>CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH</td>
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<td>CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH</td>
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<td>CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH</td>
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<td>CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM</td>
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<tr>
<td>CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION</td>
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<th>DRUG NAME</th>
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<td>ciclopirox 0.77% cream</td>
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<td>CILOXAN 0.3 % EYE DROPS</td>
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<td>CILOXAN 0.3 % EYE OINTMENT</td>
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<td>cimetidine 400 mg tablet</td>
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<td>CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT</td>
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<td>CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT</td>
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<td>PA,QL(3 per 30 days)</td>
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<td>cinacalcet hcl 30 mg tablet</td>
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<td>CINQAIR 10 MG/ML INTRAVENOUS SOLUTION</td>
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<tr>
<td>CIPRO 250 MG TABLET</td>
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<tr>
<td>CIPRO 250 MG/5 ML ORAL SUSPENSION</td>
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<td>CIPRO 500 MG TABLET</td>
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<tr>
<td>CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION</td>
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<td>ciproflox-dexameth otic susp</td>
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<td>ciproflox-flucinln 0.3-0.025%</td>
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<tr>
<td>ciprofloxacin 250 mg/5 ml susp</td>
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<tr>
<td>ciprofloxacin 500 mg/5 ml susp</td>
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<td>ciprofloxacin er 500 mg tablet</td>
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<td>ciprofloxacin hcl 100 mg tab</td>
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<tr>
<td>ciprofloxacin hcl 250 mg tab</td>
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<tr>
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<tr>
<td>citalopram hbr 10 mg/5 ml soln</td>
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<td>citalopram hbr 20 mg tablet</td>
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<td>citalopram hbr 40 mg tablet</td>
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<td>CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS</td>
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<td>claravis 10 mg capsule</td>
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<tr>
<td>claravis 20 mg capsule</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>claravis 30 mg capsule</td>
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<tr>
<td>claravis 40 mg capsule</td>
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<td>CLARINEX 5 MG TABLET</td>
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<td>CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>clarithromycin 250 mg/5 ml sus</td>
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<td>CLEOCIN 100 MG VAGINAL SUPPOSITORY</td>
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<tr>
<td>CLEOCIN 2 % VAGINAL CREAM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>CLEOCIN HCL 150 MG CAPSULE</td>
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<td>CLEOCIN HCL 75 MG CAPSULE</td>
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<td>CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION</td>
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<td>CLEOCIN T 1 % LOTION</td>
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<td>CLEOCIN T 1 % SOLUTION</td>
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<td>CLEOCIN T 1 % TOPICAL GEL</td>
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<td>CLEOCIN T 1% PLEDGETS</td>
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<td>CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK</td>
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<td>CLEVER CHOICE HOLDING CHAMBER-SMALL MASK</td>
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<td>CLEVER CHOICE MICRO MM</td>
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<td>CLEVER CHOICE MICRO TEST STRIP MM</td>
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<td>CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR MM</td>
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<td>CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR MM</td>
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<td>CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS MM</td>
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<td>ST,QL(150 per 30 days)</td>
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<td>CLEVER CHOICE TALK TEST STRIPS MM</td>
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<td>ST,QL(150 per 30 days)</td>
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<td>CLEVER CHOICE TEST STRIPS MM</td>
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<td>ST,QL(150 per 30 days)</td>
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<tr>
<td>CLEVER CHOICE VOICE+ TEST STRIPS MM</td>
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<td>CLICKFINE PEN NEEDLE 31 GAUGE X 5/16&quot; MM</td>
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<td>CLICKFINE PEN NEEDLE 32 GAUGE X 5/32&quot; MM</td>
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<td>CLIMARA 0.025 MG/24 HR TRANSDERMAL PATCH MM</td>
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<td>CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH MM</td>
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<td>CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH MM</td>
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<td>CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH MM</td>
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<td>CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH MM</td>
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<tr>
<td>clind ph-benzoyl pero 1.2-5%</td>
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<td>clinda-benzoyl pero 1-5% pump</td>
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<td>clindacin etz 1 % topical swab</td>
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<tr>
<td>clindacin p 1 % topical swab</td>
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<tr>
<td>CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY SP, DL</td>
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<td>PA</td>
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<td>clindamycin 2% vaginal cream</td>
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<td>clindamycin 75 mg/5 ml soln</td>
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<td>clindamycin hcl 150 mg capsule</td>
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<td>clindamycin hcl 75 mg capsule</td>
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<td>clindamycin pediatric 75 mg/5 ml oral solution</td>
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<td>clindamycin ph 1% gel</td>
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<td>PA</td>
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<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<td>clindamycin phosphate 1% foam</td>
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<td>clindamycin phosphate 1% gel</td>
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<td>clindamycin-benzoyl perox 1-5%</td>
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<td>CLINDESSE 2 % VAGINAL CREAM, EXTENDED RELEASE</td>
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<td>CLINIMIX 4.25% IN 25% DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION</td>
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<td>CLINIMIX 4.25%-20% SOLUTION</td>
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<td>CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION</td>
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<td>CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION</td>
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<td>clobetasol prop 0.05% foam</td>
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<td>clobetasol prop 0.05% spray</td>
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<td>CLOBEX 0.05 % SHAMPOO</td>
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<td>codeine sulfate 60 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>colestipol hcl granules packet MM</td>
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<td>COLY-MYCIN S OTIC SUSP DROP</td>
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<td>COMBIGAN 0.2 %-0.5 % EYE DROPS MM</td>
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<td>COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL MM</td>
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<td>QL(8 per 28 days)</td>
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<tr>
<td>COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MM</td>
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<tr>
<td>COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTION SOLUTION FOR INHALATION MM</td>
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<td>COMBIVIR 150 MG-300 MG TABLET MM</td>
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<td>COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES MM,SP,LD,DL</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

38 - DRUG LIST Updated 09/2020
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<td>coremino 90 mg tablet, extended release</td>
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<td>CORGARD 20 MG TABLET</td>
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<td>CORGARD 40 MG TABLET</td>
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<td>CORLANOR 5 MG TABLET</td>
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<tr>
<td>CORLANOR 5 MG/5 ML ORAL SOLUTION</td>
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<td>CORLANOR 7.5 MG TABLET</td>
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<tr>
<td>cormax 0.05% solution</td>
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<tr>
<td>CORTEF 10 MG TABLET</td>
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<td>CORTEF 5 MG TABLET</td>
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<tr>
<td>COTENEMA 100 MG/60 ML</td>
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<tr>
<td>CORTIFOAM 10 % (80 MG) RECTAL</td>
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<tr>
<td>cortisone 25 mg tablet</td>
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<tr>
<td>CORTISPORIN 1 % TOPICAL OINTMENT</td>
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<tr>
<td>CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM</td>
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<td>CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSPENSION</td>
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<td>corvito 150 mg-1.25 mg-120 mg-10 mg tablet</td>
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<td>CORVITE 150 150 MG IRON-1 MG TABLET</td>
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<td>CORVITE FE 150 150 MG IRON-1 MG TABLET</td>
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<td>CORZIDE 40-5 TABLET</td>
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<td>CORZIDE 80-5 TABLET</td>
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<td>COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS</td>
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<td>PA,QL(32 per 365 days)</td>
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<td>COSENTYX PEN 150 MG/ML SUBCUTANEOUS</td>
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<td>COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS</td>
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<td>COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE</td>
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<td>COSOPT 22.3 MG-6.8 MG/ML EYE DROPS</td>
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<td>COTELLIC 20 MG TABLET</td>
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<td>COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<td>COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<td>COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET</td>
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<td>COUMADIN 1 MG TABLET</td>
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<td>COUMADIN 10 MG TABLET</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>COUMADIN 3 MG TABLET</td>
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<td>COUMADIN 6 MG TABLET</td>
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<td>COUMADIN 7.5 MG TABLET</td>
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<td>covaryx 1.25 mg-2.5 mg tablet</td>
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<tr>
<td>covaryx h.s. 0.625 mg-1.25 mg tablet</td>
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<td>COZAAR 100 MG TABLET</td>
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<td>COZAAR 25 MG TABLET</td>
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<td>COZAAR 50 MG TABLET</td>
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<tr>
<td>CREON 12,000-38,000-60,000 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>CREON 24,000-76,000-120,000 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE, DELAYED RELEASE</td>
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<tr>
<td>CREON 6,000-19,000-30,000 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>CRESENBA 186 MG CAPSULE</td>
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<td>CRESTOR 10 MG TABLET</td>
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<td>CRESTOR 40 MG TABLET</td>
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<td>CRESTOR 5 MG TABLET</td>
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<td>CRINONE 4 % VAGINAL GEL</td>
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<td>QL(8.7 per 30 days)</td>
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<td>CRIXIVAN 200 MG CAPSULE</td>
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<td>QL(450 per 30 days)</td>
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<td>CRIXIVAN 400 MG CAPSULE</td>
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<td>QL(270 per 30 days)</td>
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<td>cromolyn 100 mg/5 ml oral conc</td>
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<tr>
<td>cromolyn 20 mg/2 ml neb soln</td>
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<td>cromolyn 4% eye drops</td>
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<tr>
<td>crotan 10 % lotion</td>
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<td>PA</td>
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<tr>
<td>cryselle (28) 0.3 mg-30 mcg tablet</td>
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<tr>
<td>CUPRIMINE 250 MG CAPSULE</td>
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<td>PA</td>
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<td>CURITY ALCOHOL SWABS</td>
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<td>CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION</td>
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<td>CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION</td>
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<td>CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>CUTIVATE 0.05 % LOTION</td>
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<td>ST</td>
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<tr>
<td>CUTIVATE 0.05 % TOPICAL CREAM</td>
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<tr>
<td>CUVITRU 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>CUVITRU 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>CUVITRU 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>CUVITRU 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>CUVITRU 8 GRAM/40 ML (20 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
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<tr>
<td>CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION</td>
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<tr>
<td>cvs glucose 4 gram tablet chew</td>
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<td>cvs glucose 40% gel</td>
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<tr>
<td>cyanocobalamin 1,000 mcg/ml</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>cyclofenem 1/35 (28) 1 mg-35 mcg tablet</td>
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<td>cyclofenem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</td>
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<tr>
<td>cyclobenzaprine 10 mg tablet</td>
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<tr>
<td>cyclobenzaprine 5 mg tablet</td>
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<tr>
<td>cyclobenzaprine 7.5 mg tablet</td>
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<td>PA, QL(90 per 30 days)</td>
</tr>
<tr>
<td>cyclobenzaprine er 15 mg cap</td>
<td>*</td>
<td>PA, QL(21 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>cyclobenzaprine er 30 mg cap</td>
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<tr>
<td>CYCLOGYL 0.5 % EYE DROPS</td>
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<td>CYCLOGYL 1 % EYE DROPS</td>
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<td>CYCLOGYL 2 % EYE DROPS</td>
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<tr>
<td>CYCLOMYDRIL 0.2 %-1 % EYE DROPS</td>
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<td>cyclopentolate 0.5% eye drops</td>
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<td>cyclopentolate 1% eye drops</td>
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<td>cyclopentolate hcl 2% drops</td>
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<td>cyclophosphamide 25 mg capsule</td>
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<td>QL(960 per 30 days)</td>
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<td>cyclophosphamide 50 mg capsule</td>
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<td>QL(480 per 30 days)</td>
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<td>CYCLOSET 0.8 MG TABLET</td>
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<td>cyclosporine 100 mg capsule</td>
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<tr>
<td>cyclosporine modified 100 mg</td>
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<td>cyclosporine modified 25 mg</td>
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<td>cyclosporine modified 50 mg</td>
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<td>CYMBALTA 20 MG CAPSULE,DELAYED RELEASE</td>
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<td>CYMBALTA 30 MG CAPSULE,DELAYED RELEASE</td>
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<td>ST,QL(60 per 30 days)</td>
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<td>CYMBALTA 60 MG CAPSULE,DELAYED RELEASE</td>
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<tr>
<td>cyproheptadine 2 mg/5 ml syrup</td>
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<td>cyproheptadine 4 mg tablet</td>
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<td>CYSTADANE 1 GRAM/1.7 ML ORAL POWDER</td>
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<td>CYSTAGON 150 MG CAPSULE</td>
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<td>DAKLINZA 30 MG TABLET</td>
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<td>DALIRESP 250 MCG TABLET</td>
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<td>danazol 200 mg capsule</td>
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<td>danazol 50 mg capsule</td>
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<td>dapsone 25 mg tablet</td>
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<td>dapsone 7.5% gel pump</td>
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<td>ST, QL(30 per 30 days)</td>
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<td>DARIO BLOOD GLUCOSE TEST STRIP</td>
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<td>dasetto 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</td>
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<td>DAURISMO 100 MG TABLET</td>
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<tr>
<td>DAURISMO 25 MG TABLET</td>
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<td>PA, QL(60 per 30 days)</td>
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<td>DAYPRO 600 MG TABLET</td>
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<td>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack</td>
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<td>DAYTRANA 10 MG/9 HR DAILY PATCH</td>
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<td>DAYTRANA 15 MG/9 HR DAILY PATCH</td>
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<td>DAYVIGO 10 MG TABLET</td>
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<td>DDAVP 0.01% NASAL SPRAY</td>
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<td>DDAVP 0.1 MG TABLET</td>
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<td>DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION</td>
<td>4</td>
<td>QL(10 per 25 days)</td>
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<tr>
<td>DDAVP 0.2 MG TABLET</td>
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<tr>
<td>DDAVP 4 MCG/ML INJECTION SOLUTION</td>
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<tr>
<td>decadron 0.5 mg tablet</td>
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<tr>
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<td>decadron 0.75 mg tablet</td>
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<tr>
<td>deferasirox 125 mg tb for susp</td>
<td>*</td>
<td>PA, QL(150 per 30 days)</td>
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<tr>
<td>deferasirox 180 mg granule</td>
<td>*</td>
<td>PA, QL(600 per 30 days)</td>
</tr>
<tr>
<td>deferasirox 180 mg tablet</td>
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<tr>
<td>deferasirox 250 mg tb for susp</td>
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<td>DELSTRIGO 100 MG-300 MG-300 MG TABLET</td>
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<tr>
<td>DELZICOL 400 MG CAPSULE (OR TABLETS INSIDE)</td>
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<tr>
<td>DEMADEX 10 MG TABLET</td>
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<tr>
<td>demeclocycline 150 mg tablet</td>
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<td>demeclocycline 300 mg tablet</td>
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<tr>
<td>DEMEROL 100 MG TABLET</td>
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<td>DEMSER 250 MG CAPSULE</td>
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<tr>
<td>DENERAL 1 % TOPICAL CREAM</td>
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<tr>
<td>DEPAKENE 250 MG CAPSULE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>DEPAKENE 250 MG/5 ML SOLUTION</td>
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<tr>
<td>DEPAKOTE 125 MG TABLET,DELAYED RELEASE</td>
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<td>DEPAKOTE 250 MG TABLET,DELAYED RELEASE</td>
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<td>DEPAKOTE 500 MG TABLET,DELAYED RELEASE</td>
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<tr>
<td>DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE</td>
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<td>DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE</td>
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<td>DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE</td>
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<td>DEPEN TITRATABS 250 MG TABLET</td>
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<tr>
<td>DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION</td>
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<tr>
<td>DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE</td>
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<td>DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL</td>
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<tr>
<td>DERMA-SMoothFS SCALP OIL 0.01 %</td>
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<tr>
<td>DERMATOP 0.1% OINTMENT</td>
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<tr>
<td>DERMOTIC OIL 0.01 % EARDROPS</td>
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<tr>
<td>DESCovy 200 MG-25 MG TABLET</td>
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<td>desflurane inhalation liquid</td>
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<td>desipramine 150 mg tablet</td>
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<tr>
<td>desonide 0.05% cream</td>
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<tr>
<td>desonide 0.05% gel</td>
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<td>desonide 0.05% lotion</td>
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<td>desonide 0.05% ointment</td>
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<tr>
<td>DESOWEN 0.05% LOTION</td>
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<tr>
<td>DESOWEN 0.05 % TOPICAL CREAM</td>
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<td>desoximetasone 0.05% gel</td>
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<td>DEsoxYN 5 MG TABLET</td>
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<tr>
<td>desvenlafaxine er 100 mg tab</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>desvenlafaxine er 100 mg tab  MM</td>
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<td>desvenlafaxine er 50 mg tab  MM</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>desvenlafaxine succnt er 25 mg  MM</td>
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<tr>
<td>desvenlafaxine succnt er 50 mg  MM</td>
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<td>DETROL 1 MG TABLET  MM</td>
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<td>DETROL 2 MG TABLET  MM</td>
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<td>QL(60 per 30 days)</td>
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<td>DETROL LA 2 MG CAPSULE, EXTENDED RELEASE  MM</td>
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<td>DETROL LA 4 MG CAPSULE, EXTENDED RELEASE  MM</td>
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<td>DEXABLISS 1.5 mg (39 tabs) tablets in a dose pack  MM</td>
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<td>dexamethasone 10 day 1.5 mg tb  MM</td>
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<td>dexamethasone 13 day 1.5 mg tb  MM</td>
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<td>dexamethasone 4 mg tablet  MM</td>
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<td>dexamethasone intensol 1 mg/ml drops (concentrate)  MM</td>
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<td>dextromethorphan 2 mg/5 ml drops  MM</td>
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<td>DEXCOM RECEIVER  MM</td>
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<tr>
<td>DEXEDRINE SPANSULE 10 MG CAPSULE, EXTENDED RELEASE  MM</td>
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<td>DEXEDRINE SPANSULE 15 MG CAPSULE, EXTENDED RELEASE  MM</td>
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<td>DEXEDRINE SPANSULE 5 MG CAPSULE, EXTENDED RELEASE  MM</td>
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<td>DEXILANT 30 MG CAPSULE, DELAYED RELEASE  MM</td>
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<td>DIATRUE PLUS TEST STRIP</td>
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<td>diazepam 10 mg rectal gel syst</td>
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<tr>
<td>diazepam 10 mg tablet</td>
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<tr>
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<td>diazepam 20 mg rectal gel syst</td>
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<tr>
<td>diazepam 5 mg/5 ml solution</td>
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<td>QL(1200 per 30 days)</td>
</tr>
<tr>
<td>diazepam 5 mg/ml oral conc</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>diazepam intensol 5 mg/ml oral concentrate</td>
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<td>diazoxide 50 mg/ml oral susp</td>
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<tr>
<td>DIBENZYLINE 10 MG CAPSULE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>DICLEGIS 10 MG-10 MG TABLET, DELAYED RELEASE</td>
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<td>diclofenac 0.1% eye drops</td>
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<td>diclofenac 1.5% topical soln</td>
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<tr>
<td>diclofenac epolamine 1.3% ptch</td>
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<td>diclofenac pot 50 mg tablet</td>
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<td>diclofenac sod er 100 mg tab</td>
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<td>diclofenac sodium 3% gel</td>
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<td>diclofenac-misoprost 75-0.2 tb</td>
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<td>dicloxacillin 500 mg capsule</td>
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<tr>
<td>didanosine dr 125 mg capsule</td>
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<td>QL (90 per 30 days)</td>
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<td>didanosine dr 200 mg capsule</td>
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<td>didanosine dr 400 mg capsule</td>
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<td>DIFFERIN 0.1% LOTION</td>
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<td>DIFFERIN 0.1% TOPICAL CREAM</td>
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<tr>
<td>DIFFERIN 0.3% TOPICAL GEL</td>
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<tr>
<td>DIFFERIN 0.3% TOPICAL GEL WITH PUMP</td>
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<tr>
<td>DIFICID 200 MG TABLET</td>
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<td>ST, QL (20 per 10 days)</td>
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<tr>
<td>diflorasone 0.05% cream</td>
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<td>diflorasone 0.05% ointment</td>
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<td>DIFLUCAN 10 MG/ML ORAL SUSPENSION</td>
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<tr>
<td>DIFLUCAN 100 MG TABLET</td>
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<tr>
<td>DIFLUCAN 150 MG TABLET</td>
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<td>DIFLUCAN 200 MG TABLET</td>
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<td>DIFLUCAN 40 MG/ML ORAL SUSPENSION</td>
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<td>DIFLUCAN 50 MG TABLET</td>
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<td>diflunisal 500 mg tablet</td>
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<tr>
<td>digitek 125 mcg (0.125 mg) tablet</td>
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<td>digitek 250 mcg (0.25 mg) tablet</td>
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<tr>
<td>digoxin 125 mcg tablet</td>
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<tr>
<td>digoxin 250 mcg tablet</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>dihydroergotamine 1 mg/ml amp</td>
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<td>dihydroergotamine 4 mg/ml spry</td>
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<tr>
<td>DILANTIN 30 MG CAPSULE</td>
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<td>DILANTIN EXTENDED 100 MG CAPSULE</td>
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<tr>
<td>DILANTIN INFATABS 50 MG CHEWABLE TABLET</td>
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<td>DILANTIN-125 125 MG/5 ML ORAL SUSPENSION</td>
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<td>DILATRATE-SR 40 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>DILAUDID 1 MG/ML ORAL LIQUID</td>
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<td>QL (2400 per 30 days)</td>
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</table>

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<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>DILAUDID 2 MG TABLET</td>
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<tr>
<td>DILAUDID 4 MG TABLET</td>
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<tr>
<td>DILAUDID 8 MG TABLET</td>
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<td>dilt-xr 120 mg capsule, extended release</td>
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<tr>
<td>dilt-xr 180 mg capsule, extended release</td>
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<tr>
<td>diltiazem 24 hr (cd) 180 mg cp</td>
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<tr>
<td>diltiazem 24 hr (cd) 240 mg cp</td>
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<td>diltiazem 24 hr (cd) 300 mg cp</td>
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<tr>
<td>diltiazem 24 hr (la) 240 mg tib</td>
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<tr>
<td>diltiazem 24 hr (la) 360 mg tib</td>
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<tr>
<td>diltiazem 24 hr (la) 420 mg tib</td>
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<td>diltiazem 24 hr (xr) 120 mg cp</td>
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<tr>
<td>diltiazem 24 hr 240 mg cap</td>
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<tr>
<td>diltiazem 24 hr 300 mg cap</td>
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<td>diltiazem 24 hr 360 mg cap</td>
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<td>dimethyl fumarate dr 240 mg cp</td>
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<td>DIOVAN 320 MG TABLET</td>
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<td>DIOVAN 40 MG TABLET</td>
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<td>DIOVAN 80 MG TABLET</td>
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<td>DIOVAN HCT 160 MG-25 MG TABLET</td>
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<td>DIOVAN HCT 320 MG-25 MG TABLET</td>
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<td>DIOVAN HCT 80 MG-12.5 MG TABLET</td>
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<td>DIPROLENE 0.05 % TOPICAL OINTMENT</td>
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<td>diphen 12.5 mg/5 ml oral elixir</td>
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<td>diphenhydramine 12.5 mg/5 ml</td>
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<td>DISKETS 40 MG SOLUBLE TABLET<strong>DL</strong></td>
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<td>disopyramide 150 mg capsule<strong>MM</strong></td>
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<td>disulfiram 250 mg tablet<strong>MM</strong></td>
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<tr>
<td>disulfiram 500 mg tablet<strong>MM</strong></td>
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<td>DITHOL 1.5 %-10 % TOPICAL COMBO PACK<strong>SP,DL</strong></td>
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<td>DITROPA XL 10 MG TABLET,<strong>EXTENDED RELEASE</strong>MM</td>
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<td>DITROPA XL 5 MG TABLET,<strong>EXTENDED RELEASE</strong>MM</td>
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<td>DIURIL 250 MG/5 ML ORAL SUSPENSION<strong>MM</strong></td>
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<td>divalproex sod dr 500 mg tab<strong>MM</strong></td>
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<td>DIVIGEL 0.25 MG/0.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET<strong>MM</strong></td>
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<td>DIVIGEL 0.5 MG/0.5 GRAM (0.1 %) TRANSDERMAL GEL PACKET<strong>MM</strong></td>
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<tr>
<td>DIVIGEL 0.75 MG/0.75 GRAM (0.1 %) TRANSDERMAL GEL PACKET<strong>MM</strong></td>
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<tr>
<td>DIVIGEL 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET<strong>MM</strong></td>
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<td>DIVIGEL 1.25 MG/1.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET<strong>MM</strong></td>
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<td>doxil 125 mg caps<strong>MM</strong></td>
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<td>doxil 250 mg caps<strong>MM</strong></td>
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<td>QL(120 per 30 days)</td>
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<tr>
<td>doxil 500 mg caps<strong>MM</strong></td>
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<td>QL(60 per 30 days)</td>
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<td>QL(240 per 30 days)</td>
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<td>DOLOPHINE 5 MG TABLET<strong>DL</strong></td>
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<td>donepezil hcl odt 10 mg tablet<strong>MM</strong></td>
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<tr>
<td>donepezil hcl odt 5 mg tablet<strong>MM</strong></td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>DOPTET (10 TAB PACK) 20 MG TABLET<strong>SP,LD,DL</strong></td>
<td>* PA,QL(60 per 30 days)</td>
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<tr>
<td>DOPTET (15 TAB PACK) 20 MG TABLET<strong>SP,DL</strong></td>
<td>* PA,QL(60 per 30 days)</td>
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<tr>
<td>DOPTET (30 TAB PACK) 20 MG TABLET<strong>SP,DL</strong></td>
<td>* PA,QL(60 per 30 days)</td>
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<tr>
<td>DORAL 15 MG TABLET<strong>DL</strong></td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>DORYX 200 MG TABLET,<strong>DELAYED RELEASE</strong>SP,DL**</td>
<td>* ST,QL(30 per 30 days)</td>
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<tr>
<td>DORYX 50 MG TABLET,<strong>DELAYED RELEASE</strong>SP,DL**</td>
<td>* ST,QL(60 per 30 days)</td>
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</tr>
<tr>
<td>DORYX 80 MG TABLET,<strong>DELAYED RELEASE</strong>SP,DL**</td>
<td>* ST,QL(60 per 30 days)</td>
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<tr>
<td>DORYX MPC 120 MG TABLET,<strong>DELAYED RELEASE</strong></td>
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<tr>
<td>dorzolamide hcl 2% eye drops<strong>MM</strong></td>
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<tr>
<td>dorzolamide-timolol 2%-0.5%<strong>MM</strong></td>
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<tr>
<td>dorzolamide-timolol eye drops<strong>MM</strong></td>
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<tr>
<td>dotti 0.025 mg/24 hr transdermal patch<strong>MM</strong></td>
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<td>dotti 0.0375 mg/24 hr transdermal patch<strong>MM</strong></td>
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<td>dotti 0.075 mg/24 hr transdermal patch<strong>MM</strong></td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>dotti 0.1 mg/24 hr transdermal patch(^{MM})</td>
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<tr>
<td>DOVATO 50 MG-300 MG TABLET(^{MM,SP})</td>
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<tr>
<td>DOVONEX 0.005 % TOPICAL CREAM</td>
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<tr>
<td>doxazosin mesylate 1 mg tab(^{MM})</td>
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<td>doxazosin mesylate 2 mg tab(^{MM})</td>
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<td>doxazosin mesylate 4 mg tab(^{MM})</td>
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<td>doxazosin mesylate 8 mg tab(^{MM})</td>
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<td>doxepin 10 mg capsule(^{MM})</td>
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<tr>
<td>doxepin 10 mg/ml oral conc(^{MM})</td>
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<tr>
<td>doxepin 100 mg capsule(^{MM})</td>
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<td>doxepin 150 mg capsule(^{MM})</td>
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<td>doxepin 25 mg capsule(^{MM})</td>
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<tr>
<td>doxepin 5% cream(^{SP,DL})</td>
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<td>doxepin 50 mg capsule(^{MM})</td>
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<td>doxepin 75 mg capsule(^{MM})</td>
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<td>doxepin hcl 3 mg tablet</td>
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<td>doxycycline 25 mg/5 ml susp</td>
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<td>doxycycline hyc dr 100 mg tab</td>
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<td>doxycycline hyc dr 150 mg tab</td>
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<td>doxycycline hyc dr 200 mg tab(^{SP,DL})</td>
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<tr>
<td>doxycycline hyc dr 50 mg tab(^{SP,DL})</td>
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<td>doxycycline hyc dr 80 mg tab(^{SP,DL})</td>
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<td>doxycycline hyclate 100 mg cap</td>
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<td>doxycycline hyclate 100 mg tab</td>
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<td>doxycycline hyclate 150 mg tab</td>
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<td>doxycycline hyclate 75 mg tab</td>
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<td>doxycycline ir-dr 40 mg cap(^{SP,DL})</td>
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<td>doxycycline mono 100 mg cap</td>
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<tr>
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<td>doxylamine-pyridoxine 10-10 mg</td>
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<td>DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(^{MM})</td>
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<td>DRIZALMA SPRINKLE 20 MG CAPSULE(_{DELAYED RELEASE}^{MM})</td>
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<td>DRIZALMA SPRINKLE 30 MG CAPSULE(_{DELAYED RELEASE}^{MM})</td>
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<td>DRIZALMA SPRINKLE 40 MG CAPSULE(_{DELAYED RELEASE}^{MM})</td>
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<td>DRIZALMA SPRINKLE 60 MG CAPSULE(_{DELAYED RELEASE}^{MM})</td>
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<td>dronabinol 10 mg capsule</td>
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<tr>
<td>dronabinol 2.5 mg capsule</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
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<td>dronabinol 5 mg capsule</td>
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<td>DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64&quot;MM</td>
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<td>DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16&quot;MM</td>
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</tr>
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<tr>
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<tr>
<td>DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2&quot;MM</td>
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<td>DROPLET LANCETS 30 GAUGEMM</td>
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<td>DROPLET PEN NEEDLE 32 GAUGE X 1/4&quot;MM</td>
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<td>DROPSAFE PEN NEEDLE 31 GAUGE X 1/4&quot;MM</td>
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<td>drosp-ee-levomef 3-0.02-0.451MM</td>
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<td>drosp-ee-levomef 3-0.03-0.451MM</td>
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<td>DROXIA 300 MG CAPSULE MM</td>
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<td>DROXIA 400 MG CAPSULE MM</td>
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<td>DUAC 1.2-5% GEL</td>
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<td>DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATEDMM</td>
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<tr>
<td>DUAVEE 0.45 MG-20 MG TABLETMM</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACKMM</td>
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<td>DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACKMM</td>
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<td>DUETACT 30 MG-2 MG TABLETMM</td>
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<td>DUETACT 30 MG-4 MG TABLETMM</td>
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<tr>
<td>DUEXIS 800 MG-26.6 MG TABLETMM,SP,DL</td>
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<td>PA,QL(90 per 30 days)</td>
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<tbody>
<tr>
<td>DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER</td>
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<td>DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER</td>
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<td>DUOBRII 0.01 %-0.045 % LOTION</td>
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<td>DUPLEXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA, QL (31.92 per 365 days)</td>
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<td>DUPLEXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA, QL (56 per 365 days)</td>
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<td>DUPLEXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE</td>
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<td>DUREZOL 0.05 % EYE DROPS</td>
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<td>DURLAZA 162.5 MG CAPSULE, EXTENDED RELEASE</td>
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<td>dvoirah 325 mg-30 mg-16 mg tablet</td>
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<td>DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK</td>
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<td>DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION</td>
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<td>DYAZIDE 37.5 MG-25 MG CAPSULE</td>
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<td>DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<tr>
<td>efavirenz 200 mg capsule</td>
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<td>efavirenz 50 mg capsule</td>
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<td>efavirenz 600 mg tablet</td>
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<td>EFFER-K 10 MEQ EFFERVESCENT TABLE</td>
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<td>EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE</td>
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<tr>
<td>EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<tr>
<td>EFFIENT 10 MG TABLET</td>
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<td>EFFIENT 5 MG TABLET</td>
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<td>EFUDEX 5 % TOPICAL CREAM</td>
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<td>EGATEN 250 MG TABLET</td>
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<td>EGRIFTA 1 MG VIAL</td>
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<tr>
<td>EGRIFTA 5V 2 MG SUBCUTANEOUS SOLUTION</td>
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<td>ELCYS 50 MG/ML INTRavenous SOLUTION</td>
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<td>ELEMENT COMPACT GLUCOSE METER</td>
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<td>ELESTAT 0.05% EYE DROPS</td>
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<td>ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP</td>
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<td>eletriptan hbr 20 mg tablet</td>
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<td>eletriptan hbr 40 mg tablet</td>
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<td>ELIDEL 1 % TOPICAL CREAM</td>
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<td>ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>ELIMITE 5 % TOPICAL CREAM</td>
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<td>elinet 0.3 mg-30 mcg tablet</td>
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<td>ELIQUIS 2.5 MG TABLET</td>
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<td>ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK</td>
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<td>ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR</td>
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<td>ELLA 30 MG TABLET</td>
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<tr>
<td>ELMIRON 100 MG CAPSULE</td>
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<td>ELOCON 0.1% CREAM</td>
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<td>ELOCON 0.1% OINTMENT</td>
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<td>eluryng 0.12 mg-0.015 mg/24 hr vaginal ring</td>
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<td>EMADINE 0.05% EYE DROPS</td>
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<tr>
<td>EMBEDA ER 100-4 MG CAPSULE</td>
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<td>EMBEDA ER 20-0.8 MG CAPSULE</td>
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<td>EMBEDA ER 30-1.2 MG CAPSULE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<td>EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
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<td>EMCYT 140 MG CAPSULE</td>
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<td>EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK</td>
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<tr>
<td>EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION</td>
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<td>EMEND 125 MG CAPSULE</td>
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<tr>
<td>EMEND 40 MG CAPSULE</td>
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<td>EMEND 80 MG CAPSULE</td>
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<td>EMFLAZA 18 MG TABLET&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>EMFLAZA 22.75 MG/ML ORAL SUSPENSION&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>PA</td>
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<td>EMFLAZA 36 MG TABLET&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>EMFLAZA 6 MG TABLET&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE</td>
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<td>EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>emoquette 0.15 mg-0.03 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<tr>
<td>EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>EMTRIVA 10 MG/ML ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>EMTRIVA 200 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>emverm 100 mg chewable tablet&lt;sup&gt;SP, DL&lt;/sup&gt;</td>
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<td>ENABLEX 15 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ENABLEX 7.5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;SP&lt;/sup&gt;</td>
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<td>ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE&lt;sup&gt;MM, SP, DL&lt;/sup&gt;</td>
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<td>endocet 2.5 mg-325 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL (360 per 30 days)</td>
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<td>PA</td>
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<td>PA</td>
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<td>enoxaparin 100 mg/ml syringe</td>
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<td>QL(22.4 per 28 days)</td>
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<td>enoxaparin 80 mg/0.8 ml syr</td>
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<td>ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>ÉSTILAR 0.005 %-0.064 % TOPICAL FOAM&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>entecavir 1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ENTEREG 12 MG CAPSULE</td>
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<td>ENTRESTO 24 MG-26 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ENTRESTO 49 MG-51 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<td>ENTRESTO 97 MG-103 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>enulose 10 gram/15 ml oral solution&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>1</td>
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<tr>
<td>ENVARSUS XR 0.75 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ENVARSUS XR 1 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ENVARSUS XR 4 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>EPANED 1 MG/ML ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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</tr>
<tr>
<td>EPCLUSA 400 MG-100 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>EPIDIOLEX 100 MG/ML ORAL SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP</td>
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<td>ST</td>
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<tr>
<td>EPIFOAM 1 %-1 % TOPICAL</td>
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<tr>
<td>epinastine hcl 0.05% eye drops</td>
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<td>QL(5 per 25 days)</td>
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<tr>
<td>epinephrine 0.15 mg auto-inject</td>
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<tr>
<td>epinephrine 0.15 mg auto-inject</td>
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<tr>
<td>epinephrine 0.3 mg auto-inject</td>
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<tr>
<td>EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR</td>
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<td>ST,QL(4 per 30 days)</td>
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<tr>
<td>EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR</td>
<td>3</td>
<td>ST,QL(4 per 30 days)</td>
</tr>
<tr>
<td>EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR</td>
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<tr>
<td>EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR</td>
<td>3</td>
<td>ST,QL(4 per 30 days)</td>
</tr>
<tr>
<td>eplerenone 200 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>EPIVIR 10 MG/ML ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(960 per 30 days)</td>
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<tr>
<td>EPIVIR 150 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>EPIVIR 300 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>EPIVIR HBV 100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(90 per 30 days)</td>
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<tr>
<td>EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>QL(1680 per 28 days)</td>
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<tr>
<td>eplerenone 25 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>eplerenone 50 mg tablet<strong>MM</strong></td>
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<tr>
<td>EPOGEN 10,000 UNIT/ML INJECTION SOLUTION<strong>MM,SP,DL</strong></td>
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<td>PA,QL(14 per 30 days)</td>
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<td>EPOGEN 2,000 UNIT/ML INJECTION SOLUTION<strong>MM,SP,DL</strong></td>
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<td>EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION<strong>MM,SP,DL</strong></td>
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<td>EPOGEN 3,000 UNIT/ML INJECTION SOLUTION<strong>MM,SP,DL</strong></td>
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<td>eprosartan mesylate 600 mg tab<strong>MM</strong></td>
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<td>EPZICOM 600 MG-300 MG TABLET<strong>MM</strong></td>
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<td>EQUETRO 100 MG CAPSULE, EXTENDED RELEASE<strong>MM</strong></td>
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<td>EQUETRO 200 MG CAPSULE, EXTENDED RELEASE<strong>MM</strong></td>
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<td>PA</td>
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<td>ergoloid mesylates 1 mg tab<strong>MM</strong></td>
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<td>ERGOMAR 2 MG SUBLINGUAL TABLET</td>
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<td>ergotamine-caffeine 1-100mg tb</td>
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<td>ERIVEDGE 150 MG CAPSULE<strong>MM,SP,DL</strong></td>
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<td>ERLEADA 60 MG TABLET<strong>MM,SP,DL</strong></td>
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<td>erlotinib hcl 100 mg tablet<strong>MM,SP,DL</strong></td>
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<td>erlotinib hcl 150 mg tablet<strong>MM,SP,DL</strong></td>
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<td>erlotinib hcl 25 mg tablet<strong>MM,SP,DL</strong></td>
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<td>errin 0.35 mg tablet<strong>MM</strong></td>
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<td>ERTACZO 2 % TOPICAL CREAM</td>
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<td>ery pads 2 % topical swab</td>
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<td>ERY-TAB 250 MG TABLET,DELAYED RELEASE</td>
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<tr>
<td>ERY-TAB 333 MG TABLET,DELAYED RELEASE</td>
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<tr>
<td>ERY-TAB 500 MG TABLET,DELAYED RELEASE</td>
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<td>ERYGEL 2 % TOPICAL</td>
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<tr>
<td>ERYPED 200 200 MG/5 ML ORAL SUSPENSION</td>
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<td>ERYPED 400 MG/5 ML ORAL SUSPENSION</td>
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<td>ERYTHROCIN (AS STEARATE) 250 MG TABLET</td>
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<td>erythromycin 0.5% eye ointment</td>
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<td>erythromycin 2% pledgets</td>
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<td>erythromycin 2% solution</td>
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<td>erythromycin 200 mg/5 ml susp</td>
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<tr>
<td>erythromycin 250 mg filmtab</td>
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<tr>
<td>erythromycin 400 mg/5 ml susp</td>
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<tr>
<td>erythromycin 500 mg filmtab</td>
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<td>erythromycin dr 250 mg cap</td>
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<td>erythromycin dr 333 mg tablet</td>
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<td>erythromycin es 400 mg tab</td>
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<td>erythromycin-benzoyl gel</td>
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<td>ESBRIET 267 MG CAPSULE<strong>MM,SP,DL</strong></td>
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<td>PA,QL(270 per 30 days)</td>
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<td>ESBRIET 267 MG TABLET<strong>MM,SP,DL</strong></td>
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<td>PA,QL(270 per 30 days)</td>
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<tr>
<td>ESBRIET 801 MG TABLET<strong>MM,SP,DL</strong></td>
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<td>escitalopram 10 mg tablet<strong>MM</strong></td>
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<td>escitalopram 20 mg tablet<strong>MM</strong></td>
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<tr>
<td>escitalopram 5 mg tablet<strong>MM</strong></td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>escitalopram oxalate 5 mg/5 ml<strong>MM</strong></td>
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<td>QL(600 per 30 days)</td>
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</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>ESGIC 50 MG-325 MG-40 MG CAPSULE</td>
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<td>QL(180 per 30 days)</td>
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<tr>
<td>ESGIC 50 MG-325 MG-40 MG TABLET</td>
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<td>esomeprazole dr 10 mg packet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>esomeprazole dr 20 mg packet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>esomeprazole dr 40 mg packet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>esomeprazole dr 49.3 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>esomeprazole mag dr 20 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole mag dr 40 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>estarylla 0.25 mg-35 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>estazolam 1 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>estazolam 2 mg tablet&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ESTRACE 0.5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>ESTRACE 1 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>ESTRACE 2 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>estradiol 0.01% cream&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>estradiol 0.025 mg patch(1/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(4 per 28 days)</td>
</tr>
<tr>
<td>estradiol 0.025 mg patch(2/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<tr>
<td>estradiol 0.0375mg patch(1/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(4 per 28 days)</td>
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<td>estradiol 0.0375mg patch(2/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>estradiol 0.05 mg patch (1/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>estradiol 0.075 mg patch(2/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<tr>
<td>estradiol 0.1 mg patch (1/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>estradiol 0.1 mg patch (2/wk)&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<td>estradiol 0.05 mg patch&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<tr>
<td>estradiol 1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<tr>
<td>estradiol 10 mcg vaginal insrt&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>estradiol 2 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>estradiol-noreth 0.5-0.1 mg tb&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>estradiol-noreth 1-0.5 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ESTROGEL 1.25 GRAM/ACTION (0.06%) TRANSDERMAL GEL PUMP&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>estrogen-methyltestos f.s. tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ethacrynic acid 25 mg tablet&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>etidronate disodium 200 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>etoposide 50 mg capsule</td>
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<td>everolimus 0.5 mg tablet</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<td>EVRYSDI 0.75 MG/ML ORAL SOLUTION</td>
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<td>EXEL INSULIN 1/2 ML 28 GAUGE X 1/2&quot; SYRINGE</td>
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<td>EXELDERM 1 % TOPICAL SOLUTION</td>
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<td>EXJADE 250 MG DISPERSIBLE TABLET</td>
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<td>EXJADE 500 MG DISPERSIBLE TABLET</td>
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<tr>
<td>EZALLOR SPRINKLE 10 MG CAPSULE MM</td>
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<tr>
<td>fenofibrate 50 mg capsule</td>
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</tr>
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<td>fenofibrate 67 mg capsule</td>
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<td>fenofibric acid 105 mg tablet</td>
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<td>fenofibric acid 35 mg tablet</td>
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<td>fenofibric acid dr 135 mg cap</td>
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<td>fenofibric acid dr 45 mg cap</td>
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<td>FENOGLIDE 120 MG TABLET</td>
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<td>FENOGLIDE 40 MG TABLET</td>
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</tr>
<tr>
<td>fenoprofen 200 mg capsule*</td>
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</tr>
<tr>
<td>fenoprofen 400 mg capsule*</td>
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<td>PA,QL(240 per 30 days)</td>
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<tr>
<td>fenoprofen 600 mg tablet</td>
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<td>PA</td>
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<tr>
<td>fenortho 200 mg capsule*</td>
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<td>fentanyl 100 mcg/hr patch</td>
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<td>fentanyl 12 mcg/hr patch</td>
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<td>fentanyl 25 mcg/hr patch</td>
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<td>fentanyl 62.5 mcg/hr patch</td>
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<td>fentanyl 75 mcg/hr patch</td>
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<td>fentanyl 87.5 mcg/hr patch</td>
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<td>fentanyl cit 100 mcg buccal tb</td>
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<td>fentanyl cit 200 mcg buccal tb</td>
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<tr>
<td>fentanyl cit 800 mcg buccal tb</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>Fentanyl cit otfc 1,200 mcg</td>
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<tr>
<td>Fentanyl cit otfc 1,600 mcg</td>
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<td>Fentanyl citrate otfc 400 mcg</td>
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<td>Fentanyl citrate otfc 600 mcg</td>
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<tr>
<td>Fentanyl citrate otfc 800 mcg</td>
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<tr>
<td>Fentora 100 MCG Buccal Tablet, Effervescent</td>
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<td>PA, QL (120 per 30 days)</td>
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<tr>
<td>Fentora 200 MCG Buccal Tablet, Effervescent</td>
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<td>Fentora 400 MCG Buccal Tablet, Effervescent</td>
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<td>Fentora 600 MCG Buccal Tablet, Effervescent</td>
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<td>PA, QL (120 per 30 days)</td>
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<td>Fentora 800 MCG Buccal Tablet, Effervescent</td>
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<tr>
<td>Feriva 75 mg Iron-1 mg-175 mg capsule, Extended Release</td>
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<tr>
<td>Ferocon 110 mg-0.5 mg capsule</td>
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<tr>
<td>Ferrex 150 forte 150 mg-25 mcg-1 mg capsule</td>
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<td>Ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule</td>
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<td>Ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet</td>
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<tr>
<td>FERRIPROX (2 Times A Day) 1,000 mg Tablet</td>
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<td>PA, QL (300 per 30 days)</td>
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<td>FERRIPROX 1,000 mg Tablet</td>
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<tr>
<td>FERRIPROX 100 mg/ml Oral Solution</td>
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<td>PA, QL (3600 per 30 days)</td>
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<tr>
<td>FERRIPROX 500 mg Tablet</td>
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<td>Ferrocite plus 106 mg iron-1 mg tablet</td>
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<td>Fetzima 120 mg Capsule, Extended Release</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>Fetzima 20 mg (2)-40 mg (26) Capsule, Extended Release, 24 hr, Dose Pack</td>
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<td>PA, QL (28 per 28 days)</td>
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<tr>
<td>Fetzima 20 mg Capsule, Extended Release</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>Fetzima 40 mg Capsule, Extended Release</td>
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<tr>
<td>Fetzima 80 mg Capsule, Extended Release</td>
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<td>PA, QL (30 per 30 days)</td>
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<td>Fexmid 7.5 mg Tablet</td>
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<td>PA, QL (90 per 30 days)</td>
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<tr>
<td>Fiasp Flextouch U-100 Insulin 100 Unit/ml (3 ml) Subcutaneous Pen</td>
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<td>Fiasp Penfill U-100 Insulin 100 Unit/ml (3 ml) Subcutaneous Cartridge</td>
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<tr>
<td>Fiasp U-100 Insulin 100 Unit/ml Subcutaneous Solution</td>
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<td>Fibrilcor 105 mg Tablet</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>Fibrilcor 35 mg Tablet</td>
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<td>ST, QL (30 per 30 days)</td>
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<td>Fifty50 Glucose Control Soln</td>
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<td>Fifty50 Pen 31G x 3/16” Needle</td>
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<td>Fifty50 Pen Needle 32G x 1/4”</td>
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<td>Fifty50 Safety Seal Lancets 30 Gauge</td>
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<td>Fifty50 Safety Seal Lancets 32 Gauge</td>
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<tr>
<td>Fifty50 Test Strip</td>
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<td>ST, QL (150 per 30 days)</td>
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<td>Filter Needle 5 Micron</td>
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<tr>
<td>Filter Needle 5 Micron</td>
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<td>Finacea 15% Topical Foam</td>
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<td>Finacea 15% Topical Gel</td>
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<tr>
<td>Finasteride 5 mg Tablet</td>
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<td>QL (30 per 30 days)</td>
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<td>Fine 30 Universal Lancets 30 Gauge</td>
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<td>Fingerstix Lancets</td>
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<tr>
<td>Finetopia 2.2 mg/ml Oral Solution</td>
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<td>PA, QL (360 per 30 days)</td>
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<tr>
<td>Florocet 50 mg-300 mg-40 mg capsule</td>
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<td>QL (180 per 30 days)</td>
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<td>Florocet with Codeine 50 mg-300 mg-40 mg-30 mg Capsule</td>
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<tr>
<td>Fiorinal 50 mg-325 mg-40 mg Capsule</td>
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<tr>
<td>Fiorinal-Codeine #3 30 mg-50 mg-325 mg-40 mg Capsule</td>
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<td>QL (360 per 30 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(9 per 30 days)</td>
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<tr>
<td>FIRDAPSE 10 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL(240 per 30 days)</td>
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<tr>
<td>FIRMAGON 120 MG SUBCUTANEOUS SOLUTION</td>
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<td>PA, QL(6 per 365 days)</td>
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<tr>
<td>FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(6 per 365 days)</td>
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<td>FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA, QL(4 per 28 days)</td>
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<tr>
<td>FIVANQ 25 MG/ML ORAL SOLUTION</td>
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<td>FIVANQ 50 MG/ML ORAL SOLUTION</td>
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<td>flac otic (ear) oil 0.01 % drops</td>
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<tr>
<td>FLAGYL 250 MG TABLET</td>
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<tr>
<td>FLAGYL 375 MG CAPSULE</td>
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<tr>
<td>FLAGYL 500 MG TABLET</td>
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<tr>
<td>FLAREX 0.1 % EYE DROPS,SUSPENSION</td>
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<tr>
<td>flavoxate hcl 100 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>flecainide acetate 100 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>flecainide acetate 150 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>flecainide acetate 50 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>FLEXICHAMBER SPACER</td>
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<td>FLEXICHAMBER-SMALL ADULT MASK</td>
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<tr>
<td>FLEXICHAMBER-SMALL CHILD MASK</td>
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<tr>
<td>FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(150 per 30 days)</td>
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<tr>
<td>FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(150 per 30 days)</td>
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<tr>
<td>FLOMAX 0.4 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>FLOVENT DISKUS 100 MCG/ACTION POWDER FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<td>FLOVENT DISKUS 250 MCG/ACTION POWDER FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>FLOVENT DISKUS 50 MCG/ACTION POWDER FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>FLOVENT HFA 110 MCG/ACTION AEROSOL INHALER&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>FLOVENT HFA 220 MCG/ACTION AEROSOL INHALER&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>FLOVENT HFA 44 MCG/ACTION AEROSOL INHALER&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>FLUAD 2020-21 65YR UP(PF) 45 MCG/(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE</td>
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<tr>
<td>FLUAD QUAD 2020-2021(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE</td>
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<td>FLUARIX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE</td>
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<td>FLUBLIX 2020-2021 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE</td>
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<td>FLUCELVAX QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE</td>
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<td>FLUCELVAX QUAD 2020-2021 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP</td>
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<td>fluconazole 10 mg/ml susp</td>
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<td>fluconazole 40 mg/ml susp</td>
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<td>flucytosine 500 mg capsule</td>
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<td>fludrocortisone 0.1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>FLULAVAL QUAD 2020-2021 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE</td>
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<td>FLUMADINE 100 MG TABLET</td>
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<td>FLUMIST QUAD 2020-2021 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE</td>
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<td>flunisold 0.025% spray&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>fluquinolone 0.01% cream</td>
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<td>ST</td>
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<tr>
<td>fluquinolone 0.01% scalp oil</td>
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<td>ST</td>
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</table>

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<th>DRUG NAME</th>
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<td>fluocinolone 0.025% ointment</td>
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<td>fluocinolone oil 0.01% ear drp</td>
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<td>fluocinonide 0.05% cream</td>
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<td>FLUOROPLEX 1 % TOPICAL CREAM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<td>FML S.O.P. 0.1 % EYE OINTMENT</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR</td>
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<td>FREESTYLE LITE STRIPS</td>
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<tr>
<td>FREESTYLE NAVIGATOR GLUCOSE SENSOR DEVICE</td>
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<tr>
<td>FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16&quot; SYRINGE</td>
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<td>FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16&quot; SYRINGE</td>
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<td>frovatriptan succ 2.5 mg tab</td>
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<tr>
<td>FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE</td>
<td>* PA,QL(1.2 per 28 days)</td>
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<tr>
<td>FURADANTIN 25 MG/5 ML ORAL SUSPENSION</td>
<td>* QL(2400 per 30 days)</td>
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<tr>
<td>furosemide 10 mg/ml solution</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
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<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>furosemide 20 mg tablet</td>
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<td>furosemide 40 mg tablet</td>
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<tr>
<td>furosemide 40 mg/5 ml soln</td>
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<tr>
<td>furosemide 80 mg tablet</td>
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<td>FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE</td>
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<td>FUZEON 90 MG SUBCUTANEOUS SOLUTION</td>
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<td>fyavolv 0.5 mg-2.5 mcg tablet</td>
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<tr>
<td>fyavolv 1 mg-5 mcg tablet</td>
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<tr>
<td>FYCOMPA 0.5 MG/ML ORAL SUSPENSION</td>
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<tr>
<td>FYCOMPA 10 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>FYCOMPA 12 MG TABLET</td>
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</tr>
<tr>
<td>FYCOMPA 2 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>FYCOMPA 4 MG TABLET</td>
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<tr>
<td>FYCOMPA 6 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>FYCOMPA 8 MG TABLET</td>
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<td>gabapentin 250 mg/5 ml soln</td>
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<tr>
<td>gabapentin 600 mg tablet</td>
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<tr>
<td>gabapentin 800 mg tablet</td>
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<td>GABITRIL 16 MG TABLET</td>
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<td>GABITRIL 2 MG TABLET</td>
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<td>QL(840 per 30 days)</td>
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<td>GABITRIL 4 MG TABLET</td>
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<td>QL(120 per 30 days)</td>
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<td>GALAFOLD 123 MG CAPSULE</td>
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<td>galantamine 4 mg/ml oral soln</td>
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<td>galantamine er 24 mg capsule</td>
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<tr>
<td>galantamine hbr 8 mg tablet</td>
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<td>QL(60 per 30 days)</td>
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<td>GALZIN 25 MG (ZINC) CAPSULE</td>
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<tr>
<td>GALZIN 50 MG (ZINC) CAPSULE</td>
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<tr>
<td>GASTROCROM 100 MG/5 ML ORAL CONCENTRATE</td>
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<tr>
<td>gatifloxacin 0.5% eye drops</td>
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<td>QL(2.5 per 25 days)</td>
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<tr>
<td>GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT</td>
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<td>PA, QL(1 per 30 days)</td>
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<td>GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT</td>
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<td>PA, QL(1 per 30 days)</td>
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<tr>
<td>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</td>
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<tr>
<td>gavilyte-q 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</td>
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<tr>
<td>gavilyte-n 420 gram oral solution</td>
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<td>GDRIVE KIT</td>
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<tr>
<td>GE100 BLOOD GLUCOSE SYSTEM KIT</td>
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<tr>
<td>GE100 BLOOD GLUCOSE TEST STRIP</td>
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<td>GE100 CONTROL SOLUTION NORMAL</td>
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<tr>
<td>GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET</td>
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<td>ST, QL(30 per 30 days)</td>
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</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>GELNIQUE 10% GEL PUMP</td>
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<td>gemfibrozil 600 mg tablet</td>
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<td>GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET</td>
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<tr>
<td>generlac 10 gram/15 ml oral solution</td>
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<td>gengraf 100 mg/ml oral solution</td>
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<td>gengraf 25 mg capsule</td>
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<tr>
<td>GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE</td>
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<td>PA,QL(28 per 30 days)</td>
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<tr>
<td>GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(28 per 30 days)</td>
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<td>GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(28 per 30 days)</td>
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<td>GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(28 per 30 days)</td>
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<td>GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE</td>
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<td>GENSTRIP TEST STRIP</td>
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<tr>
<td>gentak 0.3 % (3 mg/gram) eye ointment</td>
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<td>gentamicin 0.1% cream</td>
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<tr>
<td>gentamicin 0.1% ointment</td>
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<td>gentamicin 3 mg/ml eye drop</td>
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<td>GENULTIMATE TEST STRIP</td>
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<tr>
<td>GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET</td>
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<tr>
<td>GEODON 20 MG CAPSULE</td>
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<td>GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION</td>
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<td>GEODON 40 MG CAPSULE</td>
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<td>GEODON 60 MG CAPSULE</td>
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<td>GEODON 80 MG CAPSULE</td>
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<td>GILOTRIF 40 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>glatiramer 40 mg/ml syringe</td>
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<td>glatopa 20 mg/ml subcutaneous syringe</td>
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<td>glatopa 40 mg/ml subcutaneous syringe</td>
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<td>GLEEVEC 100 MG TABLET</td>
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<td>glipizide er 10 mg tablet</td>
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<td>glipizide xl 5 mg tablet</td>
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<td>GLOPERBA 0.6 MG/5 ML ORAL SOLUTION</td>
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<td>GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION</td>
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<td>GLUCAGEN HYPOKIT 1 MG INJECTION</td>
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<td>GLUCOCARD VITAL TEST STRIPS</td>
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<td>GLUCOCOM CONTROL NORMAL SOLUTION</td>
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<tr>
<td>GLUCOCOM GLUCOSE STRIPS</td>
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<td>GLUCOCOM LANCETS 28 GAUGE</td>
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<tr>
<td>GLUCOPHAGE 500 MG TABLET</td>
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<td>GLUCOPHAGE 850 MG TABLET</td>
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<tr>
<td>GLUCOPHAGE XR 500 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>GLUCOPHAGE XR 750 MG TABLET, EXTENDED RELEASE</td>
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<th>DRUG NAME</th>
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<td>GLUCOSE KETONE CONTROL SOLN SOLUTION</td>
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<td>GLUCOTROL XL 2.5 MG TABLET, EXTENDED RELEASE</td>
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<td>Gliburide micro 6 mg tablet</td>
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<td>Glycopyrrolate 2 mg tablet</td>
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<td>Glyco 2 % mucosal jelly in applicator</td>
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<td>GLYSET 25 MG TABLET</td>
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<td>GLYSET 50 MG TABLET</td>
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<tr>
<td>GLYXAMBI 10 MG-5 MG TABLET</td>
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<td>GOCOVRI 68.5 MG CAPSULE, EXTENDED RELEASE</td>
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<td>GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET</td>
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<td>GOLYTELY 236 GRAM-22.74 GRAM-5.86 GRAM ORAL SOLUTION</td>
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<td>GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET</td>
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<td>GOODLIFE AC-302 GLUCOSE METER</td>
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<td>GOODLIFE AC-302 TEST STRIP</td>
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<tr>
<td>GRALISE 30-DAY STARTER PACK</td>
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<td>GRALISE 300 MG TABLET, EXTENDED RELEASE</td>
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<td>ST, QL (30 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
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<td>GRALISE 600 MG TABLET, EXTENDED RELEASE</td>
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<td>granisetron hcl 1 mg tablet</td>
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<td>GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION</td>
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<td>GUARDIAN LINK 3 TRANSMITTER DEVICE</td>
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<td>GUARDIAN REAL-TIME Glucose MONITOR</td>
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<td>GUARDIAN SENSOR 3 DEVICE</td>
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<td>GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<tr>
<td>GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE</td>
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<td>GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE</td>
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<td>gynazole-1 2 % vaginal cream</td>
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<td>HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION</td>
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<td>hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</td>
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<td>halcinonide 0.1% cream</td>
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<td>HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION</td>
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<td>halobetasol prop 0.05% cream</td>
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<td>halobetasol prop 0.05% foam</td>
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<td>haloperidol 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>haloperidol dec 100 mg/ml amp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>haloperidol decan 50 mg/ml amp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(9 per 30 days)</td>
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<td>haloperidol lac 2 mg/ml conc&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>HARMONY GLUCOSE TEST STRIP&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE</td>
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<td>heather 0.35 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>helidac 250 mg-500 mg-262.4 mg oral pack&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(224 per 30 days)</td>
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<tr>
<td>HEMADY 20 MG TABLET        &lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(24 per 28 days)</td>
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<tr>
<td>HEMANGEOLE 4.28 MG/ML ORAL SOLUTION&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<tr>
<td>hematinic plus vit/minerals 106 mg iron-1 mg tablet</td>
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<tr>
<td>hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet</td>
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<tr>
<td>HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE</td>
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<tr>
<td>hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule</td>
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<tr>
<td>hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule</td>
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<td>hemenatal ob + dha combo pack&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>hemetab 22 mg-6 mg-1 mg-25 mcg tablet</td>
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<tr>
<td>HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET</td>
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<tr>
<td>HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE</td>
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<tr>
<td>heparin 2,000 unit/2 ml vial</td>
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<tr>
<td>heparin 5,000 unit/ml carpujct</td>
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</tr>
<tr>
<td>heparin sod 1,000 unit/ml vial</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>heparin sod 10,000 unit/ml vl</td>
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<tr>
<td>heparin sod 20,000 unit/ml vl</td>
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<tr>
<td>heparin sod 5,000 unit/0.5 ml</td>
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<tr>
<td>heparin sod 5,000 unit/0.5 ml</td>
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<tr>
<td>heparin sod 5,000 unit/ml syrg</td>
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<tr>
<td>heparin sod 5,000 unit/ml syrg</td>
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<tr>
<td>heparin sod 5,000 unit/ml vial</td>
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<td>HEPATAMINE 8% INTRAVENOUS SOLUTION</td>
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<td>HEPERSA 10 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>HETLIOZ 20 MG CAPSULE</td>
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<td>QL(273 per 30 days)</td>
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<td>HEXALEN 50 MG CAPSULE</td>
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<td>hidex 1.5 mg (21 tabs) tablets in a dose pack</td>
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<td>HIPREX 1 GRAM TABLET</td>
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<tr>
<td>HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SYRINGE</td>
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<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SYRINGE</td>
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<td>PA</td>
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<tr>
<td>HORIZANT ER 300 MG TABLET,EXTENDED RELEASE</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>HORIZANT ER 600 MG TABLET,EXTENDED RELEASE</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>HUMALOG JUNIOR KWIPKEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN</td>
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<td>HUMALOG KWIPKEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS</td>
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<td>ST</td>
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<td>HUMALOG KWIPKEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS</td>
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<td>HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION</td>
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<td>HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION</td>
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<tr>
<td>HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE</td>
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<td>ST,QL(240 per 30 days)</td>
</tr>
<tr>
<td>HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
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<td>ST,QL(240 per 30 days)</td>
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<tr>
<td>HUMAPEN LUXURA HDMM</td>
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<tr>
<td>HUMATROPE 12 MG (36 UNIT) INJECTION CARTRIDGE</td>
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<td>PA,QL(4 per 30 days)</td>
</tr>
<tr>
<td>HUMATROPE 24 MG (72 UNIT) INJECTION CARTRIDGE</td>
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<td>PA,QL(4 per 30 days)</td>
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<tr>
<td>HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION</td>
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<td>PA,QL(12 per 30 days)</td>
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<tr>
<td>HUMATROPE 6 MG (18 UNIT) INJECTION CARTRIDGE</td>
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<tr>
<td>HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT</td>
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<td>PA,QL(2 per 28 days)</td>
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<tr>
<td>HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT</td>
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<td>PA,QL(6 per 28 days)</td>
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<tr>
<td>HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEDI CROHN 40 MG/0.8 ML</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT</td>
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<td>PA,QL(2 per 28 days)</td>
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<tr>
<td>HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML SUBCUT SYR KIT</td>
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<td>PA,QL(6 per 28 days)</td>
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<tr>
<td>HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT</td>
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<td>PA,QL(6 per 28 days)</td>
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<tr>
<td>HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT</td>
<td>*</td>
<td>PA,QL(6 per 28 days)</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL (6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KIT&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL (6 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-60 MG/0.4 ML(2) SUBCUT KIT&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL (6 per 28 days)</td>
</tr>
<tr>
<td>HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
</tr>
<tr>
<td>HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML (3 ML) SUBCUTANEOUS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<td>HYCINOTHIAZIDE 12.5 mg cp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>hydrochlorothiazide 12.5 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>hydrochlorothiazide 25 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>hydrochlorothiazide 50 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>hydrocod-cpm-pseudoep 5-4-60/5</td>
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<tr>
<td>hydrocodone er 10 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (90 per 30 days)</td>
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<tr>
<td>hydrocodone er 15 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (90 per 30 days)</td>
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<tr>
<td>hydrocodone er 20 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (90 per 30 days)</td>
</tr>
<tr>
<td>hydrocodone er 30 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (90 per 30 days)</td>
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<td>hydrocodone er 40 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (90 per 30 days)</td>
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<tr>
<td>hydrocodone er 50 mg capsule&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>ST, QL (120 per 30 days)</td>
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<tr>
<td>hydrocodone-acetamin 10-300 mg&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL (180 per 30 days)</td>
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<tr>
<td>hydrocodone-acetamin 10-325 mg&lt;sup&gt;DL&lt;/sup&gt;</td>
<td>3</td>
<td>QL (360 per 30 days)</td>
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<td>hydrocodone-acetamin 10-325/15&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL (700 per 30 days)</td>
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<td>hydrocodone-acetamin 2.5-325&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL (360 per 30 days)</td>
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<tr>
<td>hydrocodone-acetamin 5-300 mg&lt;sup&gt;DL&lt;/sup&gt;</td>
<td>3</td>
<td>QL (240 per 30 days)</td>
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<tr>
<td>hydrocodone-acetamin 5-325 mg&lt;sup&gt;DL&lt;/sup&gt;</td>
<td>3</td>
<td>QL (360 per 30 days)</td>
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<tr>
<td>hydrocodone-acetamin 7.5-300&lt;sup&gt;DL&lt;/sup&gt;</td>
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<tr>
<td>hydrocodone-acetamin 7.5-325&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>hydrocodone-acetamin 7.5-325/15&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>hydrocodone-chlorph en er susp</td>
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<td>hydrocodone-guaif 2.5-200 mg/5</td>
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<td>hydrocodone-ibuprofen 10-200&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>QL (150 per 30 days)</td>
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<td>hydrocort-pramoxine 1%-1% crm</td>
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<td>hydrocortison-acetic acid soln</td>
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<td>hydrocortisone 1% cream</td>
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<td>hydromet 5 mg-1.5 mg/5 ml oral syrup</td>
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<td>hydromorphone 4 mg tablet</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>hydromorphone 8 mg tablet</td>
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<td>QL(240 per 30 days)</td>
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<td>hydromorphone hcl er 8 mg tab</td>
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<td>ST,QL(240 per 30 days)</td>
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<td>hydroxyzine 10 mg/5 ml soln</td>
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<td>hydroxyzine hcl 25 mg tablet</td>
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<td>hydroxyzine hcl 50 mg tablet</td>
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<td>hydroxyzine pam 50 mg cap</td>
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<tr>
<td>hyoscyamine 0.125 mg od</td>
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<td>hyoscyamine 0.125 mg tab s</td>
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<tr>
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<td>hyoscyamine 0.125 mg/ml elix</td>
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<td>HYPER-SAL 3.5 % SOLUTION FOR NEBULIZATION</td>
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<td>HYPER-SAL 7 % SOLUTION FOR NEBULIZATION</td>
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<td>HYPOLANCE AST LANCING KIT</td>
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<tr>
<td>HYQVIA 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HYQVIA 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HYQVIA 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>HYQVIA 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION</td>
<td>*</td>
<td>PA</td>
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</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
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</tr>
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<tbody>
<tr>
<td>HYQVIA 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>HYQVIA HY COMPONENT 1,600 UNIT/10 ML SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>HYQVIA HY COMPONENT 2,400 UNIT/15 ML SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>HYQVIA HY COMPONENT 200 UNIT/1.25 ML SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>HYQVIA HY COMPONENT 400 UNIT/2.5 ML SUBCUTANEOUS SOLUTION</td>
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</tr>
<tr>
<td>HYQVIA HY COMPONENT 800 UNIT/5 ML SUBCUTANEOUS SOLUTION</td>
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</tr>
<tr>
<td>HYQVIA IG COMPONENT 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>HYQVIA IG COMPONENT 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
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<tr>
<td>HYQVIA IG COMPONENT 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>HYQVIA IG COMPONENT 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>HYQVIA IG COMPONENT 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>HYQVIA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE</td>
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<td>HYQVIA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE</td>
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<tr>
<td>HYQVIA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE</td>
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<tr>
<td>HYQVIA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE</td>
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<td>HYQVIA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE</td>
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<tr>
<td>HYZAAR 100 MG-12.5 MG TABLET</td>
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<tr>
<td>HYZAAR 100 MG-25 MG TABLET</td>
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<td>ST, QL (60 per 30 days)</td>
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<td>HYZAAR 50 MG-12.5 MG TABLET</td>
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<td>ibandronate sodium 150 mg tab</td>
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<tr>
<td>IBRANCE 100 MG CAPSULE</td>
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<td>PA, QL (21 per 28 days)</td>
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<tr>
<td>IBRANCE 100 MG TABLET</td>
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<td>PA, QL (21 per 28 days)</td>
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<tr>
<td>IBRANCE 125 MG CAPSULE</td>
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<td>IBRANCE 75 MG CAPSULE</td>
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<tr>
<td>ibuprofen 400 mg tablet</td>
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<td>ibuprofen 600 mg tablet</td>
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<td>ibuprofen 800 mg tablet</td>
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<td>ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET</td>
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<tr>
<td>lcatibant 30 mg/3 ml syringe</td>
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<tr>
<td>ICLUSIG 15 MG TABLET</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>ICLUSIG 45 MG TABLET</td>
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<tr>
<td>IDHIFA 100 MG TABLET</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>IDHIFA 50 MG TABLET</td>
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<td>PA, QL (30 per 30 days)</td>
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<td>iferenx 150 forte 150 mg-25 mcg-1 mg capsule</td>
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<td>ST</td>
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<tr>
<td>IGLUCOSE TEST STRIP</td>
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<td>ST, QL (150 per 30 days)</td>
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<td>ILEVRO 0.3 % EYE DROPS,SUSPENSION</td>
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<td>imatinib mesylate 100 mg tab</td>
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<tr>
<td>imatinib mesylate 400 mg tab</td>
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</table>

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<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>IMBRUVICA 140 MG CAPSULE</td>
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<td>IMBRUVICA 140 MG TABLET</td>
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<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>IMBRUVICA 280 MG TABLET</td>
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<tr>
<td>IMBRUVICA 420 MG TABLET</td>
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<td>IMBRUVICA 560 MG TABLET</td>
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<tr>
<td>IMBRUVICA 70 MG CAPSULE</td>
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<td>Imipramine hcl 50 mg tablet</td>
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<td>ST,QL(9 per 30 days)</td>
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<td>Imipramine pamoate 100 mg cap</td>
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<tr>
<td>Imipramine pamoate 125 mg cap</td>
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<td>Imipramine pamoate 150 mg cap</td>
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<td>Imipramine pamoate 75 mg cap</td>
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<td>Imiquimod 3.75% cream pump</td>
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<td>Imiquimod 5% cream packet</td>
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<td>IMITREX 100 MG TABLET</td>
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<tr>
<td>IMITREX 20 MG ACTUATION NASAL SPRAY</td>
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<td>IMITREX 25 MG TABLET</td>
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<td>IMITREX 5 MG ACTUATION NASAL SPRAY</td>
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<td>IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION</td>
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<td>IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>QL(6 per 30 days)</td>
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<tr>
<td>IMITREX STATDOSE REFILL 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE</td>
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<td>QL(6 per 30 days)</td>
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<tr>
<td>IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE</td>
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<td>IMPAVIDO 50 MG CAPSULE</td>
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<td>IMPOYZ 0.025% TOPICAL CREAM</td>
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<tr>
<td>INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE</td>
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<td>PA,QL(300 per 30 days)</td>
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<td>INBRIJA 42 MG CAPSULES FOR INHALATION</td>
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<td>INCONTROL PEN NEEDLE 29 GAUGE X 1/2&quot;</td>
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<td>INCONTROL PEN NEEDLE 31 GAUGE X 1/4&quot;</td>
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<td>INCONTROL PEN NEEDLE 31 GAUGE X 3/16&quot;</td>
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<td>INCONTROL PEN NEEDLE 31 GAUGE X 5/16&quot;</td>
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<td>INCONTROL PEN NEEDLE 32 GAUGE X 5/32&quot;</td>
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<td>INCONTROL SUPER THIN LANCETS 30 GAUGE</td>
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<td>INCONTROL ULTRA THIN LANCETS 28 GAUGE</td>
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<td>INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION</td>
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<td>INCRUSE ELLIPTA 62.5 MCg/ACTUATION POWDER FOR INHALATION</td>
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<td>Indapamide 1.25 mg tablet</td>
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<td>INDERAL LA 120 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INDERAL LA 160 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INDERAL LA 80 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INDERAL XL 120 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INDERAL XL 80 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INDOCIN 25 MG/5 ML ORAL SUSPENSION</td>
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<tr>
<td>indomethacin 50 mg capsule</td>
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<td>indomethacin er 75 mg capsule</td>
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<td>INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION</td>
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<td>INGREZZA 80 MG CAPSULE</td>
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<td>INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK</td>
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<td>INJECT EASE LANCETS 30 GAUGE</td>
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<td>INLYTA 1 MG TABLET</td>
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<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>INLYTA 5 MG TABLET</td>
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<td>INNOPERAN XL 120 MG CAPSULE, EXTENDED RELEASE</td>
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<td>INNOPERAN XL 80 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>INQOVI 35 MG-100 MG TABLET</td>
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<td>PA,QL(5 per 28 days)</td>
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<tr>
<td>INREBIC 100 MG CAPSULE</td>
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<td>INSPIRACHAMBER WITH MASK-LARGE</td>
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<td>INSPIRACHAMBER WITH MASK-MED</td>
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<td>INSULIN ASPART 100 UNIT/ML PEN</td>
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<td>INSULIN SYRING 0.5 ML 27GX1/2</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>INTEGRA PLUS 125 MG IRON-1 MG CAPSULE</td>
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<td>INTELENCE 100 MG TABLET</td>
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<tr>
<td>INTELENCE 200 MG TABLET</td>
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<td>QL(60 per 30 days)</td>
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<td>INTELENCE 25 MG TABLET</td>
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<td>INTERMEZZO 3.5 MG SUBLINGUAL TABLET</td>
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<td>PA,QL(12 per 30 days)</td>
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<td>INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION</td>
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<td>INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION</td>
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<td>INTUNIV ER 1 MG TABLET,EXTENDED RELEASE</td>
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<td>INTUNIV ER 2 MG TABLET,EXTENDED RELEASE</td>
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<td>INTUNIV ER 4 MG TABLET,EXTENDED RELEASE</td>
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<td>INVACARE LANCETS 30 GAUGE</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>INVEGA 6 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>INVEGA 9 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE</td>
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</table>

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<tr>
<th>DRUG NAME</th>
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<td>INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE</td>
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<td>INVIRASE 200 MG CAPSULE</td>
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<td>INVIRASE 500 MG TABLET</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>IOPIDINE 0.5% EYE DROPS</td>
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<td>IOPIDINE 1 % EYE DROPS IN A DROPPERETTE</td>
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<td>iprat-albut 0.5-3(2.5) mg/3 ml</td>
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<tr>
<td>ipratropium 0.03% spray</td>
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<td>ipratropium 0.06% spray</td>
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<tr>
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<td>JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE</td>
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<td>jantoven 2.5 mg tablet</td>
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<td>JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<tr>
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<tr>
<td>JANUVIA 100 MG TABLET</td>
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</tr>
<tr>
<td>JANUVIA 25 MG TABLET</td>
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<tr>
<td>JANUVIA 50 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>JARDIANCE 10 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>JARDIANCE 25 MG TABLET**</td>
<td>2</td>
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<tr>
<td>jasmiel (28) 3 mg-0.02 mg tablet**</td>
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<tr>
<td>JATENZO 158 MG CAPSULE**</td>
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<td>JATENZO 198 MG CAPSULE**</td>
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<tr>
<td>JATENZO 237 MG CAPSULE**</td>
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<td>JAZZ WIRELESS 2 METER KIT**</td>
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<td>jencycla 0.35 mg tablet**</td>
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<tr>
<td>JENTADUETO 2.5 MG-1,000 MG TABLET**</td>
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<td>JENTADUETO 2.5 MG-500 MG TABLET**</td>
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<td>JENTADUETO 2.5 MG-850 MG TABLET**</td>
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<td>JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE**</td>
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<tr>
<td>jevantique lo 0.5 mg-2.5 mcg**</td>
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<tr>
<td>jinestra 1 mg-5 mcg tablet**</td>
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<tr>
<td>JUXTAPID 100 MG CAPSULE, DELAYED RELEASE, EXTENDED RELEASE SPRINKLE**</td>
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<tr>
<td>JUXTAPID 200 MG CAPSULE, DELAYED RELEASE, EXTENDED RELEASE SPRINKLE**</td>
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<tr>
<td>JUXTAPID 400 MG CAPSULE, DELAYED RELEASE, EXTENDED RELEASE SPRINKLE**</td>
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<tr>
<td>JUXTAPID 600 MG CAPSULE, DELAYED RELEASE, EXTENDED RELEASE SPRINKLE**</td>
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<tr>
<td>JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS**</td>
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<tr>
<td>JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS**</td>
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<tr>
<td>JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS**</td>
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<td>JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS**</td>
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<td>k effervescent 25 meq tablet**</td>
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<tr>
<td>K-PHOS NO 2 305 MG-700 MG TABLET</td>
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<td>K-PHOS ORIGINAL 500 MG SOLUBLE TABLET</td>
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<td>K-TAB 10 MEQ TABLET, EXTENDED RELEASE**</td>
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<td>K-TAB 20 MEQ TABLET, EXTENDED RELEASE**</td>
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<tr>
<td>K-TAB 8 MEQ TABLET, EXTENDED RELEASE**</td>
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<td>KADIAN 10 MG CAPSULE, EXTENDED RELEASE**</td>
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<td>KADIAN 100 MG CAPSULE, EXTENDED RELEASE**</td>
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<thead>
<tr>
<th>DRUG NAME</th>
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<tbody>
<tr>
<td>KADIAN 20 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>KADIAN 200 MG CAPSULE, EXTENDED RELEASE</td>
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<td>KADIAN 30 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>KADIAN 40 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>KADIAN 50 MG CAPSULE, EXTENDED RELEASE</td>
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<td>KADIAN 60 MG CAPSULE, EXTENDED RELEASE</td>
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<td>KADIAN 80 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>Kaitilfe 0.8 mg-25 mcg (24)/75 mg (4)</td>
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<td>QL (300 per 30 days)</td>
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<tr>
<td>KALETRA 100 MG-25 MG TABLET</td>
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<td>QL (300 per 30 days)</td>
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<tr>
<td>KALETRA 200 MG-50 MG TABLET</td>
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<td>QL (150 per 30 days)</td>
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<tr>
<td>KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION</td>
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<td>Kalliga 0.15 mg-0.03 mg tablet</td>
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<td>KALYDECO 150 MG TABLET, EXTENDED RELEASE</td>
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<td>ST, QL (120 per 30 days)</td>
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<tr>
<td>KALYDECO 25 MG ORAL GRANULES IN PACKET</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>KALYDECO 50 MG ORAL GRANULES IN PACKET</td>
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<td>PA, QL (56 per 28 days)</td>
</tr>
<tr>
<td>KALYDECO 75 MG ORAL GRANULES IN PACKET</td>
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<tr>
<td>KAPSPARGO SPRINKLE 100 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST, QL (60 per 30 days)</td>
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<td>KAPVAY 0.1 MG TABLET, EXTENDED RELEASE</td>
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<td>ST, QL (120 per 30 days)</td>
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<tr>
<td>KARBINAL ER 4 MG/5 ML ORAL SUSPENSION, EXTENDED RELEASE</td>
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<tr>
<td>kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5)</td>
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<tr>
<td>KATERZIA 1 MG/ML ORAL SUSPENSION</td>
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<td>QL (300 per 30 days)</td>
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<tr>
<td>KAZANO 12.5 MG-1,000 MG TABLET</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>KAZANO 12.5 MG-500 MG TABLET</td>
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<tr>
<td>KEFLEX 250 MG CAPSULE</td>
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<td>KEFLEX 500 MG CAPSULE</td>
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<td>KELNOR 1-50 1 mg-50 mcg tablet</td>
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<td>KELNOR 1/35 (28) 1 mg-35 mcg tablet</td>
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<td>KENALOG 0.147 MG/GRAM TOPICAL AEROSOL</td>
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<td>KEPPRA 1,000 MG TABLET</td>
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<tr>
<td>KEPPRA 100 MG/ML ORAL SOLUTION</td>
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<tr>
<td>KEPPRA 250 MG TABLET</td>
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<td>ST</td>
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<tr>
<td>KEPPRA 500 MG TABLET</td>
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<td>ST</td>
</tr>
<tr>
<td>KEPPRA 750 MG TABLET</td>
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<td>ST</td>
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<tr>
<td>KEPPRA XR 500 MG TABLET, EXTENDED RELEASE</td>
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<td>ST</td>
</tr>
<tr>
<td>KEPPRA XR 750 MG TABLET, EXTENDED RELEASE</td>
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<td>ST</td>
</tr>
<tr>
<td>KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA, QL (6 per 365 days)</td>
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<tr>
<td>ketoconazole 2% cream</td>
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<td>ketoconazole 2% foam</td>
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<tr>
<td>ketoconazole 2% shampoo</td>
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<tr>
<td>ketoconazole 200 mg tablet</td>
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<tr>
<td>ketodan 2% topical foam</td>
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<tr>
<td>ketoprofen 25 mg capsule</td>
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<td>ketoprofen 50 mg capsule</td>
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<tr>
<td>ketoprofen 75 mg capsule</td>
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<tr>
<td>ketoprofen er 200 mg capsule</td>
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<tr>
<td>ketorolac 0.4% ophth solution</td>
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<tbody>
<tr>
<td>ketorolac 0.5% ophth solution</td>
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<td>QL(20 per 30 days)</td>
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<td>ketorolac 10 mg tablet</td>
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<td>PA,QL(5 per 30 days)</td>
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<tr>
<td>ketorolac 15.75 mg nasal spray</td>
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<td>PA,QL(2.28 per 28 days)</td>
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<tr>
<td>KEVEYS 50 MG TABLET</td>
<td>4</td>
<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA,QL(2.28 per 28 days)</td>
</tr>
<tr>
<td>KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(2.28 per 28 days)</td>
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<tr>
<td>KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA,QL(2.28 per 28 days)</td>
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<tr>
<td>KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>KHEDEZLA ER 100 MG TABLET</td>
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<td>KHEDEZLA ER 50 MG TABLET</td>
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<td>KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE</td>
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<td>KISQALI 200 MG/DAY (200 MG X 1) TABLET</td>
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<td>PA,QL(21 per 28 days)</td>
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<tr>
<td>KISQALI 400 MG/DAY (200 MG X 2) TABLET</td>
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<td>KISQALI 600 MG/DAY (200 MG X 3) TABLET</td>
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<tr>
<td>KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)</td>
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<tr>
<td>KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)</td>
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<td>PA,QL(70 per 28 days)</td>
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<tr>
<td>KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)</td>
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<tr>
<td>KITABIS PAK 300 MG/5ML SOLUTION FOR NEBULIZATION</td>
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<td>PA,QL(280 per 28 days)</td>
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<tr>
<td>KLARON 10 % LOTION (SUSPENSION)</td>
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<td>KRONOPIN 0.5 MG TABLET</td>
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<td>KRONOPIN 1 MG TABLET</td>
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<tr>
<td>KRONOPIN 2 MG TABLET</td>
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<td>KOR-CON 10 MEQ TABLET, EXTENDED RELEASE</td>
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<td>klor-con 20 meq oral packet</td>
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<td>KOR-CON 8 MEQ TABLET, EXTENDED RELEASE</td>
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<td>klor-con/ef 25 meq effervescent tablet</td>
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<td>KMART VALU PLUS SYR 1/2 ML</td>
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<tr>
<td>KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(60 per 30 days)</td>
</tr>
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<td>KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>KORLYM 300 MG TABLET</td>
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<tr>
<td>KOSELUGO 10 MG CAPSULE</td>
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<td>PA,QL(240 per 30 days)</td>
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<tr>
<td>KOSELUGO 25 MG CAPSULE</td>
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<tr>
<td>KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET</td>
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<tr>
<td>KRINTAFEL 150 MG TABLET</td>
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<td>QL(4 per 180 days)</td>
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<td>KRISTALOSE 10 GRAM ORAL PACKET</td>
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<tr>
<td>KRISTALOSE 20 GRAM ORAL PACKET</td>
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<td>KRO PEN NEEDLE 4MM X 33G</td>
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<td>kuvvelo (28) 0.15 mg-0.03 mg tablet</td>
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<tr>
<td>KUVAN 100 MG ORAL POWDER PACKET</td>
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<td>PA</td>
</tr>
<tr>
<td>KUVAN 100 MG SOLUBLE TABLET</td>
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<td>PA</td>
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<tr>
<td>KUVAN 500 MG ORAL POWDER PACKET</td>
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<td>PA</td>
</tr>
<tr>
<td>KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRATERINE DEVICE</td>
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<tr>
<td>KHYMBO 10 MG SUBLINGUAL FILM</td>
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<td>PA,QL(150 per 30 days)</td>
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<tbody>
<tr>
<td>KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM</td>
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<tr>
<td>KYNMOBI 15 MG SUBLINGUAL FILM</td>
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<td>PA, QL (150 per 30 days)</td>
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<td>KYNMOBI 20 MG SUBLINGUAL FILM</td>
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<td>KYNMOBI 25 MG SUBLINGUAL FILM</td>
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<td>KYNMOBI 30 MG SUBLINGUAL FILM</td>
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<tr>
<td>l-cysteine 50 mg/ml vial</td>
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<td>l-methylfolate 15 mg tablet</td>
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<td>l-methylfolate 7.5 mg tablet</td>
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<td>l-methylfolate calcium 15 mg</td>
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<td>l-methylfolate calcium 7.5 mg</td>
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<td>labetalol hcl 100 mg tablet</td>
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<td>labetalol hcl 200 mg tablet</td>
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<td>labetalol hcl 300 mg tablet</td>
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<tr>
<td>lactulose 10 gm packet</td>
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<tr>
<td>lactulose 10 gm/15 ml solution</td>
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<tr>
<td>lactulose 10 gm/15 ml solution</td>
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<td>lactulose 20 gm/30 ml solution</td>
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<tr>
<td>LAMICTAL 100 MG TABLET</td>
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<tr>
<td>LAMICTAL 150 MG TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL 200 MG TABLET</td>
<td><strong>MM</strong></td>
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</tr>
<tr>
<td>LAMICTAL 25 MG CHEWABLE DISPERABLE TABLET</td>
<td><strong>MM</strong></td>
<td>4 QL (120 per 30 days)</td>
</tr>
<tr>
<td>LAMICTAL 25 MG TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL 5 MG CHEWABLE DISPERABLE TABLET</td>
<td><strong>MM</strong></td>
<td>4 QL (150 per 30 days)</td>
</tr>
<tr>
<td>LAMICTAL ODT 100 MG DISINTEGRATING TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL ODT 200 MG DISINTEGRATING TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
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<tr>
<td>LAMICTAL ODT 25 MG DISINTEGRATING TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL ODT 50 MG DISINTEGRATING TABLET</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET, DISINTEGRATING</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET, DISINTEGRATING</td>
<td><strong>MM</strong></td>
<td>4 ST</td>
</tr>
<tr>
<td>LAMICTAL ODT STARTER (ORANGE) 25 MG (14)-50 MG (14)-100 MG (7) TAB, DISINT</td>
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<tr>
<td>LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK</td>
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<tr>
<td>LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK</td>
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</tr>
<tr>
<td>LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK</td>
<td><strong>MM</strong></td>
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</tr>
<tr>
<td>LAMICTAL XR 100 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>LAMICTAL XR 200 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>LAMICTAL XR 25 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>LAMICTAL XR 250 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>LAMICTAL XR 300 MG TABLET, EXTENDED RELEASE</td>
<td><strong>MM</strong></td>
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<tr>
<td>LAMICTAL XR 50 MG TABLET, EXTENDED RELEASE</td>
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</tr>
<tr>
<td>LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET, EXTEND RELEASE</td>
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<tr>
<td>LAMICTAL XR STARTER (GREEN) 50 MG (14)-100 MG (14)-200 MG (7) TAB, EXT. REL</td>
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<td>LAMICTAL XR STARTER (ORANGE) 25 MG (14)-50 MG (14)-100 MG (7) TAB, EXT. REL</td>
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<tr>
<td>lamivudine 10 mg/ml oral soln</td>
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<td>3 QL (960 per 30 days)</td>
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<tr>
<td>lamivudine 150 mg tablet</td>
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<td>2 QL (60 per 30 days)</td>
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<tr>
<td>lamivudine 300 mg tablet</td>
<td><strong>MM</strong></td>
<td>2 QL (30 per 30 days)</td>
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<tr>
<td>lamivudine hbv 100 mg tablet</td>
<td><strong>MM</strong></td>
<td>3 QL (90 per 30 days)</td>
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<tr>
<td>lamivudine-zidovudine tablet</td>
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<td>lamotrigine 100 mg tablet</td>
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<tr>
<td>lamotrigine 150 mg tablet</td>
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</tr>
<tr>
<td>lamotrigine 200 mg tablet</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>lamotrigine 25 mg disper tab**</td>
<td>2</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>lamotrigine 25 mg tablet**</td>
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<tr>
<td>lamotrigine 5 mg disper tablet**</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>lamotrigine er 100 mg tablet**</td>
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<td>ST</td>
</tr>
<tr>
<td>lamotrigine er 200 mg tablet**</td>
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<td>ST</td>
</tr>
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<td>lamotrigine er 25 mg tablet**</td>
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<td>ST</td>
</tr>
<tr>
<td>lamotrigine er 250 mg tablet**</td>
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<td>ST</td>
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<tr>
<td>lamotrigine er 300 mg tablet**</td>
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<tr>
<td>lamotrigine er 50 mg tablet**</td>
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<tr>
<td>lamotrigine odt 100 mg tablet**</td>
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<td>ST</td>
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<tr>
<td>lamotrigine odt 200 mg tablet**</td>
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<tr>
<td>lamotrigine odt 25 mg tablet**</td>
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<tr>
<td>lamotrigine odt 50 mg tablet**</td>
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<td>ST</td>
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<tr>
<td>lamotrigine odt kit (green)</td>
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<tr>
<td>lamotrigine odt kit (orange)</td>
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<tr>
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<tr>
<td>lamotrigine tab start kt-orang</td>
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<td>LANCETS, SUPER THIN**</td>
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<tr>
<td>LANCETS,THIN**</td>
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<tr>
<td>LANCETS,THIN 23 GAUGE**</td>
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<td>LANCETS,THIN 28 GAUGE**</td>
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<tr>
<td>LANCETS,ULTRA THIN**</td>
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<tr>
<td>LANCETS,ULTRA THIN 26 GAUGE**</td>
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<td>LANCING DEVICE</td>
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<td>LANCING DEVICE WITH LANCETS</td>
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<td>LANCING SYSTEM</td>
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<tr>
<td>LANOXIN 125 MCG (0.125 MG) TABLET**</td>
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<td>QL(30 per 30 days)</td>
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<td>LANOXIN 187.5 MCG TABLET**</td>
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<td>QL(30 per 30 days)</td>
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<td>LANOXIN 250 MCG (0.25 MG) TABLET**</td>
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<td>QL(30 per 30 days)</td>
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<td>LANOXIN 62.5 MCG (0.0625 MG) TABLET**</td>
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<td>QL(30 per 30 days)</td>
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<td>lansoprazol-amoxicil-clarithro</td>
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<td>lansoprazole dr 15 mg capsule**</td>
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<tr>
<td>lansoprazole dr 30 mg capsule**</td>
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<tr>
<td>lansoprazole odt 15 mg tablet**</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>lansoprazole odt 30 mg tablet**</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>lanthanum carb 1,000 mg tb chw**</td>
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</tr>
<tr>
<td>lanthanum carb 500 mg tab chew**</td>
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<tr>
<td>lanthanum carb 750 mg tab chew**</td>
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<td>LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN**</td>
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<td>LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION**</td>
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<td>LANZO LANCING DEVICE KIT**</td>
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<td>larin 1.5/30 (21) 1.5 mg-30 mcg tablet**</td>
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<td>larin 1/20 (21) 1 mg-20 mcg tablet**</td>
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<td>larin 24 fe 1 mg-20 mcg (24)/75 mg (6) tablet**</td>
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<tr>
<td>larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet**</td>
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<tr>
<td>larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet**</td>
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<td>larissia 0.1 mg-20 mcg tablet**</td>
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<tr>
<td>LASIX 20 MG TABLET**</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>LASIX 40 MG TABLET</td>
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<tr>
<td>LASIX 80 MG TABLET</td>
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<tr>
<td>LASTACAFT 0.25 % EYE DROPS</td>
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<td>latanoprost 0.005% eye drops</td>
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<tr>
<td>LATUDA 120 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>LATUDA 20 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>LATUDA 40 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>LATUDA 60 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET</td>
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<td>LAZANDA 100 MCG/Spray Nasal Spray</td>
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<tr>
<td>LAZANDA 300 MCG/Spray Nasal Spray</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
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<td>LAZANDA 400 MCG/Spray Nasal Spray</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>ledipasvir-sofosbuvir 90-400mg</td>
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<tr>
<td>leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet</td>
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<tr>
<td>leflunomide 10 mg tablet</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>leflunomide 20 mg tablet</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>LENVIMA 10 MG/DAY (10 MG X 1) CAPSULE</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE</td>
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<tr>
<td>LENVIMA 14 MG/DAY (10 MG X 1-4 MG X 1) CAPSULE</td>
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<tr>
<td>LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE</td>
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<tr>
<td>LENVIMA 20 MG/DAY (10 MG X 2) CAPSULE</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>LENVIMA 4 MG CAPSULE</td>
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<tr>
<td>LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE</td>
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<td>LESCOL 20 MG CAPSULE</td>
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<td>ST,QL(60 per 30 days)</td>
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<td>LESCOL XL 80 MG TABLET, EXTENDED RELEASE</td>
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<td>LETAIRIS 10 MG TABLET</td>
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<td>LETAIRIS 5 MG TABLET</td>
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<td>leucovorin calcium 10 mg tab</td>
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<td>leucovorin calcium 15 mg tab</td>
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<td>leucovorin calcium 25 mg tab</td>
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<td>leucovorin calcium 5 mg tab</td>
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<tr>
<td>LEUKERAN 2 MG TABLET</td>
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<td>QL(480 per 30 days)</td>
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<td>LEUKINE 250 MCG SOLUTION FOR INJECTION</td>
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<td>leuprolide 2wk 14 mg/2.8 ml kt</td>
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<tr>
<td>leuprolide 2wk 14 mg/2.8 ml vl</td>
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<td>levonterol 0.31 mg/3 ml so</td>
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<tr>
<td>levonterol 0.63 mg/3 ml so</td>
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<tr>
<td>levonterol 1.25 mg/3 ml so</td>
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<td>levonterol conc 1.25 mg/0.5</td>
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<td>LEVAQUIN 500 MG TABLET</td>
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<td>LEVAQUIN 750 MG TABLET</td>
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<td>LEVBID 0.375 MG TABLET, EXTENDED RELEASE</td>
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<td>LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN</td>
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<tr>
<td>levetiracetam 500 mg tablet</td>
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<tr>
<td>levetiracetam 100 mg/ml soln</td>
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<td>levetiracetam er 750 mg tablet</td>
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<td>LEVOT 175 MCG TABLET</td>
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<td>LEVOT 75 MCG TABLET</td>
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<tr>
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<td>levonorg 0.15mg-ee 20-25-30mcg</td>
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<td>levonorgestrel 1.5 mg tablet</td>
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<td>levora-28 0.15 mg-0.03 mg tablet</td>
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<td>levothyroxine 112 mcg tablet</td>
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<tr>
<td>levothyroxine 125 mcg tablet</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>levothyroxine 75 mcg tablet</td>
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<tr>
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<td>LEVSIN 0.125 MG TABLET</td>
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<td>LEVSIN/SL 0.125 MG SUBLINGUAL TABLET</td>
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<td>LEVULAN 20 % TOPICAL SOLUTION</td>
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<tr>
<td>LEXAPRO 10 MG TABLET</td>
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<td>ST,QL(45 per 30 days)</td>
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<td>LEXAPRO 20 MG TABLET</td>
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<td>ST,QL(30 per 30 days)</td>
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<td>LEXAPRO 5 MG TABLET</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>LEXETTE 0.05 % TOPICAL FOAM</td>
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<td>PA</td>
</tr>
<tr>
<td>LEXIVA 50 MG/ML ORAL SUSPENSION</td>
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<td>QL(1575 per 28 days)</td>
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<td>LEXIVA 700 MG TABLET</td>
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<td>LIALDA 1.2 GRAM TABLET,DELAYED RELEASE</td>
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<td>LIBRA (WITH CLIDINIUM) 5 MG-2.5 MG CAPSULE</td>
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<td>LICART 1.3 % TRANSDERMAL 24 HOUR PATCH</td>
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<tr>
<td>lidocaine 5% ointment</td>
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<td>PA</td>
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<td>lidocaine 5% patch</td>
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<td>lidocaine hcl 2% jelly</td>
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<tr>
<td>lidocaine hcl 2% jelly uro-jet</td>
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<td>lidocaine hcl 4% solution</td>
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<tr>
<td>lidocaine hcl 4% solution</td>
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<td>lidocaine viscous 2 % mucosal solution</td>
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<td>lidocaine-prilocaine cream</td>
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<td>lidocaine-prilocaine cream</td>
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<td>LIDODERM 5 % TOPICAL PATCH</td>
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<td>LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE</td>
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<td>lillow (28) 0.15 mg-0.03 mg tablet</td>
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<td>lindane 1% shampoo</td>
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<tr>
<td>linezolid 100 mg/5 ml susp</td>
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<td>linezolid 600 mg tablet</td>
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<td>LINZESS 145 MCG CAPSULE</td>
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<td>LINZESS 290 MCG CAPSULE</td>
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<tr>
<td>LINZESS 72 MCG CAPSULE</td>
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<td>QL(30 per 30 days)</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
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<td>liothyronine sod 25 mcg tab</td>
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<td>liothyronine sod 50 mcg tab</td>
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<td>LIPITOR 10 MG TABLET</td>
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<td>LIPITOR 40 MG TABLET</td>
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<td>LIPITOR 80 MG TABLET</td>
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<td>LIPOFEN 150 MG CAPSULE</td>
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<td>LOCOID 0.1 % LOTION</td>
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<td>LOCOID 0.1% SOLUTION</td>
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<td>LOCOID LIPOCREAM 0.1 % TOPICAL</td>
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<td>LO LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET</td>
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<td>LOKELMA 10 GRAM ORAL POWDER PACKET</td>
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<td>LOKELMA 5 GRAM ORAL POWDER PACKET</td>
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<td>LOMOTIL 2.5 MG-0.025 MG TABLET</td>
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<td>LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION</td>
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<td>LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>LONSURF 15 MG-6.14 MG TABLET</td>
<td>*</td>
<td>PA,QL(100 per 30 days)</td>
</tr>
<tr>
<td>LONSURF 20 MG-8.19 MG TABLET</td>
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<td>PA,QL(80 per 30 days)</td>
</tr>
<tr>
<td>loperamide 2 mg capsule</td>
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</tr>
<tr>
<td>LOPID 600 MG TABLET</td>
<td>3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>lopinavir-ritonavir 80-20mg/ml</td>
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</tr>
<tr>
<td>lopreeza 0.5 mg-0.1 mg tablet</td>
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<tr>
<td>lopreeza 1 mg-0.5 mg tablet</td>
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<tr>
<td>LOPRESSOR 100 MG TABLET</td>
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<tr>
<td>LOPRESSOR 50 MG TABLET</td>
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</tr>
<tr>
<td>LOPRESSOR HCT 50 MG-25 MG TABLET</td>
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</tr>
<tr>
<td>LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM</td>
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</tr>
<tr>
<td>LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION</td>
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<tr>
<td>LOPROX 1 % SHAMPOO</td>
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<tr>
<td>lorazepam 0.5 mg tablet</td>
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<td>QL(90 per 30 days)</td>
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<tr>
<td>lorazepam 1 mg tablet</td>
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<td>QL(90 per 30 days)</td>
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<tr>
<td>lorazepam 2 mg tablet</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>lorazepam 2 mg/ml oral concent</td>
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<tr>
<td>lorazepam intensol 2 mg/ml oral concentrate</td>
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<tr>
<td>LORBRENA 100 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>LORBRENA 25 MG TABLET</td>
<td>*</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
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<tbody>
<tr>
<td>lorclofet (hydrocodone) 5 mg-325 mg tablet</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
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<tr>
<td>lorclofet hd 10 mg-325 mg tablet</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>lorclofet plus 7.5-325 mg tablet</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>lortab elixir 10 mg-300 mg/15 ml oral solution</td>
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<td>QL(6000 per 30 days)</td>
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<td>loryna (28) 3 mg-0.02 mg tablet</td>
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<tr>
<td>LORZONE 375 MG TABLET</td>
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<td>ST,QL(120 per 30 days)</td>
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<tr>
<td>LORZONE 750 MG TABLET</td>
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<td>losartan potassium 100 mg tab</td>
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<tr>
<td>losartan potassium 25 mg tab</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>losartan potassium 50 mg tab</td>
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<tr>
<td>losartan-hctz 100-12.5 mg tab</td>
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<tr>
<td>losartan-hctz 100-25 mg tab</td>
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<tr>
<td>losartan-hctz 50-12.5 mg tab</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS, 3 MONTH DOSE PACK</td>
<td>3</td>
<td>QL(91 per 90 days)</td>
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<tr>
<td>LOTEMAX 0.5 % EYE DROPS,SUSPENSION</td>
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<td>ST</td>
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<tr>
<td>LOTEMAX 0.5 % EYE GEL DROPS</td>
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</tr>
<tr>
<td>LOTEMAX 0.5 % EYE OINTMENT</td>
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<tr>
<td>LOTEMAX SM 0.38 % EYE GEL DROPS</td>
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<td>LOTENSIN 10 MG TABLET</td>
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<td>LOTENSIN 20 MG TABLET</td>
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<tr>
<td>LOTENSIN 40 MG TABLET</td>
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<tr>
<td>LOTENSIN HCT 10 MG-12.5 MG TABLET</td>
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<tr>
<td>LOTENSIN HCT 20 MG-12.5 MG TABLET</td>
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<tr>
<td>Loteprednol etabonate 0.5% drp</td>
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<tr>
<td>LOTREL 10 MG-20 MG CAPSULE</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>LOTREL 10 MG-40 MG CAPSULE</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>LOTREL 5 MG-10 MG CAPSULE</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>LOTREL 5 MG-20 MG CAPSULE</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>LOTREL 5 MG-40 MG CAPSULE</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>LOTRISONE CREAM</td>
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<tr>
<td>LOTRONEX 0.5 MG TABLET</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>LOTRONEX 1 MG TABLET</td>
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<td>lovastatin 10 mg tablet</td>
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<tr>
<td>lovastatin 20 mg tablet</td>
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<td>lovastatin 40 mg tablet</td>
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<tr>
<td>LOVAZA 1 GRAM CAPSULE</td>
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<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>LOVENOX 100 MG/ML SUBCUTANEOUS SYRINGE</td>
<td>4</td>
<td>QL(28 per 28 days)</td>
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<tr>
<td>LOVENOX 120 MG/0.8 ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(22.4 per 28 days)</td>
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<tr>
<td>LOVENOX 150 MG/ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(28 per 28 days)</td>
</tr>
<tr>
<td>LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(16.8 per 28 days)</td>
</tr>
<tr>
<td>LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION</td>
<td>4</td>
<td>QL(84 per 28 days)</td>
</tr>
<tr>
<td>LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(11.2 per 28 days)</td>
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<tr>
<td>LOVENOX 60 MG/0.6 ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(16.8 per 28 days)</td>
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<tr>
<td>LOVENOX 80 MG/0.8 ML SUBCUTANEOUS SYRINGE</td>
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<td>QL(22.4 per 28 days)</td>
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<tr>
<td>low-ogestrel (28) 0.3 mg-30 mcg tablet</td>
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<tr>
<td>loxapine 10 mg capsule</td>
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<tr>
<td>loxapine 25 mg capsule</td>
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<tr>
<td>loxapine 5 mg capsule</td>
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<tr>
<td>loxapine 50 mg capsule</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th><strong>DRUG NAME</strong></th>
<th><strong>DRUG LEVEL</strong></th>
<th><strong>UTILIZATION MANAGEMENT REQUIREMENTS</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>LUCEMYRA 0.18 MG TABLET</strong></td>
<td>SP</td>
<td>PA,QL(224 per 365 days)</td>
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<tr>
<td>Lugols 5% oral solution</td>
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<tr>
<td>Luliconazole 1% cream</td>
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<td>ST,QL(60 per 28 days)</td>
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<tr>
<td><strong>LUMIGAN 0.01% EYE DROPS</strong></td>
<td>MM</td>
<td>QL(2.5 per 25 days)</td>
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<tr>
<td><strong>LUNETTA 1 MG TABLET</strong></td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td><strong>LUNETTA 2 MG TABLET</strong></td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td><strong>LUNETTA 3 MG TABLET</strong></td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td><strong>LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS, KIT</strong></td>
<td>SP, DL</td>
<td>PA, QL(1 per 90 days)</td>
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<tr>
<td><strong>LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS, KIT</strong></td>
<td>SP</td>
<td>PA, QL(1 per 90 days)</td>
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<tr>
<td>Lutera (28) 0.1 mg-20 mcg tablet</td>
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<tr>
<td><strong>LUXIQ 0.12% TOPICAL FOAM</strong></td>
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<td>ST,QL(60 per 28 days)</td>
</tr>
<tr>
<td><strong>Luzu 1% TOPICAL CREAM</strong></td>
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<td>ST,QL(60 per 28 days)</td>
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<tr>
<td><strong>LYNPARZA 100 MG TABLET</strong></td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td><strong>LYNPARZA 150 MG TABLET</strong></td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td><strong>LYRICa 100 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
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<tr>
<td><strong>LYRICa 150 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
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<td><strong>LYRICa 20 MG/ML ORAL SOLUTION</strong></td>
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<td><strong>LYRICa 200 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
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<tr>
<td><strong>LYRICa 225 MG CAPSULE</strong></td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td><strong>LYRICa 25 MG CAPSULE</strong></td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td><strong>LYRICa 300 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
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<tr>
<td><strong>LYRICa 50 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
</tr>
<tr>
<td><strong>LYRICa 75 MG CAPSULE</strong></td>
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<td>ST,QL(90 per 30 days)</td>
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<tr>
<td><strong>LYRICa CR 165 MG TABLET, EXTENDED RELEASE</strong></td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td><strong>LYRICa CR 330 MG TABLET, EXTENDED RELEASE</strong></td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td><strong>LYRICa CR 82.5 MG TABLET, EXTENDED RELEASE</strong></td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>Lysiplex Plus Tablet</td>
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<tr>
<td><strong>LYSDREN 500 MG TABLET</strong></td>
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<tr>
<td><strong>LYSTEDA 650 MG TABLET</strong></td>
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<td>QL(30 per 5 days)</td>
</tr>
<tr>
<td><strong>LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS</strong></td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td><strong>LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS</strong></td>
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<td>ST</td>
</tr>
<tr>
<td><strong>LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</strong></td>
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<td>ST, QL(240 per 30 days)</td>
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<tr>
<td>Lyza 0.35 mg tablet</td>
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<tr>
<td>M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION</td>
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<tr>
<td><strong>MACROBID 100 MG CAPSULE</strong></td>
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<tr>
<td><strong>MACRODANTIN 100 MG CAPSULE</strong></td>
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<td><strong>MACRODANTIN 25 MG CAPSULE</strong></td>
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<td><strong>MACRODANTIN 50 MG CAPSULE</strong></td>
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<tr>
<td>Mafenide acetate 50 gm powd pk</td>
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<tr>
<td><strong>MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2”</strong></td>
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<tr>
<td><strong>MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2”</strong></td>
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</tr>
<tr>
<td><strong>MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2”</strong></td>
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</tr>
<tr>
<td><strong>MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16”</strong></td>
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<tr>
<td><strong>MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1”</strong></td>
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<tr>
<td><strong>MAGELLAN SYRINGE 0.3 ML 30 X 5/16”</strong></td>
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<tr>
<td><strong>MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16”</strong></td>
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<tr>
<td><strong>MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2”</strong></td>
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<td><strong>MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2”</strong></td>
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<tr>
<td><strong>MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR</strong></td>
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</table>

**ST** - Step Therapy • **QL** - Quantity Limit • **PA** - Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Level</th>
<th>Utilization Management Requirements</th>
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<tbody>
<tr>
<td><strong>MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL</strong></td>
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<tr>
<td><strong>MAKENA 250 MG/ML INTRAMUSCULAR OIL</strong></td>
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<td>PA</td>
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<td><strong>MALARONE 250 MG-100 MG TABLET</strong></td>
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<td><strong>MALARONE PEDIATRIC 62.5 MG-25 MG TABLET</strong></td>
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<td>malathion 0.5% lotion</td>
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<td>maprotiline 25 mg tablet</td>
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<td>maprotiline 50 mg tablet</td>
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<td>maprotiline 75 mg tablet</td>
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<tr>
<td><strong>MARINOL 10 MG CAPSULE</strong></td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td><strong>MARINOL 5 MG CAPSULE</strong></td>
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<td>marliessa (28) 0.15 mg-0.03 mg tablet</td>
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<td><strong>MARNATAL-F 60 MG IRON-1 MG CAPSULE</strong></td>
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<tr>
<td><strong>MARPLAN 10 MG TABLET</strong></td>
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<tr>
<td><strong>MATULANE 50 MG CAPSULE</strong></td>
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<tr>
<td>matzim la 180 mg tablet, extended release</td>
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<tr>
<td>matzim la 240 mg tablet, extended release</td>
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<tr>
<td>matzim la 300 mg tablet, extended release</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>matzim la 360 mg tablet, extended release</td>
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<tr>
<td>matzim la 420 mg tablet, extended release</td>
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<tr>
<td>MAVENCLAD (10 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<td>MAVENCLAD (4 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<td>MAVENCLAD (5 TABLET PACK) 10 MG TABLET</td>
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<tr>
<td>MAVENCLAD (6 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<tr>
<td>MAVENCLAD (7 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<td>MAVENCLAD (8 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<tr>
<td>MAVENCLAD (9 TABLET PACK) 10 MG TABLET</td>
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<td>PA, QL(40 per 365 days)</td>
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<tr>
<td>MAVYRET 100 MG-40 MG TABLET</td>
<td>*</td>
<td>PA, QL(84 per 28 days)</td>
</tr>
<tr>
<td><strong>MAXALT 10 MG TABLET</strong></td>
<td>3</td>
<td>ST, QL(12 per 30 days)</td>
</tr>
<tr>
<td>MAXALT MHT 5 MG TABLET</td>
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<td>ST, QL(12 per 30 days)</td>
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<tr>
<td>MAXALT-MLT 10 MG DISINTEGRATING TABLET</td>
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<td><strong>MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2</strong></td>
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<td><strong>MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2</strong></td>
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<tr>
<td>MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4</td>
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<td>MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2</td>
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<td>MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2</td>
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<tr>
<td>MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16</td>
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<td>MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16</td>
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<tr>
<td><strong>MAXIDEX 0.1 % EYE DROPS, SUSPENSION</strong></td>
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<td><strong>MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT</strong></td>
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<td><strong>MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS, SUSPENSION</strong></td>
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<td>MAXZIDE 75 MG-50 MG TABLET</td>
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<td>MAXZIDE-25MG 37.5 MG-25 MG TABLET</td>
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<tr>
<td>MAYZENT 0.25 MG TABLET</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>MAYZENT 2 MG TABLET</td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS</td>
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<td>meclofenamate 100 mg capsule</td>
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<td>meclofenamate 50 mg capsule</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK</td>
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<td>MEDROL 16 MG TABLET</td>
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<td>MEDROL 4 MG TABLET</td>
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<td>MEDROL 8 MG TABLET</td>
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<td>medroxyprogesterone 150 mg/ml&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>mefenamic acid 250 mg capsule</td>
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<td>MEGACE ES 625 MG/5 ML SUSP&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>megestrol 20 mg tablet</td>
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<tr>
<td>megestrol 40 mg tablet</td>
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<td>megestrol 625 mg/5 ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>megestrol acet 40 mg/ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>megestrol acet 400 mg/10 ml&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>MEKINIST 0.5 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>MEKINIST 2 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>MEKTOVI 15 MG TABLET&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA, QL(180 per 30 days)</td>
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<td>melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>meloxicam 15 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>meloxicam 7.5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>melphalan 2 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>QL(80 per 30 days)</td>
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<tr>
<td>memantine 5-10 mg titration pk</td>
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<td>QL(98 per 30 days)</td>
</tr>
<tr>
<td>memantine hcl 10 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>memantine hcl 2 mg/ml solution&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
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<tr>
<td>memantine hcl 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>memantine hcl er 14 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>memantine hcl er 21 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>memantine hcl er 28 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>memantine hcl er 7 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>MENEST 0.625 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(8 per 28 days)</td>
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<td>MENTAX 1 % TOPICAL CREAM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>meperidine 100 mg tablet</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>meperidine 50 mg tablet</td>
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<td>QL(480 per 30 days)</td>
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<td>meperidine 50 mg/5 ml solution</td>
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<td>QL(720 per 30 days)</td>
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<td>MEPHYTON 5 MG TABLET</td>
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<tr>
<td>meprobamate 200 mg tablet</td>
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<tr>
<td>meprobamate 400 mg tablet</td>
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<tr>
<td>MEPRON 750 MG/5 ML ORAL SUSPENSION</td>
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<td>QL(600 per 30 days)</td>
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<td>mercaptopurine 50 mg tablet</td>
<td>MM 2</td>
<td>QL(480 per 30 days)</td>
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<td>mesalamine 1,000 mg supp</td>
<td>MM 3</td>
<td>ST,QL(30 per 30 days)</td>
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<td>mesalamine 4 gm/60 ml enema</td>
<td>MM 3</td>
<td>QL(1800 per 30 days)</td>
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<td>mesalamine 4 gm/60 ml kit</td>
<td>MM 3</td>
<td>QL(30 per 30 days)</td>
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<td>mesalamine 800 mg dr tablet</td>
<td>MM,SP,DL *</td>
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<td>mesalamine dr 1.2 gm tablet</td>
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<td>QL(120 per 30 days)</td>
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<td>mesalamine dr 400 mg capsule</td>
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<td>mesalamine er 0.375 gram cap</td>
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<td>MESTINON 60 MG/5 ML ORAL SYRUP</td>
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<td>MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>metadate er 20 mg tablet,extended release</td>
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<tr>
<td>metaproterenol 10 mg tablet</td>
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<td>methadone 10 mg/ml oral conc</td>
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<td>ST,QL(180 per 30 days)</td>
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<td>QL(90 per 30 days)</td>
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<td>QL(90 per 30 days)</td>
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<tr>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
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<td>METROGEL TOPICAL 1% PUMP</td>
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<td>METROGEL VAGINAL 0.75 %</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
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<td>MICRODOT NORMAL CONTROL SOLUTION</td>
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<td>millipred dp 5 mg (21 tabs) tablets in a dose pack</td>
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<td>MIRAPEX 0.75 MG TABLET MM</td>
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<td>MIRAPEX 1 MG TABLET MM</td>
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<td>MIRAPEX 1.5 MG TABLET MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
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<td>MIRENA 20 MCG/24 HOURS (5 YRS) 52 MG INTRAUTERINE DEVICE</td>
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<td>MISP 200 mcg tablet</td>
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<td>morphine sulf 100 mg/5 ml conc DL</td>
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<td>QL(540 per 30 days)</td>
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<tr>
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<td>QL(120 per 30 days)</td>
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<td>morphine sulfote er 60 mg cap DL</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<tr>
<th>DRUG NAME</th>
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<td>morphine sulfate ir 30 mg tab</td>
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<td>MOVANTIK 25 MG TABLET</td>
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<td>MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET</td>
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<td>MOXATAG 775 MG TABLET,EXTENDED RELEASE</td>
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<td>MOXEZA 0.5 % EYE DROPS</td>
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<td>MS CONTIN 15 MG TABLET,EXTENDED RELEASE</td>
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<td>ST,QL(120 per 30 days)</td>
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<td>MULPLETA 3 MG TABLET,SP,DL</td>
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<tr>
<td>MULTAQ 400 MG TABLET,MM,SP,DL</td>
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<td>multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet</td>
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<td>multigen plus 151 mg-60 mg-10 mcg-1 mg tablet</td>
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<td>my way 1.5 mg tablet</td>
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<tr>
<td>MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION,MM,SP,DL</td>
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<tr>
<td>MYAMBUOTOL 400 MG TABLET</td>
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<td>MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE,SP,DL</td>
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<td>MYCOBUTIN 150 MG CAPSULE</td>
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<tr>
<td>mycophenolate 500 mg tablet,MM</td>
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<tr>
<td>mycophenolic acid dr 360 mg tb,MM</td>
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<td>MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR,MM</td>
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<td>QL(30 per 30 days)</td>
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<td>MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR,MM</td>
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<td>MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR,MM</td>
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<tr>
<td>MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR,MM</td>
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<td>MYDRIACYL 1 % EYE DROPS</td>
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<td>MYFORTIC 180 MG TABLET,DELAYED RELEASE,MM</td>
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<td>MYFORTIC 360 MG TABLET,DELAYED RELEASE,MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
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<td>MYGLUCOHEALTH STRIPS MM</td>
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<td>mynatal-z 65 mg iron-1 mg tablet MM</td>
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<tr>
<td>myorisan 10 mg capsule</td>
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<tr>
<td>myorisan 30 mg capsule</td>
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<td>myorisan 40 mg capsule</td>
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<td>QL(120 per 30 days)</td>
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<td>MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE MM</td>
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<td>QL(30 per 30 days)</td>
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<td>MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE MM</td>
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<td>MYTESI 125 MG TABLET,DELAYED RELEASE SP,DL</td>
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<td>NIZED 28 tablet MM</td>
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<td>nabumetone 750 mg tablet SP,DL</td>
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<td>nadolol 40 mg tablet MM</td>
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<td>nadolol 80 mg tablet MM</td>
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<td>naftifine hcl 2% cream</td>
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<td>NAFTIN 2 % TOPICAL CREAM</td>
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<td>NAMENDA 5 MG TABLET MM</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK</td>
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<tr>
<td>NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE MM</td>
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<tr>
<td>NAPRELAN CR 750 MG TAB, EXTENDED RELEASE 24 HR MPHASE MM</td>
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<td>NAPROSYN 125 MG/5 ML ORAL SUSPENSION MM</td>
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<td>NAPROSYN 500 MG TABLET MM</td>
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<td>naproxen 125 mg/5 ml suspen MM</td>
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<td>naproxen 250 mg tablet MM</td>
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<td>naproxen 375 mg tablet MM</td>
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<td>naproxen 500 mg tablet MM</td>
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<td>NARDIL 15 MG TABLET MM</td>
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<td>NASCOBAL 500 MCG/SPRAY NASAL SPRAY MM, SP, DL *</td>
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<td>NASONEX 50 MCG/AKTUATION SPRAY MM</td>
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<td>NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MM</td>
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<td>NATAZIA 3 MG/2 MG-2 MG-3 MG/1 MG TABLET MM</td>
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<td>nateglinide 120 mg tablet MM</td>
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<td>nateglinide 60 mg tablet MM</td>
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<td>NATESTO 5.5 MG/0.122 GRAM PER AKTUATION NASAL GEL PUMP MM</td>
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<td>NATPARA 100 MG/DOSE SUBCUTANEOUS CARTRIDGE MM, SP, DL *</td>
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<td>NATPARA 25 MG/DOSE SUBCUTANEOUS CARTRIDGE MM, SP, DL *</td>
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<td>NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY SP, DL *</td>
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<td>NEBUPENT 300 MG SOLUTION FOR INHALATION MM</td>
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</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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<td>nefazodone hcl 100 mg tablet</td>
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<td>neo-bacit-poly-hc eye ointment</td>
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<td>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</td>
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<td>neo-polycin hcl 3.5 mg-400-10,000 unit/g-1 % eye ointment</td>
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<tr>
<td>NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM</td>
<td>* ST</td>
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<tr>
<td>neomycin-polyoxyxin b 40 mg/ml amp</td>
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<td>neomycin 500 mg tablet</td>
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<td>neomycin-poly-hc eye drops</td>
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<td>neomycin-polyoxyxin-hc ear soln</td>
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<tr>
<td>NEORAL 100 MG CAPSULE</td>
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<td>NEORAL 100 MG/ML ORAL SOLUTION</td>
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<td>NEORAL 25 MG CAPSULE</td>
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<td>NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION</td>
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<td>NEPHROCAPS QT TABLET</td>
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<tr>
<td>NERLYNX 40 MG TABLET</td>
<td>* PA,QL(180 per 30 days)</td>
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<tr>
<td>NESINA 12.5 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>NESINA 25 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>NESINA 6.25 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>NESTABS 32 MG-1,000 MG TABLET</td>
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<tr>
<td>NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK</td>
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<td>NESTABS DHA 32 MG IRON-1,000 MG-230 MG ORAL PACK</td>
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<tr>
<td>nevac 1.2 % (1 % base)-5 % topical gel</td>
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<tr>
<td>NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE</td>
<td>* PA,QL(1.2 per 28 days)</td>
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<tr>
<td>NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR</td>
<td>* PA,QL(1.2 per 28 days)</td>
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<tr>
<td>NEUPGEN 300 MCG/0.5 ML INJECTION SYRINGE</td>
<td>* PA,QL(7 per 30 days)</td>
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<tr>
<td>NEUPGEN 300 MCG/ML INJECTION SOLUTION</td>
<td>* PA,QL(14 per 30 days)</td>
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<tr>
<td>NEUPGEN 480 MCG/0.8 ML INJECTION SYRINGE</td>
<td>* PA,QL(11.2 per 30 days)</td>
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<tr>
<td>NEUPGEN 480 MCG/1.6 ML INJECTION SOLUTION</td>
<td>* PA,QL(22.4 per 30 days)</td>
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<tr>
<td>NEUROPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>NEUROPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>NEUROPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
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<tr>
<td>NEUROPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
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<tr>
<td>NEUROPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>NEUROPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH</td>
<td>* PA,QL(30 per 30 days)</td>
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<tr>
<td>NEURONTIN 100 MG CAPSULE</td>
<td>3 ST,QL(270 per 30 days)</td>
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<tr>
<td>NEURONTIN 250 MG/5 ML ORAL SOLUTION</td>
<td>3 ST,QL(2250 per 30 days)</td>
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<tr>
<td>NEURONTIN 300 MG CAPSULE</td>
<td>3 ST,QL(270 per 30 days)</td>
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</tr>
<tr>
<td>NEURONTIN 400 MG CAPSULE</td>
<td>3 ST,QL(270 per 30 days)</td>
<td></td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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</thead>
<tbody>
<tr>
<td>NEURONTIN 600 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>ST, QL (180 per 30 days)</td>
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<tr>
<td>NEURONTIN 800 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL (180 per 30 days)</td>
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<tr>
<td>NEUTEK 2TEK TEST STRIPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL (150 per 30 days)</td>
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<tr>
<td>NEVANAC 0.1 % EYE DROPS,SUSPENSION</td>
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<td>ST</td>
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<td>nevirapine 200 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>1</td>
<td>QL (60 per 30 days)</td>
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<tr>
<td>nevirapine 50 mg/5 ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (1200 per 30 days)</td>
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<tr>
<td>nevirapine er 100 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (120 per 30 days)</td>
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<tr>
<td>nevirapine er 400 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>new day 1.5 mg tablet</td>
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<tr>
<td>newgen 32 mg-1,000 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>NEXAVAR 200 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL (120 per 30 days)</td>
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<tr>
<td>NEXIUM 20 MG CAPSULE, DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>NEXIUM 40 MG CAPSULE, DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (30 per 30 days)</td>
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<td>NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (30 per 30 days)</td>
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<td>NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (30 per 30 days)</td>
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<td>NEXLETOL 180 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>NEXLIZET 180 MG-10 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>NEXPLANON 68 MG SUBDERMAL IMPLANT&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>niacin er 1,000 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>niacin er 500 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>PA</td>
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<td>niacin er 750 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>niacor 500 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>NIASPAN 1,000 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>NIASPAN 500 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA</td>
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<td>NIASPAN 750 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET</td>
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<tr>
<td>nicardipine 20 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>nicardipine 30 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET</td>
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<td>NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET</td>
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<td>nifedipine 10 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>nifedipine 20 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>nifedipine er 30 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (60 per 30 days)</td>
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<tr>
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<td>nifedipine er 90 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>nikki (28) 3 mg-0.02 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>NILANDRON 150 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>nilutamide 150 mg tablet&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>nimodipine 30 mg capsule&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<tr>
<td>NINLARO 2.3 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>NINLARO 3 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL (3 per 28 days)</td>
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<td>NINLARO 4 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL (3 per 28 days)</td>
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<tr>
<td>nisoldipine er 17 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL (30 per 30 days)</td>
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<tbody>
<tr>
<td>nisoldipine er 20 mg tablet</td>
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<tr>
<td>nisoldipine er 25.5 mg tablet</td>
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<td>nisoldipine er 30 mg tablet</td>
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<td>nisoldipine er 34 mg tablet</td>
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<td>nisoldipine er 40 mg tablet</td>
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<td>nisoldipine er 8.5 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<td>nitisinone 10 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(30 per 30 days)</td>
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<td>nitisinone 2 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(300 per 30 days)</td>
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<td>nitisinone 5 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(120 per 30 days)</td>
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<td>NITRO-BID 2 % TRANSDERMAL OINTMENT</td>
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<tr>
<td>NITRO-DUR 0.1 MG/HR TRANSDERMAL 24 HOUR PATCH</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>NITRO-DUR 0.2 MG/HR TRANSDERMAL 24 HOUR PATCH</td>
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<td>NITRO-DUR 0.3 MG/HR TRANSDERMAL 24 HOUR PATCH</td>
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<td>NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH</td>
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<td>NITRO-DUR 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH</td>
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<td>nitro-time 2.5 mg capsule, extended release</td>
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<td>nitro-time 6.5 mg capsule, extended release</td>
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<td>nitro-time 9 mg capsule, extended release</td>
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<td>nitrofurantoin 25 mg/5 ml susp</td>
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<td>nitrofurantoin mcr 50 mg cap</td>
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<td>nitroglycerin 0.1 mg/hr patch</td>
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<tr>
<td>nitroglycerin 0.2 mg/hr patch</td>
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<td>QL(30 per 30 days)</td>
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<td>nitroglycerin 0.3 mg tablet sl</td>
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<tr>
<td>nitroglycerin 0.4 mg/hr patch</td>
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<td>nitroglycerin 0.6 mg tablet sl</td>
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<td>nitroglycerin 0.6 mg/hr patch</td>
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<td>NITROLINGUAL 400 MCG/SPRAY</td>
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<td>NITROMIST 400 MCG/Spray TRANSLINGUAL AEROSOL</td>
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<tr>
<td>NITYR 10 MG TABLET</td>
<td>MM,SP,DL *</td>
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</tr>
<tr>
<td>NITYR 2 MG TABLET</td>
<td>MM,SP,DL *</td>
<td>QL(300 per 30 days)</td>
</tr>
<tr>
<td>NITYR 5 MG TABLET</td>
<td>MM,SP,DL *</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(7 per 30 days)</td>
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<tr>
<td>NIVESTYM 300 MCG/ML INJECTION SOLUTION</td>
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<td>PA,QL(14 per 30 days)</td>
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<td>NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(11.2 per 30 days)</td>
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<td>NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION</td>
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<td>PA,QL(22.4 per 30 days)</td>
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<td>nizatidine 15 mg/ml solution</td>
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<td>nizatidine 150 mg capsule</td>
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<tr>
<td>NIZORAL 2 % SHAMPOO</td>
<td>MM 3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>NOCTIVA 0.83 MCG/Spray (0.1 ML) NASAL SPRAY</td>
<td>3</td>
<td>PA,QL(3.8 per 30 days)</td>
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<tr>
<td>NOCTIVA 1.66 MCG/Spray (0.1 ML) NASAL SPRAY</td>
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<td>PA,QL(3.8 per 30 days)</td>
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<tr>
<td>nolix 0.05 % lotion</td>
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<tr>
<td>nolix 0.05 % topical cream</td>
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<tr>
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<tr>
<td>NORCO 10 MG-325 MG TABLET</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>NORCO 5 MG-325 MG TABLET</td>
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<tr>
<td>NORCO 7.5 MG-325 MG TABLET</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR</td>
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<td>NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR</td>
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<td>NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR</td>
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<tr>
<td>norethin-eth estrad 1 mg-5 mcg</td>
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<td>norethind-eth estrad 0.5-2.5</td>
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<tr>
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<td>norethindrone 0.35 mg tablet</td>
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<tr>
<td>norethindrone 5 mg tablet</td>
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<tr>
<td>norg-ee 0.18-0.215-0.25/0.025</td>
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<td>norg-ee 0.18-0.215-0.25/0.035</td>
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<td>NORGESIC FORTE 50 MG-770 MG-60 MG TABLET</td>
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<td>NORITATE 1 % TOPICAL CREAM</td>
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<td>norlyda 0.35 mg tablet</td>
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<tr>
<td>NORM-JECT 10 ML SYRINGE</td>
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<tr>
<td>NORM-JECT 20 ML SYRINGE</td>
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<tr>
<td>NORM-JECT TUBERKULIN 1 ML SYRINGE</td>
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<td>NORPACE 100 MG CAPSULE</td>
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<td>NORPACE 150 MG CAPSULE</td>
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<tr>
<td>NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE</td>
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<td>NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE</td>
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<td>NORPRAMIN 10 MG TABLET</td>
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<td>NORPRAMIN 25 MG TABLET</td>
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<tr>
<td>NORTHERA 100 MG CAPSULE</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>NORTHERA 200 MG CAPSULE</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>NORTHERA 300 MG CAPSULE</td>
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<td>PA,QL(180 per 30 days)</td>
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<td>nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet</td>
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<tr>
<td>nortrel 1/35 (21) 1 mg-35 mcg tablet</td>
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<td>nortrel 1/35 (28) 1 mg-35 mcg tablet</td>
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<tr>
<td>nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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</thead>
<tbody>
<tr>
<td>nortriptyline 10 mg/5 ml soln</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>nortriptyline hcl 10 mg cap</td>
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<tr>
<td>nortriptyline hcl 25 mg cap</td>
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<tr>
<td>nortriptyline hcl 50 mg cap</td>
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<tr>
<td>nortriptyline hcl 75 mg cap</td>
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<tr>
<td>NORVASC 10 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>NORVASC 2.5 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>NORVASC 5 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>NORVIR 100 MG ORAL POWDER PACKET</td>
<td>*</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>NORVIR 100 MG TABLET</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>NORVIR 80 MG/ML ORAL SOLUTION</td>
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<td>QL(480 per 30 days)</td>
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<tr>
<td>NOURIANZ 20 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>NOURIANZ 40 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>NOVA MAX BLOOD GLUCOSE METER</td>
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<tr>
<td>NOVA MAX GLUCOSE CONTROL SOLUTION</td>
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<td>PA,QL(150 per 30 days)</td>
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<td>NOVA SAFETY LANCETS 23 GAUGE</td>
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<tr>
<td>NOVA SAFETY LANCETS 28 GAUGE</td>
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<td>NOVA SUREFLEX LANCETS</td>
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<tr>
<td>NOVAMAX PLUS GLU-KET SOLUTION</td>
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<tr>
<td>NOVFINE 32 32 GAUGE X 1/4&quot; NEEDLE</td>
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<tr>
<td>NOVFINE AUTOCOVER 30 GAUGE X 1/3&quot; NEEDLE</td>
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<tr>
<td>NOVFINE PLUS 32 GAUGE X 1/6&quot; NEEDLE</td>
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<tr>
<td>NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS</td>
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<td>NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION</td>
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<tr>
<td>NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN</td>
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<tr>
<td>NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP</td>
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<tr>
<td>NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN</td>
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<td>NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION</td>
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<td>NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS</td>
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<td>NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN</td>
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<td>NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG</td>
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<td>NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
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<td>NOVOPEN ECHO SUBCUTANEOUS</td>
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<tr>
<td>NOVOTWIST 32 GAUGE X 1/5&quot; NEEDLE</td>
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<tr>
<td>NOXAFIL 100 MG TABLET,DELAYED RELEASE</td>
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<td>PA,QL(93 per 30 days)</td>
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<tr>
<td>NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION</td>
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<td>PA,QL(840 per 28 days)</td>
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<tr>
<td>np thyroid 120 mg tablet</td>
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<tr>
<td>np thyroid 15 mg tablet</td>
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<td>np thyroid 30 mg tablet</td>
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<td>np thyroid 60 mg tablet</td>
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<td>np thyroid 90 mg tablet</td>
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<tr>
<td>NUBEQA 300 MG TABLET</td>
<td>*</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(3 per 28 days)</td>
</tr>
<tr>
<td>NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA,QL(3 per 28 days)</td>
</tr>
<tr>
<td>NUCYNTA 100 MG TABLET</td>
<td>*</td>
<td>ST,QL(180 per 30 days)</td>
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<tr>
<td>NUCYNTA 50 MG TABLET</td>
<td>*</td>
<td>ST,QL(180 per 30 days)</td>
</tr>
<tr>
<td>NUCYNTA 75 MG TABLET</td>
<td>*</td>
<td>ST,QL(180 per 30 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>NUCYNTA ER 100 MG TABLET, EXTENDED RELEASE</td>
<td>DL 4</td>
<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>NUCYNTA ER 150 MG TABLET, EXTENDED RELEASE</td>
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<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>NUCYNTA ER 200 MG TABLET, EXTENDED RELEASE</td>
<td>DL 4</td>
<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>NUCYNTA ER 250 MG TABLET, EXTENDED RELEASE</td>
<td>DL 4</td>
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<tr>
<td>NUCYNTA ER 50 MG TABLET, EXTENDED RELEASE</td>
<td>DL 4</td>
<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>NUDEXTA 20 MG-10 MG CAPSULE</td>
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<td>PA, QL (60 per 30 days)</td>
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<td>nulev 0.125 mg disintegrating tablet</td>
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<td>NULYTELY LEMON-LIME 420 GRAM ORAL SOLUTION</td>
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<td>NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION</td>
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<tr>
<td>NUPLAZID 10 MG TABLET**</td>
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<td>NUPLAZID 15 MG TABLET**</td>
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<td>NUPLAZID 34 MG CAPSULE**</td>
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<td>NURTEC ODT 75 MG DISINTEGRATING TABLET</td>
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<td>NUTRESTORE POWDER PACKET</td>
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<tr>
<td>NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS PEN INJECTOR</td>
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<tr>
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<td>NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL</td>
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<td>NUVESSA 1.3 % VAGINAL GEL</td>
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<td>NUVIGIL 150 MG TABLET**</td>
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<td>NUVIGIL 200 MG TABLET**</td>
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<td>NUVIGIL 250 MG TABLET**</td>
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<td>NUZYRA 150 MG TABLET-7 DAY</td>
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<td>NUZYRA 150 MG-7 DAY WITH LOAD</td>
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<td>nystatin 100,000 unit/gm cream</td>
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<td>nystatin 100,000 unit/gm oint</td>
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<td>nystatin 100,000 unit/ml susp</td>
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<td>nystatin 500,000 unit oral tab</td>
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<td>nystop 100,000 unit/gm topical powder</td>
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<td>O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET</td>
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<td>OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE</td>
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<td>OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE</td>
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<td>OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET</td>
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<td>OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE</td>
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<tr>
<td>OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION</td>
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<td>OCALIVA 10 MG TABLET**</td>
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<tr>
<td>OCALIVA 5 MG TABLET**</td>
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<tr>
<td>ocella 3 mg-0.03 mg tablet</td>
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<tr>
<td>octreotide 1,000 mcg/ml vial</td>
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<tr>
<td>octreotide acet 0.05 mg/ml vial</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Level</th>
<th>Utilization Management Requirements</th>
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<tr>
<td>Octreotide acet 100 mcg/ml syr</td>
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<td>PA</td>
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<tr>
<td>Octreotide acet 100 mcg/ml vl</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Octreotide acet 200 mcg/ml vl</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Octreotide acet 50 mcg/ml syr</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Octreotide acet 500 mcg/ml syr</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Octreotide acet 500 mcg/ml vl</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Ocuflox 0.3 % Eye Drops</td>
<td>3</td>
<td>ST, QL (30 per 30 days)</td>
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<td>ODactra 12 SQ-HDM Sublingual Tablet</td>
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<td>ST, QL (30 per 30 days)</td>
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<tr>
<td>Odefsey 200 mg-25 mg-25 mg Tablet</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>Odomzo 200 mg Capsule</td>
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<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>OFEV 100 mg Capsule</td>
<td>*</td>
<td>PA, QL (60 per 30 days)</td>
</tr>
<tr>
<td>OFEV 150 mg Capsule</td>
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<td>PA, QL (60 per 30 days)</td>
</tr>
<tr>
<td>Oflaxacin 0.3% ear drops</td>
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<td>ST, QL (60 per 30 days)</td>
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<tr>
<td>Oflaxacin 0.3% eye drops</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>Ollumiant 2 mg tablet</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>OLUX 0.05% TOPICAL FOAM</td>
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<tr>
<td>OLUX-E 0.05% TOPICAL FOAM</td>
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<td>OMNARIS 50 MCG NASAL SPRAY</td>
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<td>OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE</td>
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<td>OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE</td>
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<tr>
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<td>ON CALL LANCET 30 GAUGE</td>
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<td>ON CALL LANCING DEVICE</td>
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<td>ondansetron hcl 8 mg tablet</td>
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<td>ondansetron odt 4 mg tablet</td>
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<tr>
<td>ondansetron odt 8 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<td>ONETOUCH DELICA LANCETS 30 GAUGE</td>
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<td>ONETOUCH DELICA LANCETS 33 GAUGE</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<tr>
<td>ONETOUCH DELICA PLUS LANCET 30 GAUGE</td>
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<td>ONFI 10 MG TABLE</td>
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<td>OPTUMRX STRIPS</td>
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<tr>
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<td>ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE</td>
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</tr>
<tr>
<td>ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>ORKAMBI 200 MG-125 MG TABLET</td>
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</tr>
<tr>
<td>orphenad-asa-caff 50-770-60 mg</td>
<td>*</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>orphenadrine er 100 mg tablet</td>
<td>2</td>
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</tr>
<tr>
<td>orphenegesic forte 50 mg-770 mg-60 mg tablet</td>
<td>*</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>orsytio 0.1 mg-20 mcg tablet</td>
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<tr>
<td>ORTHO MICRONOR 0.35 MG TABLET</td>
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<tr>
<td>ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET</td>
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<tr>
<td>ORTHO TRI-CYCLEN LO TABLET</td>
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<td>ORTHO-CYCLEN 28 TABLET</td>
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<tr>
<td>ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET</td>
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</tr>
<tr>
<td>ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET</td>
<td>3</td>
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</tr>
<tr>
<td>ORTIKOS 6 MG CAPSULE, EXTENDED RELEASE</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>ORTIKOS 9 MG CAPSULE, EXTENDED RELEASE</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>osclimin 0.125 mg odt</td>
<td>2</td>
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<tr>
<td>osclimin 0.125 mg tablet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>osclimin sl 0.125 mg sublingual tablet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>osclimin sr 0.375 mg tablet, extended release</td>
<td>3</td>
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</tr>
<tr>
<td>oseltamivir 6 mg/ml suspension</td>
<td>3</td>
<td>QL(1440 per 365 days)</td>
</tr>
<tr>
<td>oseltamivir phos 30 mg capsule</td>
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<td>QL(224 per 365 days)</td>
</tr>
<tr>
<td>oseltamivir phos 45 mg capsule</td>
<td>3</td>
<td>QL(112 per 365 days)</td>
</tr>
<tr>
<td>oseltamivir phos 75 mg capsule</td>
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<td>QL(112 per 365 days)</td>
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<tr>
<td>OSENI 12.5 MG-15 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSENI 12.5 MG-30 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSENI 12.5 MG-45 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
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</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSENI 25 MG-15 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSENI 25 MG-30 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSENI 25 MG-45 MG TABLET</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE</td>
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<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>OSMOPREP 1.5 GRAM (1.102-0.398) TABLET</td>
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<td>ST</td>
</tr>
<tr>
<td>OTEZLA 30 MG TABLET</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG/19 TABLETS IN A DOSE PACK</td>
<td>*</td>
<td>PA,QL(27 per 30 days)</td>
</tr>
<tr>
<td>OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG/47 TABLETS IN A DOSE PACK</td>
<td>*</td>
<td>PA,QL(55 per 28 days)</td>
</tr>
<tr>
<td>OTIPRIO 6 % (6 MG/0.1 ML) INTRATYM Panic SUSPENSION</td>
<td>4</td>
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<tr>
<td>OTOVEL 0.3 % - 0.025 % (0.25 ML) EAR SOLUTION</td>
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<td>ST</td>
</tr>
<tr>
<td>OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
</tr>
<tr>
<td>OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
</tr>
<tr>
<td>OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
</tr>
<tr>
<td>OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
</tr>
<tr>
<td>OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>4</td>
<td>PA,QL(1.6 per 28 days)</td>
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<tr>
<td>OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
</tr>
<tr>
<td>OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>*</td>
<td>PA,QL(1.6 per 28 days)</td>
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<tr>
<td>OVIDE 0.5 % LOTION</td>
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<td></td>
</tr>
<tr>
<td>OXANDRIN 10 MG TABLET</td>
<td>4</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>OXANDRIN 2.5 MG TABLET</td>
<td>4</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>oxandrolone 10 mg tablet</td>
<td>4</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>oxandrolone 2.5 mg tablet</td>
<td>4</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>oxaprozin 600 mg tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OXAYDO 5 MG TABLET, ORAL ONLY (NOT FEEDING TUBES)</td>
<td>*</td>
<td>PA,QL(360 per 30 days)</td>
</tr>
<tr>
<td>OXAYDO 7.5 MG TABLET, ORAL ONLY (NOT FOR FEEDING TUBES)</td>
<td>*</td>
<td>PA,QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxazepam 10 mg capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxazepam 15 mg capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxazepam 30 mg capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OXBRYTA 500 MG TABLET</td>
<td>*</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>oxcarbazepine 150 mg tablet</td>
<td>2</td>
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</tr>
<tr>
<td>oxcarbazepine 300 mg tablet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>oxcarbazepine 300 mg/5 ml susp</td>
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<td></td>
</tr>
<tr>
<td>oxcarbazepine 600 mg tablet</td>
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<tr>
<td>OXERVATE 0.002 % EYE DROPS</td>
<td>*</td>
<td>PA,QL(112 per 365 days)</td>
</tr>
<tr>
<td>oxiconazole nitrate 1% cream</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>OXISTAT 1 % LOTION</td>
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<tr>
<td>OXISTAT 1 % TOPICAL CREAM</td>
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<tr>
<td>OXSORALEN ULTRA 10 MG LIQUID-FILLED, RAPID RELEASE CAPSULE</td>
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</tr>
<tr>
<td>OXTELLAR XR 150 MG TABLET, EXTENDED RELEASE</td>
<td>*</td>
<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>OXTELLAR XR 300 MG TABLET, EXTENDED RELEASE</td>
<td>*</td>
<td>ST,QL(90 per 30 days)</td>
</tr>
<tr>
<td>OXTELLAR XR 600 MG TABLET, EXTENDED RELEASE</td>
<td>*</td>
<td>ST,QL(120 per 30 days)</td>
</tr>
<tr>
<td>oxybutynin 5 mg tablet</td>
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</tr>
<tr>
<td>oxybutynin 5 mg/5 ml syrup</td>
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<tr>
<td>oxybutynin cl er 10 mg tablet</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>oxybutynin cl er 15 mg tablet</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>oxybutynin cl er 5 mg tablet</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>oxycodon-acetaminophen 2.5-300</td>
<td>*</td>
<td>PA,QL(360 per 30 days)</td>
</tr>
</tbody>
</table>

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<th>DRUG NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>oxycodon-acetaminophen 2.5-325 DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
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<tr>
<td>oxycodon-acetaminophen 7.5-325 DL</td>
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<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 10 mg tablet DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 100 mg/5 ml conc SP, DL</td>
<td>*</td>
<td>QL(270 per 30 days)</td>
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<tr>
<td>oxycodone hcl 15 mg tablet DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 20 mg tablet DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 30 mg tablet DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 5 mg capsule DL</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 5 mg tablet DL</td>
<td>2</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone hcl 5 mg/5 ml sol DL</td>
<td>3</td>
<td>QL(5400 per 30 days)</td>
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<tr>
<td>oxycodone hcl er 10 mg tablet DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>oxycodone hcl er 15 mg tablet DL</td>
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<tr>
<td>oxycodone hcl er 20 mg tablet DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>oxycodone hcl er 60 mg tablet DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>oxycodone hcl er 80 mg tablet DL</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>oxycodone-acetaminophen 10-325 DL</td>
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<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen 5-325 DL</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>oxycodone-aspirin 4.8355-325 DL</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>oxycodone-ibuprofen 5-400 tab DL</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>OXYCONTIN 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>OXYCONTIN 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>OXYCONTIN 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>OXYCONTIN 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>OXYCONTIN 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>OXYCONTIN 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
<td>4</td>
<td>PA, QL(90 per 30 days)</td>
</tr>
<tr>
<td>OXYCONTIN 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL</td>
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<td>PA, QL(120 per 30 days)</td>
</tr>
<tr>
<td>oxymorphone hcl 10 mg tablet DL</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxymorphone hcl 5 mg tablet DL</td>
<td>3</td>
<td>QL(360 per 30 days)</td>
</tr>
<tr>
<td>oxymorphone hcl er 10 mg tab DL</td>
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<td>ST, QL(60 per 30 days)</td>
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<tr>
<td>oxymorphone hcl er 15 mg tab DL</td>
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<td>ST, QL(60 per 30 days)</td>
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<tr>
<td>oxymorphone hcl er 20 mg tab DL</td>
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<td>ST, QL(60 per 30 days)</td>
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<tr>
<td>oxymorphone hcl er 30 mg tab DL</td>
<td>3</td>
<td>ST, QL(60 per 30 days)</td>
</tr>
<tr>
<td>oxymorphone hcl er 40 mg tab DL</td>
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<td>ST, QL(60 per 30 days)</td>
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<tr>
<td>oxymorphone hcl er 5 mg tab DL</td>
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<tr>
<td>oxymorphone hcl er 7.5 mg tab DL</td>
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<td>ST, QL(60 per 30 days)</td>
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<tr>
<td>OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MM</td>
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<td>ST, QL(8 per 28 days)</td>
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<tr>
<td>OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MM</td>
<td>2</td>
<td>QL(1.5 per 28 days)</td>
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<tr>
<td>OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MM</td>
<td>2</td>
<td>QL(3 per 28 days)</td>
</tr>
<tr>
<td>OZOBAX 5 MG/5 ML ORAL SOLUTION MM, SP, DL</td>
<td>*</td>
<td>PA, QL(2400 per 30 days)</td>
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<td>PACERONE 100 MG TABLET MM</td>
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<td>pacerone 200 mg tablet MM</td>
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<tr>
<td>PACERONE 400 MG TABLET MM</td>
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<tr>
<td>PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE MM, SP, DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE MM, SP, DL</td>
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<td>PA, QL(180 per 30 days)</td>
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<tr>
<td>PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE MM, SP, DL</td>
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<td>PA, QL(90 per 30 days)</td>
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<tr>
<td>PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE MM, SP, DL</td>
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<td>PA, QL(30 per 30 days)</td>
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<tr>
<td>PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE MM, SP, DL</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
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</tbody>
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<tr>
<td>PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) SPRINKLE CAPSULE</td>
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<tr>
<td>PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X 1) SPRINKLE CAPSULE</td>
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<tr>
<td>PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE</td>
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<td>PA, QL(120 per 30 days)</td>
</tr>
<tr>
<td>PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET</td>
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<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET</td>
<td>*</td>
<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/6 MG SPRINKLE CAPSULE</td>
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<td>PA, QL(13 per 5 days)</td>
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<tr>
<td>paliperidone er 1.5 mg tablet</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>paliperidone er 3 mg tablet</td>
<td>3</td>
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</tr>
<tr>
<td>paliperidone er 6 mg tablet</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>paliperidone er 9 mg tablet</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA, QL(15 per 30 days)</td>
</tr>
<tr>
<td>PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA, QL(4 per 28 days)</td>
</tr>
<tr>
<td>PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA, QL(30 per 30 days)</td>
</tr>
<tr>
<td>PAMELOR 10 MG CAPSULE</td>
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<td>PAMELOR 25 MG CAPSULE</td>
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<td>PAMELOR 50 MG CAPSULE</td>
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<td>PAMELOR 75 MG CAPSULE</td>
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<td>PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE, DELAYED RELEASE</td>
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<tr>
<td>PANDEL 0.1 % TOPICAL CREAM</td>
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<tr>
<td>PANRETIN 0.1 % TOPICAL GEL</td>
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<tr>
<td>pantoprazole 40 mg suspension</td>
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<td>pantoprazole sod dr 20 mg tab</td>
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<tr>
<td>pantoprazole sod dr 40 mg tab</td>
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<td>PARADIGM REAL-TIME SYSTEM</td>
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<tr>
<td>PARADIGM RESERVOIR 1.8 ML</td>
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<td>PARADIGM RESERVOIR 3 ML</td>
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<tr>
<td>PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE</td>
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<tr>
<td>paregoric liquid</td>
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<tr>
<td>PAREMYD 1 %-0.25 % EYE DROPS</td>
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<td>paricalcitol 1 mcg capsule</td>
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<td>paricalcitol 2 mcg capsule</td>
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<td>paricalcitol 4 mcg capsule</td>
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<td>PARLODEL 2.5 MG TABLET</td>
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<tr>
<td>PARLODEL 5 MG CAPSULE</td>
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<tr>
<td>PARNATE 10 MG TABLET</td>
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<td>paroex oral rinse 0.12 % mouthwash</td>
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<tr>
<td>paromomycin 250 mg capsule</td>
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<td>paroxetine er 12.5 mg tablet</td>
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<td>ST, QL(60 per 30 days)</td>
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<td>paroxetine er 25 mg tablet</td>
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<td>ST, QL(90 per 30 days)</td>
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<tr>
<td>paroxetine er 37.5 mg tablet</td>
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<td>paroxetine hcl 10 mg tablet</td>
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<td>paroxetine hcl 20 mg tablet</td>
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<tr>
<td>paroxetine hcl 30 mg tablet</td>
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<td>QL(60 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>paroxetine hcl 40 mg tablet(^{MM})</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>paroxetine mesylate 7.5 mg cap(^{MM})</td>
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<tr>
<td>PASE 4 GRAM GRANULES DELAYED-RELEASE PACKET</td>
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<td>ST</td>
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<tr>
<td>PATADAY 0.2 % EYE DROPS</td>
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<tr>
<td>PATANASE 0.6 % NASAL SPRAY</td>
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<tr>
<td>PATANOL 0.1% EYE DROPS</td>
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<td>ST</td>
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<td>PAXIL 10 MG TABLET(^{MM})</td>
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<td>ST,QL(30 per 30 days)</td>
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<td>PAXIL 10 MG/5 ML ORAL SUSPENSION(^{MM})</td>
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<td>PAXIL 20 MG TABLET(^{MM})</td>
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<td>PAXIL 30 MG TABLET(^{MM})</td>
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<td>PAXIL 40 MG TABLET(^{MM})</td>
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<tr>
<td>PAXIL CR 12.5 MG TABLET, EXTENDED RELEASE (^{MM})</td>
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<td>PAXIL CR 25 MG TABLET, EXTENDED RELEASE (^{MM})</td>
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<tr>
<td>PAXIL CR 37.5 MG TABLET, EXTENDED RELEASE (^{MM})</td>
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<td>PAZEO 0.7 % EYE DROPS</td>
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<tr>
<td>PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION</td>
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<tr>
<td>PEDIASURE HARVEST 0.04 GRAM-1 KCAL/ML LIQUID FOR TUBE FEED</td>
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<tr>
<td>peg 3350 electrolyte soln</td>
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<tr>
<td>peg 3350-electrolyte solution</td>
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<tr>
<td>peg-3350 and electrolytes soln</td>
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<tr>
<td>peg-prep 5 mg-210 gram oral kit</td>
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<td>peg3350 100-7.5-2.691-1.01-5.9</td>
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<td>PEGANONE 250 MG TABLET(^{MM})</td>
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<tr>
<td>PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE(^{SP,DL})</td>
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<td>PA,QL(2 per 28 days)</td>
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<tr>
<td>PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION(^{SP,DL})</td>
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<tr>
<td>PEGASYS PROCLICK 135 MCG/0.5(^{SP})</td>
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<td>PEGASYS PROCLICK 180 MCG/0.5(^{SP,DL})</td>
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<td>PA,QL(2 per 28 days)</td>
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<tr>
<td>PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT(^{SP,DL})</td>
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<td>PA,QL(4 per 28 days)</td>
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<tr>
<td>PEMAZYRE 13.5 MG TABLET(^{MM,SP})</td>
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<td>PA,QL(14 per 21 days)</td>
</tr>
<tr>
<td>PEMAZYRE 4.5 MG TABLET(^{MM,SP})</td>
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<td>PA,QL(14 per 21 days)</td>
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<tr>
<td>PEMAZYRE 9 MG TABLET(^{MM,SP})</td>
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<td>PA,QL(14 per 21 days)</td>
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<td>PEN NEEDLE 12MM 29G(^{MM})</td>
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<tr>
<td>PEN NEEDLE 29 GAUGE X 1/2&quot;(^{MM})</td>
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<tr>
<td>PEN NEEDLE 30 GAUGE X 5/16(^{MM})</td>
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<tr>
<td>PEN NEEDLE 30G X 8MM(^{MM})</td>
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<tr>
<td>PEN NEEDLE 31 GAUGE X 1/4(^{MM})</td>
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<tr>
<td>PEN NEEDLE 31 GAUGE X 3/16(^{MM})</td>
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<tr>
<td>PEN NEEDLE 31 GAUGE X 5/16(^{MM})</td>
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<tr>
<td>PEN NEEDLE 32 GAUGE X 5/32(^{MM})</td>
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<tr>
<td>PEN NEEDLE 32G X 3/16(^{MM})</td>
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<tr>
<td>PEN NEEDLE 32G X 5/32(^{MM})</td>
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<tr>
<td>PEN NEEDLE 8MM 31G(^{MM})</td>
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<tr>
<td>PEN NEEDLES 6MM 31G(^{MM})</td>
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<tr>
<td>penicillamine 250 mg capsule(^{MM,SP,DL})</td>
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<td>PA</td>
</tr>
<tr>
<td>penicillamine 250 mg tablet(^{MM,SP,DL})</td>
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<tr>
<td>penicillin vk 125 mg/5 ml soln</td>
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<tr>
<td>penicillin vk 250 mg tablet</td>
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<tr>
<td>penicillin vk 250 mg/5 ml soln</td>
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<tr>
<td>penicillin vk 500 mg tablet</td>
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<tr>
<td>PENNSAID 2 % TOPICAL SOLUTION IN PACKET(^{SP,DL})</td>
<td>*</td>
<td>PA</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>PENNSAID 20 MG/GRAM/ACTUATION (2%) TOPICAL SOLN IN METERED-DOSE PUMP</td>
<td>*</td>
<td>PA</td>
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<td>pentamidine 300 mg inhal powd</td>
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<tr>
<td>PENTASA 250 MG CAPSULE,CONTROLLED RELEASE</td>
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<td>PENTASA 500 MG CAPSULE,CONTROLLED RELEASE</td>
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<td>pentazocine-naloxone tablet</td>
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<td>PENTIPS 29 GAUGE X 1/2&quot; NEEDLE</td>
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<td>PENTIPS 31 GAUGE X 5/16&quot; NEEDLE</td>
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<td>PENTIPS 32 GAUGE X 5/32&quot; NEEDLE</td>
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<td>pepcid 20 mg tablet</td>
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<td>pepcid 40 mg tablet</td>
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<td>PEPCID 40 MG/5 ML ORAL SUSP</td>
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<td>PERCOCET 10 MG-325 MG TABLET</td>
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<td>PERCOCET 2.5 MG-325 MG TABLET</td>
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<tr>
<td>PERCOCET 5 MG-325 MG TABLET</td>
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<tr>
<td>PERCOCET 7.5 MG-325 MG TABLET</td>
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<tr>
<td>PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION</td>
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<td>PERIDEX 0.12 % MOUTHWASH</td>
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<td>perindopril erbumine 2 mg tab</td>
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<td>perindopril erbumine 8 mg tab</td>
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<td>periogard 0.12 % mouthwash</td>
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<td>permethrin 5% cream</td>
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<td>perphenazine 8 mg tablet</td>
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<tr>
<td>PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE</td>
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<tr>
<td>PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE</td>
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<tr>
<td>PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PERTZYE 24,000-86,250-90,750 UNIT CAPSULE, DELAYED RELEASE</td>
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<td>PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE, DELAYED RELEASE</td>
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<tr>
<td>PEXEVA 10 MG TABLET</td>
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<td>ST, QL (30 per 30 days)</td>
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<td>PEXEVA 20 MG TABLET</td>
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<td>PEXEVA 30 MG TABLET</td>
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<td>PEXEVA 40 MG TABLET</td>
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<td>PHARMACIST CHOICE 30G LANCETS</td>
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<tr>
<td>PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM</td>
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<td>phenazopyridine 200 mg tab</td>
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<td>QL(120 per 30 days)</td>
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<td>phenobarbital 20 mg/5 ml elix&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>phenobarbital 30 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>phenobarbital 97.2 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>phenylephrine 10% eye drops</td>
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<td>phenylephrine 2.5% eye drop</td>
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<td>PHENYTEK 300 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phenytoin 100 mg/4 ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phenytoin 125 mg/5 ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phenytoin 50 mg tablet chew&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phenytoin sod ext 100 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phenytoin sod ext 200 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>phenytoin sod ext 300 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL</td>
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<tr>
<td>philith 0.4 mg-35 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>phospha 250 neutral 250 mg tablet</td>
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<tr>
<td>PHOSPHOLINE IODIDE 0.125 % EYE DROPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>phrenilin forte 50-300-40 mg</td>
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<tr>
<td>phytanadione 1 mg/0.5 ml syr</td>
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<tr>
<td>phytanadione 10 mg/ml ampul</td>
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<tr>
<td>phytanadione 5 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<tr>
<td>PICATO 0.015 % TOPICAL GEL</td>
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<td>PICATO 0.05 % TOPICAL GEL</td>
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<td>PIFELTRO 100 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>pilocarpine 1% eye drops&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>pilocarpine 2% eye drops&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>pilocarpine 4% eye drops&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>pilocarpine hcl 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>pilocarpine hcl 7.5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>pimecrolimus 1% cream</td>
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<tr>
<td>pimoazine 1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>pimoazine 2 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
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<tr>
<th>Drug Name</th>
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<th>Utilization Management Requirements</th>
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<td>pindolol 10 mg tablet</td>
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<td>pindolol 5 mg tablet</td>
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<tr>
<td>pioglitazone hcl 15 mg tablet</td>
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<tr>
<td>pioglitazone hcl 30 mg tablet</td>
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<tr>
<td>pioglitazone hcl 45 mg tablet</td>
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<td>pioglitazone-glimepiride 30-3</td>
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<td>pioglitazone-glimepiride 30-4</td>
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<td>pioglitazone-metformin 15-500</td>
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<td>pioglitazone-metformin 15-850</td>
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<td>PIP LANCET 28 GAUGE</td>
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<tr>
<td>PIP LANCET 30 GAUGE</td>
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<tr>
<td>PIQRAY 200 MG/DAY (200 MG X 1) TABLET</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET</td>
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<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>PIQRAY 300 MG/DAY (150 MG X 2) TABLET</td>
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<td>pirmella 0.5/0.75/1 mg-35 mcg tablet</td>
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<tr>
<td>pirmella 1 mg-35 mcg tablet</td>
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<td>piroxicam 10 mg capsule</td>
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<td>piroxicam 20 mg capsule</td>
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<tr>
<td>PLAN B ONE-STEP 1.5 MG TABLET</td>
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<tr>
<td>PLAQUEENIL 200 MG TABLET</td>
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<tr>
<td>PLAVIX 300 MG TABLET</td>
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<td>QL(1 per 30 days)</td>
</tr>
<tr>
<td>PLAVIX 75 MG TABLET</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
<td>*</td>
<td>PA,QL(1 per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA,QL(1 per 28 days)</td>
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<tr>
<td>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA,QL(1 per 28 days)</td>
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<tr>
<td>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(1 per 28 days)</td>
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<tr>
<td>PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK</td>
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<td>plixda 0.1% swab</td>
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<td>PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION</td>
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<tr>
<td>PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE</td>
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<td>pnv ob+dha combo pack</td>
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<td>POCKET CHAMBER SPACER</td>
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<td>podofilox 0.5% topical soln</td>
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<td>poly-iron 150 forte 150 mg-25 mcg-1 mg capsule</td>
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<td>polycin 500 unit-10,000 unit/gram eye ointment</td>
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<td>polyethylene glycol 3350 powd</td>
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<td>QL(1054 per 30 days)</td>
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<tr>
<td>polyethylene glycol 3350 powd</td>
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<td>QL(36 per 30 days)</td>
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<td>polymyxin b-tmp eye drops</td>
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<tr>
<td>POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS</td>
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<tr>
<td>POMALYST 1 MG CAPSULE</td>
<td>*</td>
<td>PA,QL(21 per 28 days)</td>
</tr>
<tr>
<td>POMALYST 2 MG CAPSULE</td>
<td>*</td>
<td>PA,QL(21 per 28 days)</td>
</tr>
<tr>
<td>POMALYST 3 MG CAPSULE</td>
<td>*</td>
<td>PA,QL(21 per 28 days)</td>
</tr>
<tr>
<td>POMALYST 4 MG CAPSULE</td>
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<td>PA,QL(21 per 28 days)</td>
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<tr>
<td>portia 28 0.15 mg-0.03 mg tablet</td>
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<tr>
<td>posaconazole 200 mg/5 ml susp</td>
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<tr>
<td>posaconazole dr 100 mg tablet</td>
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<td>potassium 25 meq tablet eff</td>
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<td>potassium citrate er 10 meq tb</td>
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<tr>
<td>potassium citrate er 15 meq tb</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>potassium citrate er 5 meq tab</td>
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<td>potassium cl 10% (20 meq/15ml)</td>
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<td>potassium cl 20 meq packet</td>
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<td>potassium cl 20% (40 meq/15ml)</td>
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<tr>
<td>potassium cl 25 meq tab eff</td>
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<td>potassium cl er 8 meq capsule</td>
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<td>potassium cl er 8 meq tablet</td>
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<td>pr natal 400 29 mg-1 mg-400 mg oral pack</td>
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<td>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release</td>
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<td>pr natal 430 29 mg iron-1 mg-430 mg oral pack</td>
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<td>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release</td>
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<td>PRADAXA 110 MG CAPSULE</td>
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<td>PRADAXA 150 MG CAPSULE</td>
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<td>PRADAXA 75 MG CAPSULE</td>
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<td>PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA,QL(2 per 28 days)</td>
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<tr>
<td>PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PRAMOSONE 1 %-1 % TOPICAL CREAM</td>
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<th>DRUG NAME</th>
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<td>prazosin 2 mg capsule</td>
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<td>prazosin 5 mg capsule</td>
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<td>PRECISION PCX TEST STRIPS</td>
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<td>PRECOSA 50 MG TABLET</td>
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<td>PRED MILD 0.12 % EYE DROPS,SUSPENSION</td>
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<td>PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION</td>
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<td>prednisolone 50 mg/5 ml soln</td>
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<td>pregabalin 225 mg capsule</td>
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<tr>
<th>DRUG NAME</th>
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<td>PRENATABS FA 29 MG-1 MG TABLET</td>
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<td>PRENATE ELITE 26 MG IRON-1 MG TABLET</td>
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<td>PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-350 MG CAPSULE</td>
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<td>PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE</td>
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<td>PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE</td>
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<td>PRENATE STAR 20 MG IRON-1 MG TABLET</td>
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<td>PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET</td>
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<td>PRESTALIA 14 MG-10 MG TABLET</td>
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<td>PRESTALIA 7 MG-5 MG TABLET</td>
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<td>PRESTO PRO BLOOD GLUCOSE METER</td>
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<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>pretab 29 mg-1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PRETOMANID 200 MG TABLET</td>
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<td>PREVACID 15 MG CAPSULE,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>prevalex 4 gram oral powder&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>prevalite 4 gram powder for susp in a packet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>previfem 0.25 mg-35 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PREVANAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE</td>
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<td>PREVYMIS 240 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PREVYMIS 480 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PREZCOBIX 800 MG-150 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PREZISTA 100 MG/ML ORAL SUSPENSION&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PREZISTA 150 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PREZISTA 600 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PREZISTA 75 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PREZISTA 800 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PRILOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PRILOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PRIMACARE 30 MG-1 MG-300 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>primaquine 26.3 mg tablet</td>
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<td>primlev 10 mg-300 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>primlev 5 mg-300 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PRINIVIL 5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PRISTIQ 100 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PROCRIT 40,000 UNIT/ML INJECTION SOLUTION MM, SP, DL</td>
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</tr>
<tr>
<td>PROCTOCORT 1 % TOPICAL CREAM</td>
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</tr>
<tr>
<td>PROCTOFOAM HC 1 %-1 %</td>
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</tr>
<tr>
<td>proctosol hc 2.5 % topical cream perineal applicator</td>
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</tr>
<tr>
<td>proctozone-hc 2.5 % topical cream perineal applicator</td>
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</tr>
<tr>
<td>PROCYSB1 25 MG CAPSULE, DELAYED RELEASE SPRINKLE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (120 per 30 days)</td>
</tr>
<tr>
<td>PROCYSB1 300 MG ORAL DR GRANULES IN PACKET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (210 per 30 days)</td>
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<tr>
<td>PROCYSB1 75 MG CAPSULE, DELAYED RELEASE SPRINKLE MM, SP, DL</td>
<td>*</td>
<td>PA, QL (780 per 30 days)</td>
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<tr>
<td>PROCYSB1 75 MG ORAL DR GRANULES IN PACKET MM, SP, DL</td>
<td>*</td>
<td>PA, QL (780 per 30 days)</td>
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<tr>
<td>PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM MM</td>
<td>3</td>
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</tr>
<tr>
<td>PRODIGY AUTOCODE METER KIT MM</td>
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<td>ST</td>
</tr>
<tr>
<td>PRODIGY CONTROL SOLUTION, LOW MM</td>
<td>3</td>
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<tr>
<td>PRODIGY CONTROL SOLUTION, HIGH MM</td>
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<tr>
<td>PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16&quot; MM</td>
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<tr>
<td>PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16&quot; MM</td>
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<tr>
<td>PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2&quot; MM</td>
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<tr>
<td>PRODIGY LANCETS 26 GAUGE MM</td>
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</tr>
<tr>
<td>PRODIGY LANCETS 28 GAUGE MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>PRODIGY LANCING DEVICE</td>
<td>1</td>
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<tr>
<td>PRODIGY NO CODING STRIPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(150 per 30 days)</td>
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<tr>
<td>PRODIGY POCKET METER KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>PRODIGY TWIST TOP LANCET 28 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PRODIGY VOICE GLUCOSE METER KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>profeno 600 mg tablet</td>
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<td>PA</td>
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<tr>
<td>PROFFERIN-FORTE 12 MG-1 MG TABLET</td>
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<tr>
<td>progesterone 100 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>progesterone 200 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PROGLYCEM 50 MG/ML ORAL SUSPENSION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>PROGRAF 0.2 MG ORAL GRANULES IN PACKET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
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<tr>
<td>PROGRAF 0.5 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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</tr>
<tr>
<td>PROGRAF 1 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PROGRAF 1 MG ORAL GRANULES IN PACKET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>PROGRAF 5 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(180 per 30 days)</td>
</tr>
<tr>
<td>prolate 10 mg-300 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(390 per 30 days)</td>
</tr>
<tr>
<td>prolate 5 mg-300 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(390 per 30 days)</td>
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<tr>
<td>prolate 7.5 mg-300 mg tablet&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(390 per 30 days)</td>
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<tr>
<td>PROLENSA 0.07 % EYE DROPS</td>
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<td>ST,QL(3 per 30 days)</td>
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<tr>
<td>PROMACTA 12.5 MG ORAL POWDER PACKET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(360 per 30 days)</td>
</tr>
<tr>
<td>PROMACTA 12.5 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>PROMACTA 25 MG ORAL POWDER PACKET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>PROMACTA 25 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>PROMACTA 50 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>PROMACTA 75 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>promethazine 12.5 mg suppos</td>
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</tr>
<tr>
<td>promethazine 12.5 mg tablet</td>
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<tr>
<td>promethazine 25 mg suppository</td>
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<tr>
<td>promethazine 25 mg tablet</td>
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<tr>
<td>promethazine 50 mg suppository</td>
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</tr>
<tr>
<td>promethazine 50 mg tablet</td>
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</tr>
<tr>
<td>promethazine 6.25 mg/5 ml syr</td>
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<tr>
<td>promethazine vc 6.25 mg-5 mg/5 ml oral syrup</td>
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<tr>
<td>promethazine vc-codeine syrup</td>
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<tr>
<td>promethazine-codeine syrup</td>
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<tr>
<td>promethazine-dm syrup</td>
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<td>promethazine-pe-codeine syrup</td>
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<td>promethazine-phenylephrine syr</td>
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<tr>
<td>promethegan 12.5 mg rectal suppository</td>
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<tr>
<td>promethegan 25 mg rectal suppository</td>
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<td>promethegan 50 mg rectal suppository</td>
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<tr>
<td>PROMETRIUM 100 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>PROMETRIUM 200 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>propafenone hcl 150 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>propafenone hcl 225 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>propafenone hcl 300 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>propafenone hcl er 225 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>propafenone hcl er 325 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>propafenone hcl er 425 mg cap&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>propantheline 15 mg tablet</td>
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<tr>
<td>proparacaine 0.5% eye drops</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
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<td>propranolol 20 mg tablet</td>
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<tr>
<td>propranolol 20 mg/5 ml soln</td>
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<td>propranolol 40 mg tablet</td>
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<tr>
<td>propranolol 40 mg/5 ml soln</td>
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<tr>
<td>propranolol 60 mg tablet</td>
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<tr>
<td>propranolol 80 mg tablet</td>
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<td>propranolol er 120 mg capsule</td>
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<tr>
<td>propranolol er 160 mg capsule</td>
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<tr>
<td>propranolol er 60 mg capsule</td>
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<tr>
<td>propranolol er 80 mg capsule</td>
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<tr>
<td>propranolol-hctz 40-25 mg tab</td>
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<tr>
<td>propranolol-hctz 80-25 mg tab</td>
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<td>propylthiouracil 50 mg tablet</td>
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<tr>
<td>PROSCAR 5 MG TABLET</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>PROTONIX 20 MG TABLET,DELAYED RELEASE</td>
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<td>ST,QL(60 per 30 days)</td>
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<td>PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET</td>
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<td>PROTONIX 40 MG TABLET,DELAYED RELEASE</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>PROTOPIC 0.03 % TOPICAL OINTMENT</td>
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<tr>
<td>PROTOPIC 0.1 % TOPICAL OINTMENT</td>
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<td>protriptyline hcl 10 mg tablet</td>
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<tr>
<td>protriptyline hcl 5 mg tablet</td>
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<tr>
<td>PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER</td>
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<tr>
<td>PROVERA 10 MG TABLET</td>
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<tr>
<td>PROVERA 2.5 MG TABLET</td>
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<td>PROVERA 5 MG TABLET</td>
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<tr>
<td>PROVIDA DHA CAPSULE</td>
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<tr>
<td>PROVIDA OB 40 MG IRON-1.25 MG CAPSULE</td>
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<td>PROVIGIL 100 MG TABLET</td>
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<td>PA,QL(60 per 30 days)</td>
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<td>PROVIGIL 200 MG TABLET</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>PROZAC 10 MG CAPSULE</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>PROZAC 20 MG CAPSULE</td>
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<td>ST,QL(120 per 30 days)</td>
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<td>PROZAC 40 MG CAPSULE</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>PRUDOXIN 5 % TOPICAL CREAM</td>
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<tr>
<td>psorcon 0.05 % topical cream</td>
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<tr>
<td>PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION</td>
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<td>ST,QL(240 per 30 days)</td>
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<tr>
<td>PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION</td>
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<td>ST,QL(240 per 30 days)</td>
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<tr>
<td>PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION</td>
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<tr>
<td>PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED</td>
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<tr>
<td>PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED</td>
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<tr>
<td>pulmosal 7 % solution for nebulization</td>
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<tr>
<td>PULMOZYME 1 MG/ML SOLUTION FOR INHALATION</td>
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<tr>
<td>PURE COMFORT ALCOHOL PADS</td>
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<tr>
<td>PURE COMFORT LANCETS 30 GAUGE</td>
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<tr>
<td>PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4</td>
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<td>PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16</td>
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<td>PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16</td>
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<tr>
<td>PURE COMFORT SAFETY LANCETS 30 GAUGE</td>
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<tr>
<td>PUREFE PLUS 106 MG IRON-1 MG CAPSULE</td>
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<td>Purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule</td>
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<td>PURIXAN 20 MG/ML ORAL SUSPENSION/MM,SP,DL</td>
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<td>PUSH BUTTON SAFETY LANCETS 28 GAUGE/MM</td>
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<td>PYLERA 140 MG-125 MG-125 MG CAPSULE</td>
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<td>pyrazinamide 500 mg tablet</td>
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<td>PYRIDIUM 100 MG TABLET</td>
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<td>PYRIDIUM 200 MG TABLET</td>
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<tr>
<td>pyridostigmine 60 mg/5 ml soln/MM</td>
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<td>pyridostigmine br 30 mg tablet/MM</td>
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<td>pyridostigmine br 60 mg tablet/MM</td>
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<td>pyridostigmine er 180 mg tab/MM</td>
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<td>pyrimethamine 25 mg tablet/MM</td>
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<td>QBRELIS 1 MG/ML ORAL SOLUTION/MM</td>
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<td>QL (1200 per 30 days)</td>
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<td>QBREXZA 2.4 % TOWELETTE</td>
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<td>PA, QL (30 per 30 days)</td>
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<td>QINLOCK 50 MG TABLET/MM</td>
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<td>PA, QL (90 per 30 days)</td>
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<tr>
<td>QMIIZ ODT 15 MG TABLET/MM</td>
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<tr>
<td>QMIIZ ODT 7.5 MG TABLET/MM</td>
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<tr>
<td>QNASL 40 MCG/ACTION NASAL AEROSOL SPRAY/MM</td>
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<td>ST, QL (6.8 per 30 days)</td>
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<td>QNASL 80 MCG/ACTION NASAL AEROSOL SPRAY/MM</td>
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<tr>
<td>QTERN 10 MG-5 MG TABLET/MM</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>QTERN 5 MG-5 MG TABLET/MM</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>QUALAQIIN 324 MG CAPSULE</td>
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<td>PA, QL (42 per 7 days)</td>
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<td>QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS, 3 MONTH DOSE PACK/MM</td>
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<td>quasense 0.15-0.03 mg tablet/MM</td>
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<td>QL (91 per 90 days)</td>
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<tr>
<td>quazepam 15 mg tablet/MM</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>QUDEXY XR 100 MG CAPSULE SPRINKLE, EXTENDED RELEASE/MM, SP, DL</td>
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<td>PA, QL (30 per 30 days)</td>
</tr>
<tr>
<td>QUDEXY XR 150 MG CAPSULE SPRINKLE, EXTENDED RELEASE/MM, SP, DL</td>
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<td>PA, QL (60 per 30 days)</td>
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<td>QUDEXY XR 200 MG CAPSULE SPRINKLE, EXTENDED RELEASE/MM, SP, DL</td>
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<td>PA, QL (60 per 30 days)</td>
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<td>QUDEXY XR 25 MG CAPSULE SPRINKLE, EXTENDED RELEASE/MM, SP, DL</td>
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<td>PA, QL (90 per 30 days)</td>
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<tr>
<td>QUDEXY XR 50 MG CAPSULE SPRINKLE, EXTENDED RELEASE/MM, SP, DL</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>QUESTTRAN 4 GRAM ORAL POWDER/MM</td>
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<td>QUESTTRAN 4 GRAM POWDER FOR SUSP IN A PACKET/MM</td>
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<tr>
<td>QUESTTRAN LIGHT 4 GRAM ORAL POWDER/MM</td>
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<tr>
<td>quetiapine er 150 mg tablet/MM</td>
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</tr>
<tr>
<td>quetiapine er 200 mg tablet/MM</td>
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<tr>
<td>quetiapine er 300 mg tablet/MM</td>
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<tr>
<td>quetiapine er 400 mg tablet/MM</td>
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<td>quetiapine er 50 mg tablet/MM</td>
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<tr>
<td>quetiapine fumarate 200 mg tab/MM</td>
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<tr>
<td>quetiapine fumarate 25 mg tab/MM</td>
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<tr>
<td>quetiapine fumarate 300 mg tab/MM</td>
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<td>quetiapine fumarate 400 mg tab/MM</td>
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<tr>
<td>quetiapine fumarate 50 mg tab/MM</td>
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<td>QL (120 per 30 days)</td>
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<tr>
<td>QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE/MM, SP, DL</td>
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<td>QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE/MM, SP, DL</td>
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<tr>
<td>QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET/MM, SP, DL</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION, EXTEND RELEASE 24HR/MM</td>
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<td>QL (360 per 30 days)</td>
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<td>quinapril 10 mg tablet/MM</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>quinapril 20 mg tablet</td>
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<td>quinapril 40 mg tablet</td>
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<tr>
<td>quinapril 5 mg tablet</td>
<td>MM 1</td>
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<tr>
<td>quinapril-hctz 10-12.5 mg tab</td>
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<tr>
<td>quinapril-hctz 20-12.5 mg tab</td>
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<tr>
<td>quinapril-hctz 20-25 mg tab</td>
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<tr>
<td>quinidine gluc er 324 mg tab</td>
<td>MM 4</td>
<td>PA,QL(42 per 7 days)</td>
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<tr>
<td>quinidine sulfate 200 mg tab</td>
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<tr>
<td>quinidine sulfate 300 mg tab</td>
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<td>quinine sulfate 324 mg capsule</td>
<td>MM 3 ST</td>
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<td>QUINTET AC METER</td>
<td>MM 3 ST</td>
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<td>QUINTET AC STRIPS</td>
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<td>QUINTET BLOOD GLUCOSE METER</td>
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<td>QUINTET GLUCOSE TEST STRIPS</td>
<td>MM 3 ST</td>
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<tr>
<td>QVAR REDIHALER 40 MCG/AKTUATION HFA BREATH ACTIVATED AEROSOL</td>
<td>MM 3 ST,QL(10.6 per 30 days)</td>
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<tr>
<td>QVAR REDIHALER 80 MCG/AKTUATION HFA BREATH ACTIVATED AEROSOL</td>
<td>MM 3 ST,QL(21.2 per 30 days)</td>
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<tr>
<td>r-natal ob 20 mg iron-1 mg-320 mg capsule</td>
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<td>rabeprazole dr 10 mg sprmkl cp</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>rabeprazole sod dr 20 mg tab</td>
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<td>QL(30 per 30 days)</td>
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<td>RADIOGARDASE 0.5 GRAM CAPSULE</td>
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<tr>
<td>RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET</td>
<td>MM 3 ST,QL(30 per 30 days)</td>
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<tr>
<td>rajani 28 tablet</td>
<td>MM 1</td>
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<tr>
<td>raloxifene hcl 60 mg tablet</td>
<td>MM 2 QL</td>
<td>(30 per 30 days)</td>
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<tr>
<td>ramelteon 8 mg tablet</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>ramipril 1.25 mg capsule</td>
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<tr>
<td>ramipril 10 mg capsule</td>
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</tr>
<tr>
<td>ramipril 2.5 mg capsule</td>
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</tr>
<tr>
<td>ramipril 5 mg capsule</td>
<td>MM 1</td>
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<tr>
<td>RANEXA 1,000 MG TABLET,EXTENDED RELEASE</td>
<td>MM 4 ST,QL(120 per 30 days)</td>
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<tr>
<td>RANEXA 500 MG TABLET,EXTENDED RELEASE</td>
<td>MM 4 ST,QL(120 per 30 days)</td>
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<tr>
<td>ranolazine er 1,000 mg tablet</td>
<td>MM 2 QL</td>
<td>(120 per 30 days)</td>
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<tr>
<td>ranolazine er 500 mg tablet</td>
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<td>(120 per 30 days)</td>
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<tr>
<td>RAPAFLO 4 MG CAPSULE</td>
<td>MM 3 ST,QL(30 per 30 days)</td>
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<tr>
<td>RAPAFLO 8 MG CAPSULE</td>
<td>MM 3 ST,QL(30 per 30 days)</td>
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</tr>
<tr>
<td>RAPAMUNE 0.5 MG TABLET</td>
<td>MM 4 QL</td>
<td>(300 per 30 days)</td>
</tr>
<tr>
<td>RAPAMUNE 1 MG TABLET</td>
<td>MM 4 QL</td>
<td>(300 per 30 days)</td>
</tr>
<tr>
<td>RAPAMUNE 1 MG/ML ORAL SOLUTION</td>
<td>MM 4 QL</td>
<td>(150 per 30 days)</td>
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<tr>
<td>RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(0.8 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(1 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(1.2 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(1.4 per 28 days)</td>
<td></td>
</tr>
<tr>
<td>RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(1.6 per 28 days)</td>
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</tr>
<tr>
<td>RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(1.8 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(2 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(2.4 per 28 days)</td>
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<tr>
<td>RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>MM 2 ST,QL(0.6 per 28 days)</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>RAVICTI 1.1 GRAM/ML ORAL LIQUID</td>
<td>*</td>
<td>PA, QL (525 per 30 days)</td>
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<td>RAYALDEE 30 MCG CAPSULE, EXTENDED RELEASE</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>RAYOS 1 MG TABLET, DELAYED RELEASE</td>
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<tr>
<td>RAYOS 2 MG TABLET, DELAYED RELEASE</td>
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<td>ST</td>
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<tr>
<td>RAYOS 5 MG TABLET, DELAYED RELEASE</td>
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<tr>
<td>RAZADYNE 12 MG TABLET</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>RAZADYNE 4 MG TABLET</td>
<td>3</td>
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<tr>
<td>RAZADYNE 8 MG TABLET</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>RAZADYNE ER 16 MG CAPSULE, EXTENDED RELEASE</td>
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<td>QL (30 per 30 days)</td>
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<td>RAZADYNE ER 24 MG CAPSULE, EXTENDED RELEASE</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>RAZADYNE ER 8 MG CAPSULE, EXTENDED RELEASE</td>
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<td>QL (30 per 30 days)</td>
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<td>READYLANCE SAFETY LANCETS 21 GAUGE</td>
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<tr>
<td>READYLANCE SAFETY LANCETS 23 GAUGE</td>
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<tr>
<td>READYLANCE SAFETY LANCETS 26 GAUGE</td>
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<tr>
<td>READYLANCE SAFETY LANCETS 28 GAUGE</td>
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<tr>
<td>READYLANCE SAFETY LANCETS 30 GAUGE</td>
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<tr>
<td>REBETOL 40 MG/ML SOLUTION</td>
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<td>QL (1000 per 30 days)</td>
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<tr>
<td>REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>*</td>
<td>PA, QL (6 per 28 days)</td>
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<tr>
<td>REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA, QL (6 per 28 days)</td>
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<tr>
<td>REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA, QL (6 per 28 days)</td>
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<td>REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA, QL (6 per 28 days)</td>
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<tr>
<td>REBIF REBIDOSE 8.8 MCG/0.2 ML - 22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.</td>
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<td>PA, QL (4.2 per 28 days)</td>
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<tr>
<td>REBIF TITRATION PACK 8.8 MCG/0.2 ML - 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA, QL (4.2 per 28 days)</td>
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<td>Reclipsen (28) 0.15 mg-0.03 mg tablet</td>
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<tr>
<td>RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION</td>
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<td>RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION</td>
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<tr>
<td>RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION</td>
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<td>RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION</td>
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<td>RECTIV 0.4 % (W/W) OINTMENT</td>
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<td>REGLAN 10 MG TABLET</td>
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<td>REGLAN 5 MG TABLET</td>
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<td>RELGRANEX 0.01 % TOPICAL GEL</td>
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<td>RELAFEN 750 MG TABLET</td>
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<td>RELAFEN DS 1,000 MG TABLET</td>
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<td>RELENZA DISKHALER 5 MG/ACTION POWDER FOR INHALATION</td>
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<td>RELEXIIXI 72 mg tablet, extended release</td>
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<td>RELI-ON INSULIN 0.3 ML SYR</td>
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<td>RELIAMED LANCET 30 GAUGE</td>
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<td>RELIAMED LANCET 30 GAUGE LANCET MINI LANCING DEVICE</td>
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<td>RELIAMED TWIST AND CAP LANCET 28 GAUGE</td>
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<td>RELION CONFIRM KIT</td>
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<tr>
<td>RELION CONFIRM-MICRO STRIPS</td>
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<td>RELION INS SYR 0.3 ML 31GX6MM</td>
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<tr>
<td>RELION INS SYR 1 ML 31GX15/64&quot;MM</td>
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<td>RELION MICRO GLUCOSE MONITOR</td>
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<td>RELION PEN NEEDLES 32 GAUGE X 5/32&quot;MM</td>
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<td>RELION ULTIMA STRIPS</td>
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<td>RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION</td>
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<td>PA,QL(36 per 28 days)</td>
</tr>
<tr>
<td>RELISTOR 150 MG TABLET</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(4.8 per 30 days)</td>
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<td>RELPAX 20 MG TABLET</td>
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<td>RELPAX 40 MG TABLET</td>
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<td>REMERON 15 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<td>REMERON SOLTAB 15 MG DISINTEGRATING TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>REMERON SOLTAB 30 MG DISINTEGRATING TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>REMERON SOLTAB 45 MG DISINTEGRATING TABLET</td>
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<td>RENAGEL 800 MG TABLET</td>
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<td>renal caps 1 mg capsule</td>
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<tr>
<td>reno caps 1 mg capsule</td>
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<td>RENVELA 0.8 GRAM ORAL POWDER PACKET</td>
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<td>ST,QL(540 per 30 days)</td>
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<td>RENVELA 2.4 GRAM ORAL POWDER PACKET</td>
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<td>RENVELA 800 MG TABLET</td>
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<td>ST,QL(540 per 30 days)</td>
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<tr>
<td>repaglinide 1 mg tablet</td>
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<tr>
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<tr>
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<td>repaglinide-metformin 2-500 mg</td>
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<td>REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR</td>
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<td>REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE</td>
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<tr>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<td>REQUIP XL 8 MG TABLET</td>
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<td>RETEVMO 80 MG CAPSULE</td>
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<td>REXulti 1 MG TABLET</td>
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<thead>
<tr>
<th>DRUG NAME</th>
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<td>RINVOQ 15 MG TABLET,EXTENDED RELEASE</td>
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<td>ronivastigmine 6 mg capsule</td>
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<td>ronivastigmine 9.5 mg/24hr patch</td>
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<td>QL(12 per 30 days)</td>
</tr>
<tr>
<td>rizatriptan 10 mg tablet</td>
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<td>QL(12 per 30 days)</td>
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<tr>
<td>rizatriptan 5 mg odt</td>
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<td>rizatriptan 5 mg tablet</td>
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<tr>
<td>ROBAXIN 500 MG TABLET</td>
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<tr>
<td>ROBAXIN-750 750 MG TABLET</td>
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ST - Step Therapy  •  QL - Quantity Limit  •  PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBINUL 1 MG TABLET</td>
<td>3</td>
<td>PA, QL (2.5 per 25 days)</td>
</tr>
<tr>
<td>ROBINUL FORTE 2 MG TABLET</td>
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<tr>
<td>ROCALTROL 0.25 MCG CAPSULE</td>
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<tr>
<td>ROCALTROL 0.5 MCG CAPSULE</td>
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<tr>
<td>ROCALTROL 1 MCG/ML ORAL SOLUTION</td>
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<tr>
<td>ROCKLATAN 0.02 %-0.005 % EYE DROPS</td>
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<tr>
<td>ropinirole hcl 0.25 mg tablet</td>
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<tr>
<td>ropinirole hcl 0.5 mg tablet</td>
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<tr>
<td>ropinirole hcl 1 mg tablet</td>
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<td>QL (90 per 30 days)</td>
</tr>
<tr>
<td>ropinirole hcl 2 mg tablet</td>
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<td>QL (90 per 30 days)</td>
</tr>
<tr>
<td>ropinirole hcl 3 mg tablet</td>
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<td>QL (180 per 30 days)</td>
</tr>
<tr>
<td>ropinirole hcl 4 mg tablet</td>
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<tr>
<td>ropinirole hcl 5 mg tablet</td>
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<tr>
<td>ropinirole hcl er 12 mg tablet</td>
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<td>ST, QL (90 per 30 days)</td>
</tr>
<tr>
<td>ropinirole hcl er 2 mg tablet</td>
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<tr>
<td>ropinirole hcl er 6 mg tablet</td>
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<td>ropinirole hcl er 8 mg tablet</td>
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<td>rosadan 0.75 % topical cream</td>
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<td>rosadan 0.75 % topical gel</td>
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<td>rosuvastatin calcium 40 mg tab</td>
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<tr>
<td>rosuvastatin calcium 5 mg tab</td>
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<td>ROWASA 4 GRAM/60 ML ENEMA</td>
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<td>roweepra 1,000 mg tablet</td>
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<tr>
<td>roweepra 500 mg tablet</td>
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<tr>
<td>roweepra 750 mg tablet</td>
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<tr>
<td>roweepra xr 500 mg tablet, extended release</td>
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<tr>
<td>roweepra xr 750 mg tablet, extended release</td>
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<tr>
<td>ROXICODONE 15 MG TABLET</td>
<td>3</td>
<td>QL (360 per 30 days)</td>
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<tr>
<td>ROXICODONE 30 MG TABLET</td>
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<td>QL (360 per 30 days)</td>
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<tr>
<td>ROXICODONE 5 MG TABLET</td>
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<tr>
<td>ROXYBOND 15 MG TABLET SP, DL</td>
<td>*</td>
<td>PA, QL (180 per 30 days)</td>
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<tr>
<td>ROXYBOND 30 MG TABLET SP, DL</td>
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<td>PA, QL (180 per 30 days)</td>
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<td>ROXYBOND 5 MG TABLET SP, DL</td>
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<tr>
<td>ROZEREM 8 MG TABLET</td>
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<tr>
<td>ROZLYTREK 100 MG CAPSULE</td>
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<td>ROZLYTREK 200 MG CAPSULE</td>
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<tr>
<td>RUBRACA 200 MG TABLET SP, LD, DL</td>
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<tr>
<td>RUBRACA 250 MG TABLET SP, LD, DL</td>
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<tr>
<td>RUBRACA 300 MG TABLET SP, LD, DL</td>
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<tr>
<td>RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION</td>
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<td>PA, QL (8 per 28 days)</td>
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<tr>
<td>RUKOBIA 600 MG TABLET, EXTENDED RELEASE</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>RUZURGI 10 MG TABLET SP, LD, DL</td>
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<td>PA, QL (300 per 30 days)</td>
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<tr>
<td>RYBELSUS 14 MG TABLET</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>RYBELSUS 3 MG TABLET</td>
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<tr>
<td>RYBELSUS 7 MG TABLET</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>RYCLORA 2 MG/5 ML ORAL SOLUTION</td>
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<tbody>
<tr>
<td>RYDAPT 25 MG CAPSULE**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>RYTARY 23.75 MG -95 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(360 per 30 days)</td>
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<tr>
<td>RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(270 per 30 days)</td>
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<tr>
<td>RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(360 per 30 days)</td>
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<tr>
<td>RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(300 per 30 days)</td>
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<tr>
<td>RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(360 per 30 days)</td>
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<td>RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(270 per 30 days)</td>
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<td>RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(360 per 30 days)</td>
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<td>RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(300 per 30 days)</td>
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<tr>
<td>SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(360 per 30 days)</td>
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<tr>
<td>SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(270 per 30 days)</td>
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<td>SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAFETY LANCETS 21 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAFETY LANCETS 26 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(180 per 30 days)</td>
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<td>SAFETY LANCETS 28 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAFETY PEN NEEDLE 31 GAUGE X 3/16**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAFETY SEAL LANCETS 28 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>SAFETY SEAL LANCETS 30 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAFETY-LET LANCETS 30 GAUGE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAIZEN 5 MG SUBCUTANEOUS SOLUTION**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SAMSCA 15 MG TABLET**&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SAMSCA 30 MG TABLET**&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SANDIMMUNE 100 MG CAPSULE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SANDIMMUNE 100 MG/ML ORAL SOLUTION**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SANDIMMUNE 25 MG CAPSULE**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(18 per 30 days)</td>
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<tr>
<td>SANDOSTATIN 100 MCG/ML INJECTION SOLUTION**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SANDOSTATIN 50 MCG/ML INJECTION SOLUTION**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SANDOSTATIN 500 MCG/ML INJECTION SOLUTION**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SANTYL 250 UNIT/GRAM TOPICAL OINTMENT</td>
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<tr>
<td>SAPHRIS 10 MG SUBLINGUAL TABLET**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>SAPHRIS 2.5 MG SUBLINGUAL TABLET**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>SAPHRIS 5 MG SUBLINGUAL TABLET**&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<td>SARAFEM 20 MG TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>SAVAYSA 15 MG TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAVAYSA 30 MG TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAVAYSA 60 MG TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SAVELLA 100 MG TABLET**&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK</td>
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<td>SAVELLA 25 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SAVELLA 50 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>scopolamine 1 mg/3 day patch</td>
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<tr>
<td>se-natal 19 chewable 29 mg iron-1 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule</td>
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<tr>
<td>SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(91 per 90 days)</td>
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<tr>
<td>SECONAL SODIUM 100 MG CAPSULE</td>
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<tr>
<td>SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SEGLUROMET 2.5 MG-1,000 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SEGLUROMET 2.5 MG-500 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SEGLUROMET 7.5 MG-1,000 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SEGLUROMET 7.5 MG-500 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK&lt;sup&gt;MM&lt;/sup&gt;</td>
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</tr>
<tr>
<td>SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl 5 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>selegiline hcl 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>selenium sulfide 2.5% lotion</td>
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<tr>
<td>SELZENTRY 150 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(240 per 30 days)</td>
</tr>
<tr>
<td>SELZENTRY 20 MG/ML ORAL SOLUTION&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(1800 per 30 days)</td>
</tr>
<tr>
<td>SELZENTRY 25 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(240 per 30 days)</td>
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<tr>
<td>SELZENTRY 300 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SELZENTRY 75 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
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<td>SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS</td>
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<td>SEMGLEE U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>ST</td>
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<tr>
<td>SEMPREX-D 8 MG-60 MG CAPSULE</td>
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<tr>
<td>SENSIPAR 30 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>SENSIPAR 60 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>SENSIPAR 90 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(120 per 30 days)</td>
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<tr>
<td>SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
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<tr>
<td>SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>ST,QL(120 per 28 days)</td>
</tr>
<tr>
<td>SEROQUEL 100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>SEROQUEL 200 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SEROQUEL 25 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
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<tr>
<td>SEROQUEL 300 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>SEROQUEL 400 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>SEROQUEL 50 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(120 per 30 days)</td>
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<tr>
<td>SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK</td>
<td>4</td>
<td>PA,QL(15 per 30 days)</td>
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<tr>
<td>SEROSTIM 4 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>SEROSTIM 5 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SEROSTIM 6 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>sertraline 20 mg/ml oral conc&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>sertraline hcl 100 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>sertraline hcl 25 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(90 per 30 days)</td>
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<tr>
<td>sertraline hcl 50 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>setlakin 0.15 mg-30 mcg (91) tablets, 3 month dose pack&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>1</td>
<td>QL(91 per 90 days)</td>
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<tr>
<td>sevelamer 0.8 gm powder packet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>QL(540 per 30 days)</td>
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<tr>
<td>sevelamer 2.4 gm powder packet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>QL(180 per 30 days)</td>
</tr>
<tr>
<td>sevelamer carbonate 800 mg tab&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(540 per 30 days)</td>
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<tr>
<td>sevelamer hcl 400 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
</tr>
<tr>
<td>sevelamer hcl 800 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>SIEYSARA 100 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>SIEYSARA 150 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>SIEYSARA 60 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>SFROWSASA 4 GRAM/60 ML ENEMA&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>QL(1800 per 30 days)</td>
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<tr>
<td>sharobol 0.35 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT</td>
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<td>QL(2 per 365 days)</td>
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<tr>
<td>SIDEKICK BLOOD GLUCOSE SYSTEM&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td>SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td>SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<tr>
<td>SIKLOS 1,000 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
</tr>
<tr>
<td>SIKLOS 100 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>sildenafil 10 mg/ml oral susp&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL(180 per 30 days)</td>
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<tr>
<td>sildenafil 20 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>SILENOR 3 MG TABLET</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>SILENOR 6 MG TABLET</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>SILICONE MASK - INFANT</td>
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<tr>
<td>SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL(42 per 365 days)</td>
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<tr>
<td>silodosin 4 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>silodosin 8 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>SILVADENE 1 % TOPICAL CREAM</td>
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<tr>
<td>silver sulfadiazine 1% cream</td>
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<tr>
<td>SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST, QL(16 per 30 days)</td>
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<tr>
<td>similicy (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>simpess 0.15 mg-30 mcg (84)/10 mcg (7) tablets, 3 month dose pack&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(91 per 90 days)</td>
</tr>
<tr>
<td>SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(16 per 365 days)</td>
</tr>
<tr>
<td>SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(16 per 365 days)</td>
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<tr>
<td>SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA, QL(0.5 per 30 days)</td>
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<tr>
<td>SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA, QL(0.5 per 30 days)</td>
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<tr>
<td>simvastatin 10 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>simvastatin 20 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>simvastatin 20 mg/5 ml susp&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST, QL(150 per 30 days)</td>
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<td>simvastatin 40 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>simvastatin 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>simvastatin 80 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SINEMET 10 MG-100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SINEMET 25 MG-100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SINEMET 25 MG-250 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SINEMET CR 25-100 TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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</table>

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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>SINEMET CR 50-200 TABLET</td>
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<td>SINGLE-LET MISC</td>
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<tr>
<td>SINGULAIR 10 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SINGULAIR 4 MG CHEWABLE TABLET</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SINGULAIR 4 MG ORAL GRANULES IN PACKET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>SINGULAIR 5 MG CHEWABLE TABLET</td>
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<tr>
<td>sirolimus 0.5 mg tablet</td>
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<td>QL(300 per 30 days)</td>
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<td>sirolimus 1 mg tablet</td>
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<td>sirolimus 1 mg/ml solution</td>
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<tr>
<td>sirolimus 2 mg tablet</td>
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<tr>
<td>SIRTURO 100 MG TABLET</td>
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<td>PA,QL(68 per 28 days)</td>
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<td>SIRTURO 20 MG TABLET</td>
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<td>PA,QL(340 per 28 days)</td>
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<tr>
<td>SITAVIG 50 MG BUCCAL TABLET</td>
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<td>PA,QL(1 per 28 days)</td>
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<tr>
<td>SIVEXTRO 200 MG TABLET</td>
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<td>QL(6 per 28 days)</td>
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<td>SKELAXIN 800 MG TABLET</td>
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<tr>
<td>SKLICE 0.5 % LOTION</td>
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<td>SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE</td>
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<tr>
<td>SKYRIZI 150 MG/1.66 ML (75 MG/0.83 ML x 2) SUBCUTANEOUS SYRINGE KIT</td>
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<td>SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(9.96 per 365 days)</td>
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<tr>
<td>SLYND 4 MG (28) TABLET</td>
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<td>SMART CARESENS N KIT</td>
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<td>SMART SENSE LANCETS 33 GAUGE</td>
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<td>SMART SENSE TEST STRIPS</td>
<td>3 ST,QL(150 per 30 days)</td>
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<td>SMARTDIABETES VANTAGE</td>
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<td>SMARTTEST CONTROL SOLUTION</td>
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<td>SMARTTEST PERSONA GLUCOSE METER</td>
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<td>SMARTTEST PERSONA STARTER KIT</td>
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<td>SMARTTEST SMART CODE METER KIT</td>
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<td>SMARTTEST TEST STRIPS</td>
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<td>sodium chloride 0.9% inhal vl</td>
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<td>sodium chloride 0.9% irrig.</td>
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<td>sodium chloride 10% vial</td>
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<td>sodium chloride 3% vial</td>
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</tr>
<tr>
<td>sodium chloride 7% vial</td>
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<tr>
<td>sodium citrate 4% soln</td>
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<tr>
<td>sodium phenylbutyrate 500mg tb</td>
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<tr>
<td>sodium phenylbutyrate powder</td>
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<td>sodium polystyrene sulf powder</td>
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<tr>
<td>sodium polystyrene sulfonate (sorbitol free)</td>
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<td>15 gram/60 ml oral susp</td>
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<tr>
<td>SOF-SENSOR</td>
<td>3 PA</td>
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</table>

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<tbody>
<tr>
<td>sofosbuvir-velpatasvir 400-100&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>SOFT TOUCH LANCETS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>SOLARAZE 3 % TOPICAL GEL</td>
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<td>solifenacin 10 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>solifenacin 5 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
</tr>
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<td>SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(15 per 24 days)</td>
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<td>SOLODYN 105 MG TABLET, EXTENDED RELEASE</td>
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<td>SOLODYN 115 MG TABLET, EXTENDED RELEASE</td>
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<td>SOLODYN 55 MG TABLET, EXTENDED RELEASE</td>
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<td>SOLODYN 65 MG TABLET, EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
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<td>SOLODYN 80 MG TABLET, EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
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<td>SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET</td>
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<td>PA</td>
</tr>
<tr>
<td>soloxide dr 150 mg tablet</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>SOLTAMOX 20 MG/10 ML ORAL SOLUTION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(600 per 30 days)</td>
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<tr>
<td>SOLUS V2 AUDIBLE METER&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>SOLUS V2 AUDIBLE METER KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST</td>
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<tr>
<td>SOLUS V2 CONTROL SOLUTION, LOW&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
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<tr>
<td>SOLUS V2 CONTROL SOLUTION, HIGH&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SOLUS V2 LANCETS 28 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SOLUS V2 LANCETS 30 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SOLUS V2 LANCING DEVICE KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>SOLUS V2 TEST STRIPS&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(150 per 30 days)</td>
</tr>
<tr>
<td>SOMA 250 MG TABLET</td>
<td>4</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SOMA 350 MG TABLET</td>
<td>4</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(0.5 per 28 days)</td>
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<tr>
<td>SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(0.2 per 28 days)</td>
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<tr>
<td>SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(0.3 per 28 days)</td>
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<tr>
<td>SOMAVER 10 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>SOMAVER 15 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>SOMAVER 20 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>SOMAVER 25 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>SOMAVER 30 MG SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>SONATA 10 MG CAPSULE</td>
<td>3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SONATA 5 MG CAPSULE</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SOOLEDRA 1 % TOPICAL CREAM</td>
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<tr>
<td>sorbitol-mannitol irrig</td>
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<tr>
<td>SORIATANE 10 MG CAPSULE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
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<tr>
<td>SORIATANE 25 MG CAPSULE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA</td>
</tr>
<tr>
<td>SORILUX 0.005 % TOPICAL FOAM&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(120 per 28 days)</td>
</tr>
<tr>
<td>sorine 120 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>sorine 160 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>sorine 240 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sorine 80 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sotalol 120 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>sotalol 160 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sotalol 240 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sotalol 80 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sotalol of 120 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>sotalol of 160 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>sotalol of 80 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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</thead>
<tbody>
<tr>
<td>SOTYLIZE 5 MG/ML ORAL SOLUTION <strong>MM</strong></td>
<td>4</td>
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</tr>
<tr>
<td>SOVALDI 150 MG ORAL PELLETS IN PACKET <strong>SP,DL</strong></td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SOVALDI 200 MG ORAL PELLETS IN PACKET <strong>SP,DL</strong></td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>SOVALDI 200 MG TABLET <strong>SP,DL</strong></td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SOVALDI 400 MG TABLET <strong>SP,DL</strong></td>
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<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>SPACE CHAMBER</td>
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<tr>
<td>SPACE CHAMBER PLUS</td>
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<tr>
<td>SPACE CHAMBER WITH LARGE MASK</td>
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<tr>
<td>SPACE CHAMBER WITH MEDIUM MASK</td>
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<tr>
<td>SPACE CHAMBER WITH SMALL MASK</td>
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<tr>
<td>SPECTRACEF 400 MG TABLET</td>
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<tr>
<td>spinosad 0.9% topical susp</td>
<td>3</td>
<td>QL(240 per 30 days)</td>
</tr>
<tr>
<td>SPIRIVA RESPMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION <strong>MM</strong></td>
<td>2</td>
<td>QL(4 per 28 days)</td>
</tr>
<tr>
<td>SPIRIVA RESPMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <strong>MM</strong></td>
<td>2</td>
<td>QL(4 per 28 days)</td>
</tr>
<tr>
<td>SPIRIVA WITH HANDBIALER 18 MCG AND INHALATION CAPSULES <strong>MM</strong></td>
<td>2</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>spironolactone 100 mg tablet <strong>MM</strong></td>
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<tr>
<td>spironolactone 25 mg tablet <strong>MM</strong></td>
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<tr>
<td>spironolactone 50 mg tablet <strong>MM</strong></td>
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<tr>
<td>spironolactone-hctz 25-25 tab <strong>MM</strong></td>
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<tr>
<td>SPORANOX 10 MG/ML ORAL SOLUTION</td>
<td>4</td>
<td>QL(150 per 30 days)</td>
</tr>
<tr>
<td>SPORANOX 100 MG CAPSULE</td>
<td>4</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SPORANOX PULSEPAK 100 MG CAPSULE</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>SPRAVATO 28 MG NASAL SPRAY <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA,QL(16 per 28 days)</td>
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<tr>
<td>SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA,QL(24 per 28 days)</td>
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<tr>
<td>sprintec (28) 0.25 mg-35 mcg tablet <strong>MM</strong></td>
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<tr>
<td>SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <strong>MM</strong></td>
<td>4</td>
<td>ST,QL(90 per 30 days)</td>
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<tr>
<td>SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <strong>MM</strong></td>
<td>4</td>
<td>ST,QL(360 per 30 days)</td>
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<tr>
<td>SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <strong>MM</strong></td>
<td>4</td>
<td>ST,QL(180 per 30 days)</td>
</tr>
<tr>
<td>SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <strong>MM</strong></td>
<td>4</td>
<td>ST,QL(120 per 30 days)</td>
</tr>
<tr>
<td>SPRIX 15.75 MG/SPRAY NASAL SPRAY <strong>SP,LD,DL</strong></td>
<td>*</td>
<td>PA,QL(5 per 30 days)</td>
</tr>
<tr>
<td>SPRYCEL 100 MG TABLET <strong>MM,SP,DL</strong></td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>SPRYCEL 140 MG TABLET <strong>MM,SP,DL</strong></td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>SPRYCEL 20 MG TABLET <strong>MM,SP,DL</strong></td>
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<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>SPRYCEL 50 MG TABLET <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>SPRYCEL 70 MG TABLET <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>SPRYCEL 80 MG TABLET <strong>MM,SP,DL</strong></td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION</td>
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<tr>
<td>SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA</td>
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<tr>
<td>sps 15 gm/60 ml suspension</td>
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<tr>
<td>sps 30 gm/120 ml enema</td>
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<tr>
<td>sps 50 gm/200 ml enema</td>
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<td>sronyx 0.1 mg-20 mcg tablet <strong>MM</strong></td>
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<tr>
<td>SSD 1 % TOPICAL CREAM</td>
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<tr>
<td>sski 1 gram/ml oral solution</td>
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<tr>
<td>STALEVO 25 25 MG-100 MG-200 MG TABLET <strong>MM</strong></td>
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<tr>
<td>STALEVO 125 31.25 MG-125 MG-200 MG TABLET <strong>MM</strong></td>
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<tr>
<td>STALEVO 150 37.5 MG-150 MG-200 MG TABLET <strong>MM</strong></td>
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<tr>
<td>STALEVO 200 50 MG-200 MG TABLET <strong>MM</strong></td>
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<tr>
<td>STALEVO 50 12.5 MG-50 MG-200 MG TABLET <strong>MM</strong></td>
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<tr>
<td>STALEVO 75 18.75 MG-75 MG-200 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>STALIX 120 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>STARLIX 60 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>stavudine 15 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(120 per 30 days)</td>
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<tr>
<td>stavudine 20 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>stavudine 30 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
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<tr>
<td>stavudine 40 mg capsule&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
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<tr>
<td>STEGLATRO 15 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>STEGLATRO 5 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>STEGLUJAN 15 MG-100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>STEGLUJAN 5 MG-100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PA,QL(1.5 per 84 days)</td>
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<tr>
<td>STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PA,QL(1.5 per 84 days)</td>
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<tr>
<td>STELARA 90 MG/ML SUBCUTANEOUS SYRINGE&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>PA,QL(3 per 84 days)</td>
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<tr>
<td>STERILANCE TL 30 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>STERILANCE TL 32 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>STIMATE 1.5 MG/ML NASAL SPRAY&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTION SOLUTION FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 28 days)</td>
</tr>
<tr>
<td>STIVARGA 40 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(84 per 30 days)</td>
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<tr>
<td>STRATTERA 10 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>STRATTERA 100 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>STRATTERA 18 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>STRATTERA 25 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>STRATTERA 40 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>STRATTERA 60 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>STRATTERA 80 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(10.8 per 28 days)</td>
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<tr>
<td>STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(16.8 per 28 days)</td>
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<tr>
<td>STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(24 per 28 days)</td>
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<tr>
<td>STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>PA,QL(38.4 per 28 days)</td>
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<tr>
<td>STRIANT 30 MG MUCAADHESIVE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>STRIBILD 150 MG-150 MG-200 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>STRIVERDI RESPIMAT 2.5 MCG/ACTION SOLUTION FOR INHALATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(4 per 30 days)</td>
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<tr>
<td>STROMECTOL 3 MG TABLET</td>
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<tr>
<td>strong iodine 5 % oral solution</td>
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<tr>
<td>SUBOXONE 12 MG-3 MG SUBLINGUAL FILM&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>SUBOXONE 4 MG-1 MG SUBLINGUAL FILM&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>SUBOXONE 8 MG-2 MG SUBLINGUAL FILM&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>SUBSYS 1,200 MCG (600 MCG/Spray x2) SUBLINGUAL SPRAY&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>SUBSYS 1,600 MCG (800 MCG/Spray x2) SUBLINGUAL SPRAY&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>SUBSYS 100 MCG/Spray SUBLINGUAL SPRAY&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(120 per 30 days)</td>
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<td>SUBSYS 200 MCG/Spray SUBLINGUAL SPRAY&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(120 per 30 days)</td>
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<td>SUBSYS 400 MCG/Spray SUBLINGUAL SPRAY&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(120 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>SUTENT 37.5 MG CAPSULE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 50 MG CAPSULE&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 12.5 MG CAPSULE</td>
<td></td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 25 MG CAPSULE</td>
<td></td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 37.5 MG CAPSULE</td>
<td></td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 50 MG CAPSULE</td>
<td></td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SUTENT 12.5 MG CAPSULE</td>
<td></td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>SYLATRON 200 MCG SUBCUTANEOUS KIT&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(4 per 28 days)</td>
</tr>
<tr>
<td>SYLATRON 300 MCG SUBCUTANEOUS KIT&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(4 per 28 days)</td>
</tr>
<tr>
<td>SYLATRON 600 MCG KIT&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(4 per 28 days)</td>
</tr>
<tr>
<td>SYLATRON 200 MCG SUBCUTANEOUS KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
<td></td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 300 MCG SUBCUTANEOUS KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
<td></td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 600 MCG KIT&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>*</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 200 MCG SUBCUTANEOUS KIT</td>
<td>*</td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 300 MCG SUBCUTANEOUS KIT</td>
<td>*</td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 600 MCG KIT</td>
<td>*</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 200 MCG SUBCUTANEOUS KIT</td>
<td></td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 300 MCG SUBCUTANEOUS KIT</td>
<td></td>
<td>QL(10.2 per 30 days)</td>
</tr>
<tr>
<td>SYLATRON 600 MCG KIT</td>
<td>*</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMATIX fastabs 0.125 mg disintegrating tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(10.8 per 30 days)</td>
</tr>
<tr>
<td>SYMATIX sl 0.125 mg sublingual tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(10.5 per 30 days)</td>
</tr>
<tr>
<td>SYMATIX sr 0.375 mg tablet, extended release&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(10.5 per 30 days)</td>
</tr>
<tr>
<td>SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBYAX 12 MG-50 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBYAX 12-25 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBYAX 3 MG-25 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBYAX 6 MG-25 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMBYAX 6 MG-50 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
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<tr>
<td>SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>SYMF 600 MG-300 MG-300 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMF LO 400 MG-300 MG-300 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE FOR 33 LB TO 66 LB PATIENTS&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMLINPEN 120,2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(10.8 per 30 days)</td>
</tr>
<tr>
<td>SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMDECORT 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(10.8 per 30 days)</td>
</tr>
<tr>
<td>SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(4 per 30 days)</td>
</tr>
<tr>
<td>SYMPAZAN 10 MG ORAL FILM&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYMPAZAN 20 MG ORAL FILM&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYMPAZAN 5 MG ORAL FILM&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYMPROIC 0.2 MG TABLET</td>
<td>3</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
<td>*</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYNERA 70 MG-70 MG PATCH</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SYNERYA 70 MG-70 MG PATCH</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SYNERTA 70 MG-70 MG PATCH</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SYNJARDY 12.5 MG-1,000 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 12.5 MG-500 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 5 MG-1,000 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 5 MG-500 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 100 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
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<tr>
<td>SYNJARDY 112 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 125 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>SYNJARDY 137 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(30 per 30 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYNTHROID 150 MCG TABLET MM</td>
<td>2</td>
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<tr>
<td>SYNTHROID 175 MCG TABLET MM</td>
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<tr>
<td>SYNTHROID 200 MCG TABLET MM</td>
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<td></td>
</tr>
<tr>
<td>SYNTHROID 25 MCG TABLET MM</td>
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<td></td>
</tr>
<tr>
<td>SYNTHROID 300 MCG TABLET MM</td>
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<td></td>
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<tr>
<td>SYNTHROID 50 MCG TABLET MM</td>
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<tr>
<td>SYNTHROID 75 MCG TABLET MM</td>
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<tr>
<td>SYNTHROID 88 MCG TABLET MM</td>
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<tr>
<td>SPRINE 250 MG CAPSULE SP,DL</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>SYRINGE W-O NEEDLE 60 ML</td>
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<tr>
<td>TABLOID 40 MG TABLET</td>
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<td>QL(360 per 30 days)</td>
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<tr>
<td>TABRECTA 150 MG TABLET MM,SP,DL</td>
<td>*</td>
<td>PA,QL(112 per 28 days)</td>
</tr>
<tr>
<td>TABRECTA 200 MG TABLET MM,SP,DL</td>
<td>*</td>
<td>PA,QL(112 per 28 days)</td>
</tr>
<tr>
<td>TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT</td>
<td>4</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION SP,DL</td>
<td>*</td>
<td>PA,QL(420 per 30 days)</td>
</tr>
<tr>
<td>tacrolimus 0.03% ointment</td>
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<tr>
<td>tacrolimus 0.1% ointment</td>
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<tr>
<td>tacrolimus 0.5 mg capsule MM</td>
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<tr>
<td>tacrolimus 1 mg capsule MM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tacrolimus 5 mg capsule MM</td>
<td>2</td>
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</tr>
<tr>
<td>tadalafl 20 mg tablet MM,DL</td>
<td>3</td>
<td>QL(180 per 30 days)</td>
</tr>
<tr>
<td>TAFINLAR 50 MG CAPSULE MM,SP,DL</td>
<td>*</td>
<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>TAFINLAR 75 MG CAPSULE MM,SP,DL</td>
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<td>PA,QL(120 per 30 days)</td>
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<tr>
<td>TGRISSO 40 MG TABLET SP,LD,DL</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TGRISSO 80 MG TABLET SP,LD,DL</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TAKHYZRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION MM,SP,LD,DL</td>
<td>*</td>
<td>PA,QL(4 per 28 days)</td>
</tr>
<tr>
<td>TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE SP,DL</td>
<td>*</td>
<td>QL(168 per 30 days)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS MM,SP,DL</td>
<td>*</td>
<td>PA,QL(18 per 365 days)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS MM,SP,DL</td>
<td>*</td>
<td>PA,QL(18 per 365 days)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS MM,SP,DL</td>
<td>*</td>
<td>PA,QL(18 per 365 days)</td>
</tr>
<tr>
<td>TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS MM,SP,DL</td>
<td>*</td>
<td>PA,QL(18 per 365 days)</td>
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<tr>
<td>TALZENNA 0.25 MG CAPSULE SP,DL</td>
<td>*</td>
<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>TALZENNA 1 MG CAPSULE SP,DL</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>TAMIFLU 30 MG CAPSULE</td>
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<td>QL(224 per 365 days)</td>
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<tr>
<td>TAMIFLU 45 MG CAPSULE</td>
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<td>QL(112 per 365 days)</td>
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<tr>
<td>TAMIFLU 6 MG/ML ORAL SUSPENSION</td>
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<td>QL(1440 per 365 days)</td>
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<tr>
<td>TAMIFLU 75 MG CAPSULE</td>
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<td>QL(112 per 365 days)</td>
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<td>tamoxifen 10 mg tablet MM</td>
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<tr>
<td>tamoxifen 20 mg tablet MM</td>
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<tr>
<td>tamsulosin hcl 0.4 mg capsule MM</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE</td>
<td>3</td>
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<tr>
<td>TAPAZOLE 10 MG TABLET MM</td>
<td>3</td>
<td></td>
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<tr>
<td>TAPAZOLE 5 MG TABLET MM</td>
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<tr>
<td>taderdex 1.5 mg (21 tabs) tablets in a dose pack</td>
<td>3</td>
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<tr>
<td>taderdex 1.5 mg (27 tabs) tablets in a dose pack</td>
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<tr>
<td>taderdex 1.5 mg (49 tabs) tablets in a dose pack</td>
<td>3</td>
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<tr>
<td>TARCEVA 100 MG TABLET MM,SP,DL</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TARCEVA 150 MG TABLET MM,SP,DL</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TARCEVA 25 MG TABLET MM,SP,DL</td>
<td>*</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>TARGADOX 50 MG TABLET SP,DL</td>
<td>*</td>
<td>ST,QL(180 per 30 days)</td>
</tr>
</tbody>
</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Level</th>
<th>Utilization Management Requirements</th>
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<tbody>
<tr>
<td>Targetin 1% Topical Gel SP, DL</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>Targetin 75 mg Capsule MM, SP, DL</td>
<td>*</td>
<td>PA, QL (300 per 30 days)</td>
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<tr>
<td>Tarina Fe 1 mg-20 mcg (24)/75 mg (4) Tablet</td>
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<td>PA, QL</td>
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<tr>
<td>Tarina Fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) Tablet</td>
<td>1</td>
<td>PA, QL</td>
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<tr>
<td>Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) Tablet</td>
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<td>PA, QL</td>
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<tr>
<td>Tarka 2 mg-180 mg Tablet, Extended Release</td>
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<td>PA, QL</td>
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<tr>
<td>Tarka 2 mg-240 mg Tablet, Extended Release</td>
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<td>PA, QL</td>
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<tr>
<td>Tarka 4 mg-240 mg Tablet, Extended Release</td>
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<td>PA, QL</td>
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<tr>
<td>Taron Forte 150 mg-60 mg-25 mcg-1 mg capsule</td>
<td>2</td>
<td>PA, QL</td>
</tr>
<tr>
<td>Tasigna 150 mg Capsule MM, SP, DL</td>
<td>*</td>
<td>PA, QL (120 per 30 days)</td>
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<tr>
<td>Tasigna 200 mg Capsule MM, SP, DL</td>
<td>*</td>
<td>PA, QL (120 per 30 days)</td>
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<tr>
<td>Tasigna 50 mg Capsule MM, SP, DL</td>
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<td>PA, QL (120 per 30 days)</td>
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<tr>
<td>Tasmar 100 mg Tablet MM</td>
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<td>PA, QL (90 per 30 days)</td>
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<tr>
<td>Tavalisse 100 mg Tablet SP, LD, DL</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>Tavalisse 150 mg Tablet SP, LD, DL</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>Taytulla 1 mg-20 mcg (24)/75 mg (4) Capsule</td>
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<tr>
<td>Tazorotene 0.1% cream</td>
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<td>PA</td>
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<tr>
<td>Tazorac 0.05% topical cream</td>
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<tr>
<td>Tazorac 0.05% topical gel</td>
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<tr>
<td>Tazorac 0.1% topical cream</td>
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<td>PA</td>
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<tr>
<td>Tazorac 0.1% topical gel</td>
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<td>PA</td>
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<tr>
<td>Tazzia XT 120 mg capsule, extended release</td>
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<td>QL (60 per 30 days)</td>
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<td>Tazzia XT 180 mg capsule, extended release</td>
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<tr>
<td>Tazzia XT 240 mg capsule, extended release</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>Tazzia XT 300 mg capsule, extended release</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>Tazzia XT 360 mg capsule, extended release</td>
<td>2</td>
<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>Tazverik 200 mg Tablet MM, SP, LD, DL</td>
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<td>PA</td>
</tr>
<tr>
<td>Td Gold Blood Glucose Monitor MM</td>
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<td>ST</td>
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<tr>
<td>Td Gold Level 1 Control Solution MM</td>
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<tr>
<td>Td Gold Level 2 Control Solution MM</td>
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<tr>
<td>Td Gold Level 3 Control Solution MM</td>
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</tr>
<tr>
<td>Td Gold Test Strip MM</td>
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<td>ST, QL (150 per 30 days)</td>
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<tr>
<td>Td Gold Voice Glucose Monitor MM</td>
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<tr>
<td>TdVax 2 LF Unit-2 LF Unit/0.5 mL Intramuscular Suspension</td>
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<tr>
<td>Tecfidera 120 mg (14)-240 mg (46) Capsule, Delayed Release SP, DL</td>
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<td>Tecfidera 120 mg Capsule, Delayed Release MM, SP, DL</td>
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<tr>
<td>Tecfidera 240 mg Capsule, Delayed Release MM, SP, DL</td>
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<td>Techlite Insulin Syringe 1 ml 29 gauge x 1/2 mm</td>
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<tr>
<td>Techlite Insulin Syringe 1 ml 30 gauge x 1/2 mm</td>
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</tr>
<tr>
<td>Techlite Insulin Syringe 1 ml 30 gauge x 5/16 mm</td>
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</tr>
<tr>
<td>Techlite Insulin Syringe 1 ml 31 gauge x 15/64 mm</td>
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<td>Techlite Insulin Syringe 1 ml 31 gauge x 5/16 mm</td>
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<td>Techlite Insulin Syringe 0.3 ml 29 gauge x 1/2 mm</td>
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<tr>
<td>Techlite Insulin Syringe 0.3 ml 30 gauge x 1/2 mm</td>
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<td>Techlite Insulin Syringe 0.3 ml 30 gauge x 5/16 mm</td>
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<tr>
<td>Techlite Insulin Syringe Half Unit 0.5 ml 29 gauge x 1/2 mm</td>
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<td>Techlite Insulin Syringe Half Unit 0.3 ml 31 gauge x 15/64 mm</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>TECHLITE INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 5/16&quot;MM</td>
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<td>TECHLITE PEN NEEDLE 31 GAUGE X 1/4&quot;MM</td>
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<td>TEGRETOL 100 MG/5 ML ORAL SUSPENSION</td>
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<td>TEGRETOL XR 400 MG TABLET, EXTENDED RELEASE</td>
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<td>TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE</td>
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<tr>
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<td>TEKTURNA 300 MG TABLET</td>
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<tr>
<td>TEKTURNA HCT 150 MG-12.5 MG TABLET</td>
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<td>TELCARE BLOOD GLUCOSE KIT</td>
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<tr>
<td>telmisartan 40 mg tablet</td>
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<tr>
<td>telmisartan 80 mg tablet</td>
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<td>telmisartan-amlodipine 80-10 mm</td>
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<td>temazepam 15 mg capsule</td>
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<td>temazepam 30 mg capsule</td>
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<td>temazepam 7.5 mg capsule</td>
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<tr>
<td>TEMIXYS 300 MG-300 MG TABLET</td>
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<tr>
<td>TEMODAR 100 MG CAPSULE</td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td>TEMODAR 140 MG CAPSULE</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>TEMODAR 180 MG CAPSULE</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
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</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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</thead>
<tbody>
<tr>
<td>TEMODAR 20 MG CAPSULE⁵⁵,⁶⁶</td>
<td>*</td>
<td>PA,QL(270 per 30 days)</td>
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<tr>
<td>TEMODAR 250 MG CAPSULE⁵⁵,⁶⁶</td>
<td>*</td>
<td>PA,QL(10 per 30 days)</td>
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<tr>
<td>TEMODAR 5 MG CAPSULE⁵⁵,⁶⁶</td>
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<td>PA,QL(90 per 30 days)</td>
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<tr>
<td>TEMOVATE 0.05 % TOPICAL CREAM</td>
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<tr>
<td>TEMOVATE 0.05 % TOPICAL OINTMENT</td>
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<td>temozolomide 100 mg capsule⁵⁵,⁶⁶</td>
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<td>PA,QL(60 per 30 days)</td>
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<td>temozolomide 140 mg capsule⁵⁵,⁶⁶</td>
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<td>PA,QL(60 per 30 days)</td>
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<td>temozolomide 180 mg capsule⁵⁵,⁶⁶</td>
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<td>PA,QL(90 per 30 days)</td>
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<td>tencon 50 mg-325 mg tablet</td>
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<tr>
<td>TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION</td>
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<td>TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE</td>
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<td>tenofovir disop fun 300 mg tb⁶⁶</td>
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<td>TENORETIC 100 100 MG-25 MG TABLET⁷⁷</td>
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<td>TENORETIC 50 50 MG-25 MG TABLET⁷⁷</td>
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<td>TENORMIN 100 MG TABLET⁷⁷</td>
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<td>TENORMIN 25 MG TABLET⁷⁷</td>
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<td>TERIPARATIDE 620 MCG/2.48 ML⁸⁸,⁹⁹,¹⁰⁰</td>
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<td>TERUMO INS SYRINGE U100-1 ML⁸⁸,¹⁰⁰</td>
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<td>TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2⁸⁸,¹⁰⁰</td>
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<tr>
<td>TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2⁸⁸,¹⁰⁰</td>
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<td>TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2⁸⁸,¹⁰⁰</td>
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<td>TESSALON PERLES 100 MG CAPSULE</td>
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<td>TEST N’GO BLOOD GLUCOSE SYSTEM⁸⁸,¹⁰⁰</td>
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<td>TEST N’GO TEST STRIPS⁹⁹</td>
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<tr>
<td>TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL⁹⁹</td>
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<td>testosteron cyp 1,000 mg/10 ml⁹⁹,¹⁰⁰</td>
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<td>testosteron enan 1,000 mg/5 ml</td>
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<td>testosterone 1.62% (2.5 g) pkt⁹⁹,¹⁰⁰</td>
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<td>testosterone 1.62% gel pump⁹⁹</td>
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<td>testosterone 10 mg gel pump⁹⁹</td>
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<td>testosterone 25 mg/2.5 gm pkt</td>
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<td>testosterone 30 mg/1.5 ml pump</td>
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<tr>
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<td>THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8</td>
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<tr>
<td>THINPRO INSULIN SYRINGE 1 ML 28 GAUGE × 1/2</td>
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<td>THINPRO INSULIN SYRINGE 1 ML 29 GAUGE × 1/2</td>
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<td>THIOLA 100 MG TABLET, DELAYED RELEASE</td>
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<td>THIOLA EC 100 MG TABLET, DELAYED RELEASE</td>
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<td>thiothixene 1 mg capsule</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>thyroid 90 mg tablet</td>
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<td>THYROLAR-1 12.5 MCG-50 MCG TABLET</td>
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<td>THYROLAR-1/2 6.25 MCG-25 MCG TABLET</td>
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<td>THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET</td>
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<td>tiadylt er 360 mg capsule, extended release</td>
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<td>tiadylt er 420 mg capsule, extended release</td>
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<td>tiagabine hcl 2 mg tablet</td>
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<td>tiagabine hcl 4 mg tablet</td>
<td>MM 4 QL(120 per 30 days)</td>
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<td>TIAZAC 120 MG CAPSULE, EXTENDED RELEASE</td>
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<td>TIAZAC 180 MG CAPSULE, EXTENDED RELEASE</td>
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<td>TIAZAC 300 MG CAPSULE, EXTENDED RELEASE</td>
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<td>TIAZAC 360 MG CAPSULE, EXTENDED RELEASE</td>
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<td>TIAZAC 420 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>TIBSOVO 250 MG TABLET,SP,LD,DL</td>
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<td>TIGAN 300 MG CAPSULE</td>
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<tr>
<td>TIGLUTIK 50 MG/10 ML ORAL SUSPENSION,SP,DL</td>
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<td>TIKOSYN 125 MCG CAPSULE</td>
<td>MM 4 QL(240 per 30 days)</td>
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<td>TIKOSYN 250 MCG CAPSULE</td>
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<td>TIKOSYN 500 MCG CAPSULE</td>
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<td>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</td>
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<td>timolol 0.25% gfs gel-solution</td>
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<td>timolol 0.5% eye drop</td>
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<td>QL(5 per 50 days)</td>
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<tr>
<td>timolol 0.5% gfs gel-solution</td>
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<tr>
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<td>timolol maleate 5 mg tablet</td>
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<td>TIMOPTIC 0.25 % EYE DROPS</td>
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<td>TIMOPTIC 0.5 % EYE DROPS</td>
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<td>TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE</td>
<td>MM 3</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
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<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPERETTE</td>
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<td>TIMOPTIC-XE 0.25 % EYE GEL</td>
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<td>TIROSINT 125 MCG CAPSULE</td>
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<td>TIVICAY 25 MG TABLET</td>
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<tr>
<td>TIVICAY 50 MG TABLET</td>
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<tr>
<td>TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION</td>
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<td>TIVORBEX 20 MG CAPSULE</td>
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<td>TIVORBEX 40 MG CAPSULE</td>
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<td>TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE</td>
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<td>PA, QL(224 per 28 days)</td>
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<td>TOBI PODHALER 28 MG INHALE CAP</td>
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<td>TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION</td>
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<td>TOBRADEX 0.3 %-0.1 % EYE OINTMENT</td>
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<td>TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION</td>
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<td>TOPAMAX 15 MG SPRINKLE CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(180 per 30 days)</td>
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<td>TOPAMAX 50 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(120 per 30 days)</td>
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<td>TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
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<tr>
<td>TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
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<tr>
<td>TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16&quot; SYRINGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPCARE UNIVERSAL1 LANCET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPCARE UNIVERSAL1 LANCET 33 GAUGE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TOPICORT 0.05 % TOPICAL CREAM</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT 0.05 % TOPICAL GEL</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT 0.05 % TOPICAL OINTMENT</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT 0.25 % TOPICAL CREAM</td>
<td>4</td>
<td>ST</td>
</tr>
<tr>
<td>TOPICORT 0.25 % TOPICAL OINTMENT</td>
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<td>ST</td>
</tr>
<tr>
<td>TOPICORT 0.25 % TOPICAL SPRAY</td>
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<td>ST</td>
</tr>
<tr>
<td>topiramate 100 mg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>1</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>topiramate 15 mg sprinkle cap&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>QL(120 per 30 days)</td>
</tr>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>topiramate 200 mg tablet</td>
<td>MM 1</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>topiramate 25 mg sprinkle cap</td>
<td>MM 2</td>
<td>QL(180 per 30 days)</td>
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<tr>
<td>topiramate 25 mg tablet</td>
<td>MM 1</td>
<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>topiramate 50 mg tablet</td>
<td>MM 1</td>
<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>topiramate er 100 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>topiramate er 150 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>topiramate er 200 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>topiramate er 25 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(90 per 30 days)</td>
</tr>
<tr>
<td>topiramate er 50 mg capsule</td>
<td>MM,SP,DL *</td>
<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>TOPROL XL 100 MG TABLET,EXTENDED RELEASE</td>
<td>MM 3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>TOPROL XL 200 MG TABLET,EXTENDED RELEASE</td>
<td>MM 3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>TOPROL XL 25 MG TABLET,EXTENDED RELEASE</td>
<td>MM 3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>TOPROL XL 50 MG TABLET,EXTENDED RELEASE</td>
<td>MM 3</td>
<td>QL(60 per 30 days)</td>
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<tr>
<td>toremifene citrate 60 mg tab</td>
<td>MM,SP,DL *</td>
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<tr>
<td>torsemide 10 mg tablet</td>
<td>MM 1</td>
<td>QL(60 per 30 days)</td>
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<tr>
<td>torsemide 20 mg tablet</td>
<td>MM 1</td>
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</tr>
<tr>
<td>torsemide 5 mg tablet</td>
<td>MM 1</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>TOSYMRA 10 MG/ACTIONAL NASAL SPRAY</td>
<td>MM 3</td>
<td>ST,QL(12 per 30 days)</td>
</tr>
<tr>
<td>TOUJE MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML)</td>
<td>MM 2</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TOUJE SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML)</td>
<td>MM 2</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>tovet emollient 0.05 % topical foam</td>
<td>MM 3</td>
<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>TOVIAZ 4 MG TABLET,EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>TOVIAZ 8 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>TRACLEER 125 MG TABLET</td>
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<tr>
<td>TRACLEER 32 MG TABLET FOR ORAL SUSPENSION</td>
<td>MM,SP,DL *</td>
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<tr>
<td>TRACLEER 62.5 MG TABLET</td>
<td>MM,SP,DL *</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>TRADJENTA 5 MG TABLET</td>
<td>MM 2</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>tramadol er 100 mg tablet</td>
<td>MM 2</td>
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<tr>
<td>tramadol er 200 mg tablet</td>
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<tr>
<td>tramadol er 300 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>tramadol hcl 100 mg tablet</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>tramadol hcl 50 mg tablet</td>
<td>MM 2</td>
<td>QL(240 per 30 days)</td>
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<tr>
<td>tramadol hcl er 100 mg capsule</td>
<td>MM 3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>tramadol hcl er 100 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>tramadol hcl er 150 mg capsule</td>
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<tr>
<td>tramadol hcl er 200 mg capsule</td>
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<td>tramadol hcl er 200 mg tablet</td>
<td>MM 2</td>
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<tr>
<td>tramadol hcl er 300 mg capsule</td>
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<tr>
<td>tramadol hcl er 300 mg tablet</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>tramadol-acetaminophen 37.5-325</td>
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<td>QL(240 per 30 days)</td>
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<td>trandolapril-verapam er 1-240 mg</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>trandolapril-verapam er 2-180 mg</td>
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<td>QL(240 per 30 days)</td>
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<td>trandolapril-verapam er 2-240 mg</td>
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<tr>
<td>trandolapril-verapam er 4-240 mg</td>
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<td>QL(240 per 30 days)</td>
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<td>trandolapril 1 mg tablet</td>
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<tr>
<td>trandolapril 2 mg tablet</td>
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<tr>
<td>trandolapril 4 mg tablet</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>tranexamic acid 650 mg tablet</td>
<td>MM 3</td>
<td>QL(30 per 5 days)</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS)</td>
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<td>QL(10 per 30 days)</td>
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<tr>
<td>TRANXENE T-TAB 7.5 MG TABLET</td>
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<tr>
<td>tranylcypromine sulf 10 mg tab</td>
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<td>QL(270 per 30 days)</td>
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<tr>
<td>TRAVATAN Z 0.004 % EYE DROPS</td>
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<td>ST,QL(2.5 per 25 days)</td>
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<tr>
<td>travoprost 0.004% eye drop</td>
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<td>trazodone 150 mg tablet</td>
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<td>trazodone 300 mg tablet</td>
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<td>trazodone 50 mg tablet</td>
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<td>TRECATOR 250 MG TABLET</td>
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<tr>
<td>TRELEGGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>PA,QL(1 per 28 days)</td>
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<td>TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE</td>
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<td>PA,QL(8 per 365 days)</td>
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<tr>
<td>TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN</td>
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<td>TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN</td>
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<td>TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
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<td>TRETIN-X 0.075 % TOPICAL CREAM</td>
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<td>tretinoin 0.01% gel</td>
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<td>PA</td>
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<tr>
<td>tretinoin 0.025% cream</td>
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<td>PA</td>
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<tr>
<td>tretinoin 0.05% cream</td>
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<td>PA</td>
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<tr>
<td>tretinoin 0.1% cream</td>
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<td>PA</td>
</tr>
<tr>
<td>tretinoin 10 mg capsule</td>
<td>*</td>
<td>PA,QL(360 per 30 days)</td>
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<tr>
<td>tretinoin gel micro 0.04% pump</td>
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<tr>
<td>tretinoin gel micro 0.04% tube</td>
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<tr>
<td>tretinoin gel micro 0.1% pump</td>
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<td>tretinoin gel micro 0.1% tube</td>
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<td>TRESXALL 10 MG TABLET</td>
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<tr>
<td>TRESXALL 15 MG TABLET</td>
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<td>TRESXALL 5 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>TRESXALL 7.5 MG TABLET</td>
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<td>TREXIMET 10-60 MG TABLET</td>
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<td>TREXIMET 85 MG-500 MG TABLET</td>
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<tr>
<td>TREPZIX 320.5 MG-30 MG-16 MG CAPSULE</td>
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<td>QL(300 per 30 days)</td>
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<tr>
<td>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</td>
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<tr>
<td>tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mgc tablet</td>
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<tr>
<td>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</td>
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<tr>
<td>tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</td>
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<tr>
<td>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</td>
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<tr>
<td>tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</td>
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<td>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet</td>
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<td>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</td>
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<td>tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</td>
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<tr>
<td>TRI-NORINYL 28 TABLET</td>
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<tr>
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<tr>
<td>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</td>
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<tr>
<td>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet</td>
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<tr>
<td>triamcinolone 0.025% cream</td>
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<td>triamcinolone 0.025% lotion</td>
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<td>triamcinolone 0.1% paste</td>
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<td>triamcinolone 0.147 mg/g spray</td>
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<td>triamctere-hctz 37.5-25 mg tb</td>
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<td>triamcterne-hctz 75-50 mg tab</td>
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<td>tianex 0.05 % topical ointment</td>
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<td>TRIBENZOR 20 MG-5 MG-12.5 MG TABLET</td>
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<td>TRIBENZOR 40 MG-10 MG-12.5 MG TABLET</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
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<td>TRICARE 27 MG IRON-1 MG TABLET</td>
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<td>TRICOR 48 MG TABLET</td>
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<tr>
<td>triderm 0.5 % topical cream</td>
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<tr>
<td>TRIDESILON 0.05 % TOPICAL CREAM</td>
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<tr>
<td>trientine hcl 250 mg capsule</td>
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<td>PA</td>
</tr>
<tr>
<td>trifluopersazine 1 mg tablet</td>
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<tr>
<td>trifluopersazine 10 mg tablet</td>
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</tr>
<tr>
<td>trifluopersazine 2 mg tablet</td>
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<tr>
<td>trifluopersazine 5 mg tablet</td>
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<tr>
<td>trifluridine 1% eye drops</td>
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<tr>
<td>trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule</td>
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<tr>
<td>TRIGLIDE 160 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>trihexyphenidyl 2 mg tablet</td>
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<tr>
<td>trihexyphenidyl 2 mg/5 ml elx</td>
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<tr>
<td>trihexyphenidyl 5 mg tablet</td>
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<tr>
<td>TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>QL(60 per 30 days)</td>
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<tr>
<td>TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS</td>
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<td>PA,QL(84 per 28 days)</td>
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<tr>
<td>triklo 1 gm capsule</td>
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<tr>
<td>TRILEPTAL 150 MG TABLET</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tr>
<td>TRILEPTAL 300 MG TABLET</td>
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<tr>
<td>TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION</td>
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<td>TRILEPTAL 600 MG TABLET</td>
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<tr>
<td>TRILIPIX 135 MG CAPSULE, DELAYED RELEASE</td>
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<tr>
<td>TRILIPIX 45 MG CAPSULE, DELAYED RELEASE</td>
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<tr>
<td>trilyte with flavor packets 420 gram oral solution</td>
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<td>trimethobenzamide 300 mg cap</td>
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<td>trimethoprim 100 mg tablet</td>
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<td>trimipramine maleate 25 mg cap</td>
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<tr>
<td>trimipramine maleate 50 mg cap</td>
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<td>TRIMPEX 50 MG/5 ML ORAL SOLN</td>
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<td>trinatal rx 1 60 mg iron-1 mg tablet</td>
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<td>TRINATE 28 MG IRON-1 MG TABLET</td>
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<td>trinessa lo tablet</td>
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<td>trinessa tablet</td>
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<td>TRINELLIX 20 MG TABLET</td>
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<td>TRINELLIX 5 MG TABLET</td>
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<td>triphrocaps 1 mg capsule</td>
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<td>TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION</td>
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<tr>
<td>TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE</td>
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<td>TRIUMEQ 600 MG-50 MG-300 MG TABLET</td>
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<td>triveen-duo dha 29 mg-1 mg-400 mg oral pack</td>
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<td>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet</td>
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<tr>
<td>TRIZIVIR 300 MG-150 MG-300 MG TABLET</td>
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<tr>
<td>TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE</td>
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<td>PA, QL (30 per 30 days)</td>
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<tr>
<td>TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE</td>
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<td>PA, QL (60 per 30 days)</td>
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<tr>
<td>TROKENDI XR 25 MG CAPSULE, EXTENDED RELEASE</td>
<td>*</td>
<td>PA, QL (90 per 30 days)</td>
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<tr>
<td>TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE</td>
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<tr>
<td>TROPHAMINE 10 % INTRAVENOUS SOLUTION</td>
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<td>TROPHAMINE 6% IV SOLUTION</td>
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<td>tropicamide 0.5% eye drops</td>
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<td>tropicamide 1% eye drops</td>
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<td>trospium chloride 20 mg tablet</td>
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<tr>
<td>trospium chloride er 60 mg cap</td>
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<td>TRUE COMFORT ALCOHOL PADS</td>
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<tr>
<td>TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16&quot;</td>
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<td>TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16&quot;</td>
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<td>TRUE COMFORT LANCET 30 GAUGE</td>
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<tr>
<td>TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4&quot;</td>
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<tr>
<td>TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16&quot;</td>
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<tr>
<td>TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32&quot;</td>
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<tr>
<td>TRUE METRIX AIR GLUCOSE METER</td>
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<td>TRUE METRIX AIR GLUCOSE METER KIT</td>
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<td>TRUE METRIX GLUCOSE METER</td>
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<tr>
<td>TRUE METRIX GLUCOSE TEST STRIP</td>
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<td>QL (150 per 30 days)</td>
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<td>TRUE METRIX GO GLUCOSE METER</td>
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<tr>
<td>TRUE METRIX LEVEL 1 SOLUTION</td>
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<tr>
<td>TRUE METRIX LEVEL 2 SOLUTION</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Level</th>
<th>Utilization Management Requirements</th>
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<tr>
<td>True Metrix Level 3 Solution&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>True Metrix Pro Test Strip&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>True2Go Blood Glucose System Kit&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Truecontrol Level 0 Solution&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Truecontrol Level 1 Solution&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>TrueDraw Lancing Device</td>
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<tr>
<td>Trueplus Insulin 0.3 mL 29 Gauge X 1/2&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Insulin 0.3 mL 30 Gauge X 5/16&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Insulin 0.3 mL 31 Gauge X 5/16&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Insulin 0.5 mL 29 Gauge X 1/2&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Insulin 0.5 mL 31 Gauge X 5/16&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Insulin 1 mL 28 Gauge X 1/2&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Insulin 1 mL 29 Gauge X 1/2&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Insulin 1 mL 30 Gauge X 5/16&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Insulin 1 mL 31 Gauge X 5/16&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Insulin 1/2 mL 28 Gauge X 1/2&quot; Syringe&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Lancets 26 Gauge&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Lancets 28 Gauge&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Lancets 30 Gauge&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Lancets 33 Gauge&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Pen Needle 29 Gauge X 1/2&quot;&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Pen Needle 31 Gauge X 1/4&quot;&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Pen Needle 31 Gauge X 3/16&quot;&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trueplus Pen Needle 31 Gauge X 5/16&quot;&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>Trueplus Pen Needle 32 Gauge X 5/32&quot;&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TrueResult Blood Glucose System Kit&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TrueTest Test Strips&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>TrueTrack Blood Glucose System Kit&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>TrueTrack Smart System Kit&lt;sup&gt;MM&lt;/sup&gt;</td>
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<tr>
<td>TrueTrack Test Strips&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(150 per 30 days)</td>
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<tr>
<td>Trulance 3 MG Tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>Trulicity 0.75 MG/0.5 ML Subcutaneous Pen Injector&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Trulicity 1.5 MG/0.5 ML Subcutaneous Pen Injector&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(2 per 28 days)</td>
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<td>Trusopt 2 % Eye Drops&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>QL(10 per 30 days)</td>
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<td>Trust Natal Dha</td>
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<tr>
<td>Truvada 100 MG-150 MG Tablet&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>Truvada 133 MG-200 MG Tablet&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>Truvada 167 MG-250 MG Tablet&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>Truvada 200 MG-300 MG Tablet&lt;sup&gt;MM,SP&lt;/sup&gt;</td>
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<td>TruZone Peak Flow Meter</td>
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<td>Tuberculin Syringe 1 ML 25 Gauge X 1&quot;</td>
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<tr>
<td>Tudorza Pressair 400 MCG/Actuation Breath Activated&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>Tukyxa 150 MG Tablet&lt;sup&gt;MM,SP,LD&lt;/sup&gt;</td>
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<td>Tukyxa 50 MG Tablet&lt;sup&gt;MM,SP,LD&lt;/sup&gt;</td>
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<td>Turalio 200 MG Capsule&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>Tuassicaps 10 MG-8 MG Capsule, Extended Release</td>
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<tr>
<td>Tuassicaps 5 MG-4 MG Capsule</td>
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<td>TUXARIN ER 8 MG-54.3 MG TABLET, EXTENDED RELEASE</td>
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<td>Tuzistra XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION, EXTENDED RELEASE</td>
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<td>TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH</td>
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<td>TWIST LANCETS 32 GAUGE</td>
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<td>TWYNSTA 80 MG-10 MG TABLET</td>
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<td>TYBOST 150 MG TABLET</td>
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<td>Tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet</td>
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<td>TYKERB 250 MG TABLET</td>
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<td>TYLENOL WITH CODEINE #3 TABLET</td>
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<td>TYLENOL WITH CODEINE #4 TABLET</td>
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<td>TYMLOS 80 MCG/DOSE (3.120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR</td>
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<td>TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION</td>
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<td>TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION</td>
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<td>TYVASO REFL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>UBRELVY 100 MG TABLET</td>
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<td>UBRELVY 50 MG TABLET</td>
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<td>UCERIS 2 MG/ACTUATION RECTAL FOAM</td>
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<td>PA</td>
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<td>UCERIS 9 MG TABLET, EXTENDED RELEASE</td>
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<tr>
<td>UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE</td>
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<td>PA, QL (1.2 per 28 days)</td>
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<td>ULESFIA 5 % LOTION</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<tr>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<td>URSO FORTE 500 MG TABLET™</td>
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<td>VALCYTE 450 MG TABLET™ MM,SP,DL</td>
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<td>VALCYTE 50 MG/ML ORAL SOLUTION™ MM,SP,DL</td>
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<td>VELTASSA 25.2 GRAM ORAL POWDER PACKET</td>
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<td>VELTASSA 8.4 GRAM ORAL POWDER PACKET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>VELTIN 1.2 %-0.025 % TOPICAL GEL</td>
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<td>ST</td>
</tr>
<tr>
<td>VEMILIDY 25 MG TABLET</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>VENCLEXTA 10 MG TABLET</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>VENCLEXTA 100 MG TABLET</td>
<td>*</td>
<td>PA,QL(180 per 30 days)</td>
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<tr>
<td>VENCLEXTA 50 MG TABLET</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK</td>
<td>*</td>
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<tr>
<td>venlafaxine hcl 100 mg tablet</td>
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<tr>
<td>venlafaxine hcl 25 mg tablet</td>
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<tr>
<td>venlafaxine hcl 37.5 mg tablet</td>
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</tr>
<tr>
<td>venlafaxine hcl 50 mg tablet</td>
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</tr>
<tr>
<td>venlafaxine hcl 75 mg tablet</td>
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</tr>
<tr>
<td>venlafaxine hcl er 150 mg cap</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>venlafaxine hcl er 150 mg tab</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>venlafaxine hcl er 225 mg tab</td>
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<tr>
<td>venlafaxine hcl er 37.5 mg cap</td>
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<td>QL(30 per 30 days)</td>
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<td>venlafaxine hcl er 37.5 mg tab</td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>venlafaxine hcl er 75 mg cap</td>
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<tr>
<td>venlafaxine hcl er 75 mg tab</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION</td>
<td>*</td>
<td>PA,QL(150 per 30 days)</td>
</tr>
<tr>
<td>VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION</td>
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</tr>
<tr>
<td>VENTOLIN HFA 90 MCG/AIR ACTUATION AEROSOL INHALER</td>
<td>2</td>
<td>QL(36 per 30 days)</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
</tr>
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<tbody>
<tr>
<td>verapamil 120 mg tablet\textsuperscript{MM}</td>
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<td>QL(120 per 30 days)</td>
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<tr>
<td>verapamil 360 mg cap pellet\textsuperscript{MM}</td>
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<td>verapamil 80 mg tablet\textsuperscript{MM}</td>
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<tr>
<td>verapamil er 180 mg tablet\textsuperscript{MM}</td>
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<tr>
<td>verapamil er 240 mg tablet\textsuperscript{MM}</td>
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<tr>
<td>verapamil er pm 100 mg capsule\textsuperscript{MM}</td>
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<td>verapamil er pm 200 mg capsule\textsuperscript{MM}</td>
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<td>verapamil er pm 300 mg capsule\textsuperscript{MM}</td>
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<td>verapamil sr 120 mg capsule\textsuperscript{MM}</td>
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<td>verapamil sr 240 mg capsule\textsuperscript{MM}</td>
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<td>VERASENS BLOOD GLUCOSE METER\textsuperscript{MM}</td>
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<td>VERASENS CONTROL SOLUTION-LEVEL 1\textsuperscript{MM}</td>
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<td>VERASENS METER STARTER KIT\textsuperscript{MM}</td>
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<tr>
<td>VERASENS TEST STRIP\textsuperscript{MM}</td>
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<td>ST, QL(150 per 30 days)</td>
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<tr>
<td>VERDES\textsuperscript{MM} &amp; 0.05 % TOPICAL FOAM\textsuperscript{SP,DL}</td>
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<tr>
<td>VEREGEN 15 % TOPICAL OINTMENT\textsuperscript{SP,DL}</td>
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<tr>
<td>VERELAN 120 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<tr>
<td>VERELAN 180 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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</tr>
<tr>
<td>VERELAN 240 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<tr>
<td>VERELAN 360 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<tr>
<td>VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE\textsuperscript{MM}</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>VERIFINE PEN NEEDLE 31 GAUGE X 1/4\textsuperscript{MM}</td>
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<tr>
<td>VERIFINE PEN NEEDLE 31 GAUGE X 5/16\textsuperscript{MM}</td>
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<tr>
<td>VERIFINE PEN NEEDLE 32 GAUGE X 3/16\textsuperscript{MM}</td>
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<tr>
<td>VERIFINE PEN NEEDLE 32 GAUGE X 5/32\textsuperscript{MM}</td>
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<tr>
<td>VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION</td>
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<tr>
<td>VERSACLOZ 50 MG/ML ORAL SUSPENSION\textsuperscript{MM}</td>
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<td>ST, QL(540 per 30 days)</td>
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<tr>
<td>VERZENIO 100 MG TABLET\textsuperscript{MM,SP,DL}</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>VERZENIO 150 MG TABLET\textsuperscript{MM,SP,DL}</td>
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<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>VERZENIO 200 MG TABLET\textsuperscript{MM,SP,DL}</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>VERZENIO 50 MG TABLET\textsuperscript{MM,SP,DL}</td>
<td>*</td>
<td>PA, QL(60 per 30 days)</td>
</tr>
<tr>
<td>VESICARE 10 MG TABLET\textsuperscript{MM}</td>
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<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>VESICARE 5 MG TABLET\textsuperscript{MM}</td>
<td>3</td>
<td>ST, QL(30 per 30 days)</td>
</tr>
<tr>
<td>VFEND 200 MG TABLET\textsuperscript{SP,DL}</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION\textsuperscript{SP,DL}</td>
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<td>PA, QL(600 per 30 days)</td>
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<tr>
<td>VFEND 50 MG TABLET\textsuperscript{SP,DL}</td>
<td>*</td>
<td>PA, QL(120 per 30 days)</td>
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<td>VIBERZI 100 MG TABLET\textsuperscript{MM}</td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td>VIBERZI 75 MG TABLET\textsuperscript{MM}</td>
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<td>PA, QL(60 per 30 days)</td>
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<tr>
<td>VIBRAMYCIN 100 MG CAPSULE</td>
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<td>QL(90 per 30 days)</td>
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<tr>
<td>VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION</td>
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<tr>
<td>VIBRAMYCIN 50 MG/5 ML ORAL SYRUP</td>
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<td>vicodin 5-300 mg tablet\textsuperscript{DL}</td>
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<td>QL(240 per 30 days)</td>
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<tr>
<td>vicodin hp 10 mg-300 mg tablet\textsuperscript{DL}</td>
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<td>QL(180 per 30 days)</td>
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<tr>
<td>VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR\textsuperscript{MM}</td>
<td>2</td>
<td>QL(9 per 30 days)</td>
</tr>
</tbody>
</table>

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<tr>
<th>DRUG NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR</td>
<td>2</td>
<td>QL(9 per 30 days)</td>
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<tr>
<td>VIDEX 2 GM PEDIATRIC SOLN</td>
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<td>QL(1200 per 30 days)</td>
</tr>
<tr>
<td>VIDEX 4 GM PEDIATRIC SOLN</td>
<td>3</td>
<td>QL(1200 per 30 days)</td>
</tr>
<tr>
<td>VIDEX EC 125 MG CAPSULE</td>
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<td>QL(90 per 30 days)</td>
</tr>
<tr>
<td>VIDEX EC 200 MG CAPSULE</td>
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<tr>
<td>VIDEX EC 250 MG CAPSULE</td>
<td>3</td>
<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>VIDEX EC 400 MG CAPSULE</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK       *</td>
<td>PA, QL</td>
<td>(112 per 28 days)</td>
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<tr>
<td>viensa 0.1 mg-20 mcg tablet</td>
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<tr>
<td>vigabatrin 500 mg powder pack</td>
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<td>PA, QL(180 per 30 days)</td>
</tr>
<tr>
<td>vigabatrin 500 mg tablet</td>
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<td>PA, QL(180 per 30 days)</td>
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<tr>
<td>vigadron 500 mg oral powder packet</td>
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<td>PA, QL(180 per 30 days)</td>
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<tr>
<td>VIGAMOX 0.5 % EYE DROPS</td>
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<tr>
<td>VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>VIIBRYD 10 MG TABLET</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>VIIBRYD 20 MG TABLET</td>
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<td>ST, QL(30 per 30 days)</td>
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<tr>
<td>VIIBRYD 40 MG TABLET</td>
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<tr>
<td>VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE</td>
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<tr>
<td>VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE</td>
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<tr>
<td>VIMPAT 10 MG/ML ORAL SOLUTION</td>
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<tr>
<td>VIMPAT 100 MG TABLET</td>
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<td>VIMPAT 150 MG TABLET</td>
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<tr>
<td>VIMPAT 200 MG TABLET</td>
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<tr>
<td>VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK</td>
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<td>VIMPAT 50 MG TABLET</td>
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<tr>
<td>vinate m 27 mg iron-1 mg tablet</td>
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<td>vinate one 60 mg iron-1 mg tablet</td>
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<tr>
<td>VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET</td>
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<tr>
<td>VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET</td>
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<td>viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</td>
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<td>VIRACEPT 250 MG TABLET</td>
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<td>VIRACEPT 625 MG TABLET</td>
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<td>VIRAMUNE 50 MG/5 ML ORAL SUSPENSION</td>
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<td>VIRAMUNE XR 100 MG TABLET</td>
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<td>VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE</td>
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<tr>
<td>VIRAZOLE 6 GRAM SOLUTION FOR INHALATION</td>
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<td>QL(8 per 30 days)</td>
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<tr>
<td>VIREAD 150 MG TABLET</td>
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<tr>
<td>VIREAD 200 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
</tr>
<tr>
<td>VIREAD 250 MG TABLET</td>
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<td>QL(30 per 30 days)</td>
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<tr>
<td>VIREAD 300 MG TABLET</td>
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<tr>
<td>VIREAD 40 MG/Scoop (40 MG/GRAM) ORAL POWDER</td>
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<tr>
<td>virt-caps 1 mg capsule</td>
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<tr>
<td>virt-gard 2.2 mg-25 mg-1 mg tablet</td>
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<td>virt-nate dha 28 mg iron-1 mg-200 mg capsule</td>
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<td>virt-phos 250 neutral 250 mg tablet</td>
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<tr>
<td>virt-pn tablet</td>
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<td>VISTARIL 25 MG CAPSULE</td>
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<td>VISTARIL 50 MG CAPSULE</td>
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<tr>
<td>VISTOGARD 10 GRAM ORAL GRANULES IN PACKET</td>
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<td>QL(20 per 365 days)</td>
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<tr>
<td>VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET</td>
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<td>VITAFOL 65 MG-1 MG TABLET</td>
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<td>VITAFOL NANO 18 MG IRON-1 MG TABLETMM</td>
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<td>VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULEMM</td>
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<td>VITAFOL-OB 65 MG-1 MG TABLETMM</td>
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<td>VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACKMM</td>
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<td>VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULEMM</td>
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<td>VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULEMM</td>
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<td>VITAMED MD REDICHEW RX 1.4 MG CHEW TABLET,IMMEDIATE - DELAYED RELEASEMM</td>
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<tr>
<td>vitamin k 1 mg/0.5 ml injection solution</td>
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<tr>
<td>vitamin k1 10 mg/ml injection solution</td>
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<td>VITAPEarl 30 MG-1.4 MG-200 MG CAPSULE,IMMEDIATE - DELAY RELEASEMM</td>
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<td>VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACKMM</td>
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<tr>
<td>VITRAVKI 100 MG CAPSULEMM,SP,LD,DL</td>
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<tr>
<td>VITRAVKI 20 MG/ML ORAL SOLUTIONMM,SP,LD,DL</td>
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<td>PA,QL(300 per 30 days)</td>
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<tr>
<td>VITRAVKI 25 MG CAPSULEMM,SP,LD,DL</td>
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<td>PA,QL(180 per 30 days)</td>
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<td>VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3MM</td>
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<td>VIVAGUARD INO CONTROL SOLUTION-L1</td>
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<td>VIVAGUARD INO GLUCOSE METERMM</td>
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<td>VIVAGUARD INO SMART GLUCOSE METER</td>
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<tr>
<td>VIVAGUARD INO TEST STRIPMM</td>
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<td>VIVAGUARD LANCET 30 GAUGEMM</td>
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<td>VIVAGUARD LANCING DEVICE</td>
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<td>VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCHMM</td>
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<td>QL(8 per 28 days)</td>
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<td>VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCHMM</td>
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<td>VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCHMM</td>
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<tr>
<td>VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCHMM</td>
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<tr>
<td>VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASESP</td>
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<tr>
<td>VIVLODEX 10 MG CAPSULEMM,SP,DL</td>
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<td>PA,QL(30 per 30 days)</td>
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<td>VIVLODEX 5 MG CAPSULEMM,SP,DL</td>
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<td>VIZIMPRO 15 MG TABLETMM,SP,DL</td>
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<td>VIZIMPRO 45 MG TABLETMM,SP,DL</td>
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<td>VOGELXO 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKETMM</td>
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<td>VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GELMM</td>
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<td>VOGELXO 50 MG/5 GRAM (1 %) TRANSDERMAL GELMM</td>
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<td>volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tabletMM</td>
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<td>VOLTALEN 1 % TOPICAL GELMM</td>
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<td>VOLTALEN-XR 100 MG TABLET,EXTENDED RELEASE</td>
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<td>voriconazole 200 mg tabletSP,DL</td>
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<td>voriconazole 40 mg/ml suspSP,DL</td>
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<td>voriconazole 50 mg tabletSP,DL</td>
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<tr>
<td>VORTEX HOLDING CHAMBER</td>
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<tr>
<td>VORTEX HOLDING CHAMBER WITH CHILD MASK</td>
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<tr>
<td>VORTEX HOLDING CHAMBER WITH TODDLER MASK</td>
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<tr>
<td>VORTEX VHC FROG MASK-CHILD</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<td>VORTEX VHC LADYBUG MASK-TODDLER</td>
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<td>VOSEVI 400 MG-100 MG-100 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>VOTRIENT 200 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>VRAYLAR 1.5 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VRAYLAR 3 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VRAYLAR 4.5 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VRAYLAR 6 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>vtol lq 50 mg-325 mg-40 mg/15 ml oral solution&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
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<td>VUMERITY 231 MG CAPSULE, DELAYED RELEASE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT</td>
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<td>vyfemla (28) 0.4 mg-35 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>vylibra 0.25 mg-35 mcg tablet&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYNDAMAX 61 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VYNAOEL 20 MG CAPSULE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>VYTORIN 10 MG-10 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYTORIN 10 MG-40 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYVANSE 50 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYVANSE 50 MG CHEWABLE TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYVANSE 60 MG CAPSULE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>VYZULTA 0.024 % EYE DROPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>WAKIX 17.8 MG TABLET&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>WAKIX 4.45 MG TABLET&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
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<td>WAVESENSE JAZZ STRIPS&lt;sup&gt;MM&lt;/sup&gt;</td>
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<th>DRUG NAME</th>
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<td>WAVESENSE PRESTO STRIPS†</td>
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<td>WEBCOL TOPICAL PADS</td>
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<td>WELCHOL 3.75 GRAM ORAL POWDER PACKET†</td>
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<td>WELCHOL 625 MG TABLET†</td>
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<td>WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE†</td>
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<td>QL (90 per 30 days)</td>
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<td>WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE†</td>
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<td>WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE†</td>
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<td>XARELTO 10 MG TABLET†</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

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<td>QL(60 per 30 days)</td>
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<tr>
<td>XARELTO 20 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK</td>
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<td>QL(51 per 30 days)</td>
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<tr>
<td>XATMEP 2.5 MG/ML ORAL SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<tr>
<td>XCOPI 200 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>XCOPI 50 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>XCOPI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>XCOPI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(56 per 28 days)</td>
</tr>
<tr>
<td>XCOPI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>XCOPI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>XCOPI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(28 per 28 days)</td>
</tr>
<tr>
<td>XELJANZ 10 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>XELJANZ 5 MG TABLET&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>XELJANZ XR 11 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(30 per 30 days)</td>
</tr>
<tr>
<td>XELJANZ XR 22 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
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<td>PA,QL(30 per 30 days)</td>
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<tr>
<td>XELODA 150 MG TABLET&lt;sup&gt;DL&lt;/sup&gt;</td>
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<td>PA,QL(630 per 30 days)</td>
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<tr>
<td>XELODA 500 MG TABLET&lt;sup&gt;DL&lt;/sup&gt;</td>
<td>4</td>
<td>PA,QL(189 per 30 days)</td>
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<tr>
<td>XELPROS 0.005 % EYE DROP EMULSION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>2</td>
<td>ST,QL(2.5 per 25 days)</td>
</tr>
<tr>
<td>XEMBIFY 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>XEMBIFY 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>XEMBIFY 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>XEMBIFY 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA</td>
</tr>
<tr>
<td>XENAZINE 12.5 MG TABLET&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(240 per 30 days)</td>
</tr>
<tr>
<td>XENAZINE 25 MG TABLET&lt;sup&gt;MM,SP,LD,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(120 per 30 days)</td>
</tr>
<tr>
<td>XENLETA 600 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>QL(10 per 5 days)</td>
</tr>
<tr>
<td>XEP 1 % TOPICAL CREAM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XEREXE 5 %-1 % TOPICAL CREAM</td>
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<td>PA</td>
</tr>
<tr>
<td>XERMELO 250 MG TABLET&lt;sup&gt;SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(84 per 28 days)</td>
</tr>
<tr>
<td>XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL&lt;sup&gt;MM,SP,DL&lt;/sup&gt;</td>
<td>*</td>
<td>PA,QL(32 per 30 days)</td>
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<tr>
<td>XIFAXAN 200 MG TABLET</td>
<td>4</td>
<td>PA,QL(9 per 30 days)</td>
</tr>
<tr>
<td>XIFAXAN 550 MG TABLET&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>PA,QL(84 per 28 days)</td>
</tr>
<tr>
<td>XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>3</td>
<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE&lt;sup&gt;MM&lt;/sup&gt;</td>
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<td>ST,QL(30 per 30 days)</td>
</tr>
<tr>
<td>XIIDRA 5 % EYE DROPS IN A DROPPERETTE&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
<td>PA,QL(60 per 30 days)</td>
</tr>
<tr>
<td>XIMINO 135 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>XIMINO 45 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>XIMINO 90 MG CAPSULE, EXTENDED RELEASE</td>
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<td>ST,QL(30 per 30 days)</td>
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<tr>
<td>XOFLUZA 20 MG TABLET</td>
<td>3</td>
<td>QL(10 per 365 days)</td>
</tr>
<tr>
<td>XOFLUZA 40 MG TABLET</td>
<td>3</td>
<td>QL(10 per 365 days)</td>
</tr>
<tr>
<td>XOLEGEL 2 % TOPICAL</td>
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</tr>
<tr>
<td>XOPENEX 0.31 MG/3 ML SOLUTION FOR NEBULIZATION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
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<tr>
<td>XOPENEX 0.63 MG/3 ML SOLUTION FOR NEBULIZATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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</tr>
<tr>
<td>XOPENEX 1.25 MG/3 ML SOLUTION FOR NEBULIZATION&lt;sup&gt;MM&lt;/sup&gt;</td>
<td>4</td>
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<tr>
<td>XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION&lt;sup&gt;MM&lt;/sup&gt;</td>
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</table>

**ST** - Step Therapy • **QL** - Quantity Limit • **PA** - Prior Authorization
<table>
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<tr>
<td>XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MM</td>
<td>3</td>
<td>ST, QL (30 per 30 days)</td>
</tr>
<tr>
<td>XOSPATA 40 MG TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (90 per 30 days)</td>
</tr>
<tr>
<td>XPOVIO 100 MG/WEEK (20 MG X 5) TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (20 per 28 days)</td>
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<tr>
<td>XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (16 per 28 days)</td>
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<tr>
<td>XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (24 per 28 days)</td>
</tr>
<tr>
<td>XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (32 per 28 days)</td>
</tr>
<tr>
<td>XPOVIO 80 MG/WEEK (20 MG X 4) TABLET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (16 per 28 days)</td>
</tr>
<tr>
<td>XTAMPZA ER 13.5 MG CAPSULE SPRINKLE DL</td>
<td>2</td>
<td>QL (60 per 30 days)</td>
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<tr>
<td>XTAMPZA ER 18 MG CAPSULE SPRINKLE DL</td>
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<td>QL (60 per 30 days)</td>
</tr>
<tr>
<td>XTAMPZA ER 27 MG CAPSULE SPRINKLE DL</td>
<td>2</td>
<td>QL (60 per 30 days)</td>
</tr>
<tr>
<td>XTAMPZA ER 36 MG CAPSULE SPRINKLE DL</td>
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</tr>
<tr>
<td>XTAMPZA ER 9 MG CAPSULE SPRINKLE DL</td>
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<td>QL (60 per 30 days)</td>
</tr>
<tr>
<td>XTANDI 40 MG CAPSULE MM, SP, DL</td>
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<td>PA, QL (120 per 30 days)</td>
</tr>
<tr>
<td>XULANNE 150 mcg-35 mcg/24 hr transdermal patch MM</td>
<td>3</td>
<td>QL (3 per 28 days)</td>
</tr>
<tr>
<td>XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MM</td>
<td>4</td>
<td>ST, QL (15 per 30 days)</td>
</tr>
<tr>
<td>XURIDEN 2 GRAM ORAL GRANULES IN PACKET MM, SP, LD, DL</td>
<td>*</td>
<td>PA, QL (120 per 30 days)</td>
</tr>
<tr>
<td>XYOSTED 100 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MM</td>
<td>3</td>
<td>PA, QL (2 per 28 days)</td>
</tr>
<tr>
<td>XYOSTED 50 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MM</td>
<td>3</td>
<td>PA, QL (2 per 28 days)</td>
</tr>
<tr>
<td>XYOSTED 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MM</td>
<td>3</td>
<td>PA, QL (2 per 28 days)</td>
</tr>
<tr>
<td>XYREM 500 MG/ML ORAL SOLUTION MM, SP, DL</td>
<td>*</td>
<td>PA, QL (540 per 30 days)</td>
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<tr>
<td>YASMIN (28) 3 MG-0.03 MG TABLET MM</td>
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<tr>
<td>YAZ (28) 3 MG-0.02 MG TABLET MM</td>
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<tr>
<td>ZAFIRLUKAST 10 mg tablet MM</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>ZAFIRLUKAST 20 mg tablet MM</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>ZALEPLON 10 mg capsule</td>
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<tr>
<td>ZALEPLON 5 mg capsule</td>
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<td>ZANAFLEX 2 MG CAPSULE MM</td>
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<tr>
<td>ZANAFLEX 4 MG CAPSULE MM</td>
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<td>ZANAFLEX 6 MG CAPSULE MM</td>
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<tr>
<td>ZANTAC 300 MG TABLET MM</td>
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<tr>
<td>ZARAH 3 mg-0.03 mg tablet MM</td>
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<tr>
<td>ZARONTIN 250 MG CAPSULE MM</td>
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<tr>
<td>ZARONTIN 250 MG/5 ML ORAL SOLUTION MM</td>
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</tr>
<tr>
<td>ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE SP, DL</td>
<td>*</td>
<td>PA, QL (7 per 30 days)</td>
</tr>
<tr>
<td>ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE SP, DL</td>
<td>*</td>
<td>PA, QL (11.2 per 30 days)</td>
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<tr>
<td>ZAVESCA 100 MG CAPSULE MM</td>
<td>*</td>
<td>PA, QL (90 per 30 days)</td>
</tr>
<tr>
<td>ZCORT 1.5 MG (25 TABS) TABLETS IN A DOSE PACK</td>
<td>3</td>
<td>QL (25 per 7 days)</td>
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<tr>
<td>ZEBUTAL 50 MG-325 MG-40 MG CAPSULE</td>
<td>3</td>
<td>QL (180 per 30 days)</td>
</tr>
<tr>
<td>ZEGERID 20 MG-1,680 MG ORAL PACKET MM, SP, DL</td>
<td>*</td>
<td>ST, QL (30 per 30 days)</td>
</tr>
<tr>
<td>ZEGERID 20 MG-1.1 GRAM CAPSULE MM</td>
<td>4</td>
<td>ST, QL (30 per 30 days)</td>
</tr>
<tr>
<td>ZEGERID 40 MG-1,680 MG ORAL PACKET MM, SP, DL</td>
<td>*</td>
<td>ST, QL (30 per 30 days)</td>
</tr>
</tbody>
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<tr>
<td>ZEGERID 40 MG-1.1 GRAM CAPSULE**</td>
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<tr>
<td>ZEJULA 100 MG CAPSULE**,SP,LD,L</td>
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<td>PA,QL(90 per 30 days)</td>
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<td>ZELAPAR 1.25 MG DISINTEGRATING TABLET**</td>
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<tr>
<td>ZELBORAF 240 MG TABLET**,SP,DL</td>
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<td>ZELNORM 6 MG TABLET</td>
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<td>PA,QL(60 per 30 days)</td>
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<tr>
<td>ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR**</td>
<td>*</td>
<td>QL(6 per 30 days)</td>
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<tr>
<td>ZEMPLAR 1 MCG CAPSULE**</td>
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<td>ZEMPLAR 2 MCG CAPSULE**</td>
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<td>ZENATANE 10 MG CAPSULE</td>
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<td>QL(60 per 30 days)</td>
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<td>ZENATANE 20 MG CAPSULE</td>
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<tr>
<td>ZENATANE 30 MG CAPSULE</td>
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<tr>
<td>ZENATANE 40 MG CAPSULE</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>ZENPEP 10,000 UNIT-32,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENPEP 15,000 UNIT-47,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENPEP 20,000 UNIT-63,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENPEP 25,000 UNIT-79,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENPEP 3,000 UNIT-10,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENPEP 40,000 UNIT-126,000 UNIT Capsule, Delayed Release**</td>
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<tr>
<td>ZENPEP 5,000 UNIT-17,000 UNIT Capsule, Delayed Release**</td>
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<td>ZENZEDI 10 MG TABLET**</td>
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<td>ST,QL(180 per 30 days)</td>
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<tr>
<td>ZENZEDI 15 MG TABLET**</td>
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<td>ST,QL(120 per 30 days)</td>
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<td>ZENZEDI 2.5 MG TABLET**</td>
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<td>ST,QL(90 per 30 days)</td>
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<td>ZENZEDI 20 MG TABLET**</td>
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<td>ZENZEDI 30 MG TABLET**</td>
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<td>ZENZIDI 5 mg tablet**</td>
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<td>ST,QL(150 per 30 days)</td>
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<td>ZENZEDI 7.5 MG TABLET**</td>
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<td>ZEPATIER 50 MG-100 MG TABLET**</td>
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<td>PA,QL(28 per 28 days)</td>
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<tr>
<td>ZEPOSIA 0.92 MG Capsule**</td>
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<td>ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG Capsules in a dose pack**</td>
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<td>PA,QL(37 per 37 days)</td>
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<tr>
<td>ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) Capsules in a dose pack**</td>
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<td>ZERIT 1 MG/ML SOLUTION**</td>
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<td>QL(2400 per 30 days)</td>
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<tr>
<td>ZERIT 15 MG CAPSULE**</td>
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<td>QL(120 per 30 days)</td>
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<tr>
<td>ZERIT 20 MG CAPSULE**</td>
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<td>QL(120 per 30 days)</td>
</tr>
<tr>
<td>ZERIT 30 MG CAPSULE**</td>
<td>3</td>
<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>ZERIT 40 MG CAPSULE**</td>
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<td>QL(60 per 30 days)</td>
</tr>
<tr>
<td>ZERVIA 0.24 % EYE DROPS IN A DROPPERETTE</td>
<td>3</td>
<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>ZESTORETIC 10 MG-12.5 MG TABLET**</td>
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<tr>
<td>ZESTORETIC 20 MG-25 MG TABLET**</td>
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</tr>
<tr>
<td>ZESTRIL 10 MG TABLET**</td>
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<td>ST,QL(60 per 30 days)</td>
</tr>
<tr>
<td>ZESTRIL 2.5 MG TABLET**</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
<td>ZESTRIL 20 MG TABLET**</td>
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<td>ST,QL(60 per 30 days)</td>
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<tr>
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<td>ST,QL(60 per 30 days)</td>
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<td>ZESTRIL 40 MG TABLET**</td>
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<td>ZESTRIL 5 MG TABLET**</td>
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<td>ZETIA 10 MG TABLET**</td>
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<tr>
<td>ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER**</td>
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<tr>
<td>ZIAC 10 MG-6.25 MG TABLET**</td>
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<td>ST,QL(6.1 per 28 days)</td>
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<td>ZIAC 2.5 MG-6.25 MG TABLET**</td>
<td>3</td>
<td>ST,QL(6.1 per 28 days)</td>
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</table>

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>UTILIZATION MANAGEMENT REQUIREMENTS</th>
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<tbody>
<tr>
<td>ZIAC 5 MG-6.25 MG TABLET</td>
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<tr>
<td>ZIAGEN 20 MG/ML ORAL SOLUTION</td>
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<tr>
<td>ZIAGEN 300 MG TABLET</td>
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</tr>
<tr>
<td>ZIANA 1.2 %-0.025 % TOPICAL GEL</td>
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<tr>
<td>zidovudine 100 mg capsule</td>
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<tr>
<td>zidovudine 300 mg tablet</td>
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<tr>
<td>zidovudine 50 mg/5 ml syrup</td>
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<tr>
<td>ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>zileuton er 600 mg tablet</td>
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<tr>
<td>ZILXI 1.5 % TOPICAL FOAM</td>
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<tr>
<td>Zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet</td>
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<tr>
<td>ziprasidone 20 mg/ml vial</td>
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<tr>
<td>ziprasidone hcl 20 mg capsule</td>
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<tr>
<td>ziprasidone hcl 40 mg capsule</td>
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<td>ziprasidone hcl 80 mg capsule</td>
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<tr>
<td>ZIPSOR 25 MG CAPSULE</td>
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<td>ZIRGAN 0.15 % EYE GEL</td>
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<td>ZITHROMAX 100 MG/5 ML ORAL SUSPENSION</td>
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<tr>
<td>ZITHROMAX 500 MG TABLET</td>
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<tr>
<td>ZITHROMAX 600 MG TABLET</td>
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<td>ZITHROMAX TRI-PAK 500 MG TABLET</td>
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<td>ZITHROMAX Z-PAK 250 MG TABLET</td>
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<td>ZOCOR 10 MG TABLET</td>
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<tr>
<td>ZOFRAN 4 MG TABLET</td>
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<td>ZOFRAN 4 MG/5 ML ORAL SOLN</td>
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<td>ZOFRAN 8 MG TABLET</td>
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<td>ZOFRAN ODT 4 MG TABLET</td>
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<td>ZOHYDRO ER 10 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<td>ZOHYDRO ER 15 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<td>ZOHYDRO ER 20 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<tr>
<td>ZOHYDRO ER 30 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<td>ZOHYDRO ER 40 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<tr>
<td>ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY, EXTENDED RELEASE</td>
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<tr>
<td>ZOLOFT 50 MG TABLET</td>
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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization
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<thead>
<tr>
<th>DRUG NAME</th>
<th>DRUG LEVEL</th>
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<td>zolpidem tart 1.75 mg tab sl</td>
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<tr>
<td>zolpidem tart er 6.25 mg tab</td>
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<tr>
<td>zolpidem tartrate 5 mg tablet</td>
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<td>ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY</td>
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<td>ZOMACTON 10 MG SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>ZOMIG 5 MG NASAL SPRAY</td>
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<tr>
<td>ZOMIG 5 MG TABLET</td>
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<td>ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET</td>
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<td>ZONALON 5 % TOPICAL CREAM</td>
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<td>ZONEGRAN 100 MG CAPSULE</td>
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<td>zonisamide 25 mg capsule</td>
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<td>zonisamide 50 mg capsule</td>
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<td>ZONTIVITY 2.08 MG TABLET</td>
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<td>ZORBATIVE 8.8 MG SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>ZORTRESS 0.25 MG TABLET</td>
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<tr>
<td>ZORTRESS 0.5 MG TABLET</td>
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<td>PA, QL(120 per 30 days)</td>
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<tr>
<td>ZORTRESS 0.75 MG TABLET</td>
<td>*</td>
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</tr>
<tr>
<td>ZORTRESS 1 MG TABLET</td>
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<td>PA, QL(60 per 30 days)</td>
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<td>ZORVOLEX 18 MG CAPSULE</td>
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<td>ZORVOLEX 35 MG CAPSULE</td>
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<td>ZTLIDO 1.8 % TOPICAL PATCH</td>
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<td>ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET</td>
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<td>ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET</td>
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<td>ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET</td>
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<td>ZUPLENZ 8 MG ORAL SOLUBLE FILM</td>
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<td>ZYCLARA 3.75 % TOPICAL CREAM IN A PUMP</td>
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<td>ZYCLARA 3.75 % TOPICAL CREAM PACKET</td>
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<td>ZYDELIG 100 MG TABLET</td>
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<td>PA, QL(60 per 30 days)</td>
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<td>ZYDELIG 150 MG TABLET</td>
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<td>ZYFLO CR 600 MG TABLET</td>
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<td>ZYLOPRIM 300 MG TABLET</td>
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<td>ZYMAXID 0.5 % EYE DROPS</td>
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<td>ZYVOX 100 MG/5 ML ORAL SUSPENSION</td>
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</tr>
</tbody>
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Important!

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Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewa sèvis éèd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hanií bee wolta’ígíí bichí’í hódíilnih éí bee t’áá jiik’eh saad bee áká’ánida’áwo’déé niká’adoowol.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك.
If your insurance is issued through the state of IL, your coverage may include medicines in the following drug classes:
- obesity
- infertility

If your insurance is issued through the state of MI, your coverage may include medicines in the following drug classes:
- obesity

If your insurance is issued through the state of KS, your coverage may include medicines in the following drug classes:
- infertility
- sexual dysfunction

If your insurance is issued through the state of IN, your coverage may include medicines in the following drug classes:
- hormone replacement therapy

If your insurance is issued through the state of LA and you pay a percent of the full drug cost, any discounts negotiated directly with a drug manufacturer may have been applied as an offset to your insurance premium instead of at the pharmacy counter. This is defined as an excess consumer cost burden by the state.

If you have a Fully-Insured plan through your employer and your insurance is issued in the state of Colorado, all covered substance use disorder medicines are available with no prior authorization or step therapy requirements.

To get more information around these state-mandated coverages, log in to MyHumana through Humana.com or call Customer Care at the number on the back of your Humana ID card.

Contraceptive coverage is subject to your employer’s coverage selections.

Your employer's coverage selections may include preventive medicine coverage, available to you before your deductible is met. This preventive medication coverage is based upon guidance issued by the Internal Revenue Service (IRS) for preventive use and is not directly associated with Healthcare Reform (HCR) or Affordable Care Act (ACA) $0 Preventive Medication Coverage. For more information, log in to MyHumana through Humana.com or call Customer Care at the number on the back of your Humana ID card.

The Humana Drug List (also known as a formulary) is effective on January 1st unless otherwise specified.

**For Commercial Fully-Insured and Individual policies issued in Texas, Louisiana, Illinois, or Puerto Rico:**

Drug List changes are effective on a plan's renewal date.


Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or the company.

ASO products are administered by Humana Insurance Company or Humana Health Plan, Inc.