Select Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

Here are a few things to remember about the list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket.

- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. To find out more, view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com and go to My Plan ➔ Benefits ➔ Plan Documents.

- To help you see how the drug list works with your drug benefit, we’ve included some frequently asked questions (FAQ) about how the list is set up and what to do if a drug you take isn't on it.

- This booklet is updated on a quarterly basis. To view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more - log in at anthem.com and choose Prescription Benefits.

If you have questions about your pharmacy benefits, we’re here to help. Just call us at the Pharmacy Member Services number on your ID card.
Select Drug List

What is a drug list?
The drug list, also called a formulary, is a list of prescription medicines your plan covers. It includes hundreds of brand-name and generic drugs approved by the U.S. Food & Drug Administration (FDA).

Is this a complete listing of all covered drugs?
Yes, this is a complete listing of all the drugs on the drug list. But, it’s possible a drug(s) on this list may not be covered, depending on your plan’s design. Your coverage has limitations and exclusions, which means there are certain conditions that determine what’s covered by your plan and what isn’t. To find out more, read your Certificate/Evidence of Coverage or your Summary Plan Description, which you got when you signed up for your plan.

How can I find a drug on the list?
The drugs are listed in alphabetical order based on the name of their drug class, also called therapeutic class. You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you’re looking for.
- Drug class, using the categories listed in alphabetical order.

The Notes column will tell you if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

When I search the list, I see that each drug is on a tier. What are the tiers for?
The drug list is set up in tiers or levels. We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. Your share of the drug cost will depend on what tier a drug is on. The lower the tier, the lower your share of the cost. Here’s a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they’re newer to the market.
- Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.
- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?
You can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.
If my medicine isn't on the drug list, what are my options?
Here are a few things to think about:

- If you want to take a drug that’s not on the drug list, you may have to pay the full cost for it.
- You can also talk to your doctor or pharmacist to see if there’s another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.
- You can search for generic drugs at anthem.com. OTC drugs aren’t shown on the list.
- If a drug you’re taking isn’t covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization. Your doctor can get the process started by calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan’s benefit.

Who decides what drugs are on the list?
The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What’s the difference between brand-name and generic drugs?
A brand-name drug is FDA-approved and usually available from only one manufacturer. It may be protected by a patent, which means it can only be made or sold by the company that has the patent.

A generic drug is also FDA-approved and has the same active ingredients as the brand-name drug. But a generic drug is usually available only after the patent on the brand-name drug ends. It may look different, but a generic drug works the same as the brand-name drug.

Online Pharmacy Resources
Find your closest network pharmacy, get the most up-to-date coverage information on your drug list including details about pricing your medication, brands and generics, dosage/strength options, and much more — when you log in at anthem.com.

Does the drug list change, and how will I know if it does?
Drugs on our list are reviewed on a regular basis. Sometimes, drugs are added, removed or moved to a different tier. We’ll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You’ll find the most up-to-date drug list when you log in at anthem.com.

Does my plan cover preventive drugs?
We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA).

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan’s benefit design.
KEY
Here are some terms and notes you’ll find on the drug list.

Brand name drugs are in **UPPER CASE, bold type.**

Generic drugs are in lower case, plain type.

$0 = preventive drugs. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.
2020 Ohio Select Drug List

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***ANALGESICS - OPIOID***

**CODEINE COMBINATIONS***

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**OPIOID AGONISTS***

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**METHADONE HCL INTENSOL ORAL CONCENTRATE**

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<td>methadone hcl oral solution</td>
<td>Tier 1</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methadone hcl oral tablet</td>
<td>Tier 1</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methadone hcl oral tablet soluble</td>
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<td>PA; QL</td>
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**METHADOSE ORAL TABLET SOLUBLE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour</td>
<td>Tier 2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release</td>
<td>Tier 2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>morphine sulfate oral solution</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate rectal suppository</td>
<td>Tier 1</td>
<td>QL</td>
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**NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR**

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>oxycodone hcl oral capsule</td>
<td>Tier 2</td>
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<tr>
<td>oxycodone hcl oral concentrate</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>oxycodone hcl oral solution</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>oxymorphone hcl er oral tablet extended release 12 hour</td>
<td>Tier 2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>oxymorphone hcl oral tablet</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>tramadol hcl er (biphasic) oral tablet extended release 24 hour</td>
<td>Tier 2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tramadol hcl er oral tablet extended release 24 hour</td>
<td>Tier 2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tramadol hcl oral tablet</td>
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**ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT**

**OPIOID COMBINATIONS***

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>oxycodone-acetaminophen oral tablet</td>
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<td>QL</td>
</tr>
<tr>
<td>oxycodone-aspirin oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>oxycodone-ibuprofen oral tablet</td>
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**OPIOID PARTIAL AGONISTS***

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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>buprenorphine hcl injection solution</td>
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<tr>
<td>buprenorphine hcl sublingual tablet sublingual</td>
<td>Tier 2</td>
<td>QL</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>butorphanol tartrate nasal solution</td>
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<td>QL</td>
</tr>
<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<tr>
<td><strong>ANDROGENS-ANABOLIC</strong>*</td>
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<tr>
<td><strong>ANABOLIC STEROIDS</strong>*</td>
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<td>ANADROL-50 ORAL TABLET</td>
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<td><em>ANDROGENS</em>**</td>
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<td>danazol oral capsule</td>
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<td>methitest oral tablet</td>
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<td>testosterone cypionate injection solution</td>
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<td>testosterone cypionate intramuscular solution</td>
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<td>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</td>
<td>Tier 2</td>
<td>PA; QL</td>
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<td><strong>ANORECTAL AGENTS</strong>*</td>
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<td>COLOCORT RECTAL ENEMA</td>
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<td>hydrocortisone rectal enema</td>
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<td><strong>NITRATE VASODILATING AGENTS</strong>*</td>
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<td>RECTIV RECTAL OINTMENT</td>
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<td><strong>RECTAL ANESTHETIC/STEROIDS</strong>*</td>
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<td>hydrocortisone ace-pramoxine rectal cream 1-1 %</td>
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<td><strong>RECTAL STEROIDS</strong>*</td>
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<td>PROCTO-PAK RECTAL CREAM</td>
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<td>PROCTOSOL HC RECTAL CREAM</td>
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<td><strong>NITRATES</strong>*</td>
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<td>isosorbide dinitrate oral tablet</td>
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<td>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE</td>
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<td><strong>ANTIANXIETY AGENTS</strong>*</td>
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<td>hydroxyzine pamoate oral capsule</td>
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<tr>
<td><strong>BENZODIAZEPINES</strong>*</td>
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<td>Drug Name</td>
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<td>diazepam oral concentrate</td>
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<td>lorazepam oral tablet</td>
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<td><em>ANTIARRHYTHMICS</em></td>
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<td>disopyramide phosphate oral capsule</td>
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<td><em>ANTIARRHYTHMICS TYPE I-B</em>**</td>
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<td><em>ANTIARRHYTHMICS TYPE I-C</em>**</td>
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<td>propafenone hcl er oral capsule extended release 12 hour</td>
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<td>propafenone hcl oral tablet</td>
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<td><em>ANTIARRHYTHMICS TYPE III</em>**</td>
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<td>Multaq Oral Tablet</td>
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<td>Pacerone Oral Tablet</td>
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<td><em>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</em></td>
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<td><em>5-LIPOXYGENASE INHIBITORS</em>**</td>
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<tr>
<td><em>ADRENERGIC COMBINATIONS</em>**</td>
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<tr>
<td>Advair HFA Inhalation Aerosol</td>
<td>Tier 2</td>
<td>QL</td>
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<tr>
<td>Anoro Ellipta Inhalation Aerosol Powder Breath Activated</td>
<td>Tier 3</td>
<td>QL</td>
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<tr>
<td>Breo Ellipta Inhalation Aerosol Powder Breath Activated</td>
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<td>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</td>
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<td>ipratropium-albuterol inhalation solution</td>
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<td>Symbicort Inhalation Aerosol</td>
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<td>Wiuxela Inhub inhalation aerosol powder breath activated</td>
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<td><em>ANTI-INFLAMMATORY AGENTS</em>**</td>
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<td>Cromolyn sodium inhalation nebulization solution</td>
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<tr>
<td><em>BETA ADRENERGICS</em>**</td>
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<td>Albuterol Sulfate HFA Inhalation Aerosol Solution</td>
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<td>albuterol sulfate inhalation nebulization solution</td>
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<td>Arcapta Neoalaler Inhalation Capsule</td>
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<td>Brovana Inhalation Nebulization Solution</td>
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<td>levalbuterol hcl inhalation nebulization solution</td>
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<td>Perforomist Inhalation Nebulization Solution</td>
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<td>SerEVENT Diskus Inhalation Aerosol Powder Breath Activated</td>
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<td>Striverdi Respimat Inhalation Aerosol Solution</td>
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Effective 01/01/2020
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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>terbutaline sulfate oral tablet</td>
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<td><strong>BRONCHODILATORS - ANTICHOLINERGICS</strong>*</td>
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<td>SPIRIVA HANDIHALER INHALATION CAPSULE</td>
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<td>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION</td>
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<td>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td><strong>LEUKOTRIENE RECEPTOR ANTAGONISTS</strong>*</td>
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<td>montelukast sodium oral tablet</td>
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<td>montelukast sodium oral tablet chewable</td>
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<td>zafirlukast oral tablet</td>
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<td><strong>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</strong>*</td>
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<td>DALIRESP ORAL TABLET</td>
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<td><strong>STERIOD INHALANTS</strong>*</td>
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<td>ASMANEX (120 METERED DOES) INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>ASMANEX (14 METERED DOES) INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>ASMANEX (30 METERED DOES) INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td><strong>XANTHINES</strong>*</td>
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<td>THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<td>theophylline er oral tablet extended release 12 hour</td>
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<td>JANTOVEN ORAL TABLET</td>
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<td><strong>HEPARINS AND HEPARINOID-LIKE AGENTS</strong>*</td>
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<tr>
<td>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</td>
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<table>
<thead>
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<th>Drug Name</th>
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<tr>
<td>heparin lock flush intravenous solution</td>
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<td>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 40-5 unit/ml-%</td>
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<tr>
<td>heparin sodium (porcine) injection solution</td>
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***BIGUANIDES***

- metformin hcl er oral tablet extended release 24 hour Tier 1
- metformin hcl oral tablet Tier 1

**DIABETIC OTHER - COMBINATIONS***

- cvs glucose oral tablet chewable 4-6 gm-mg Tier 3
- DEX4 GLUCOSE ORAL TABLET CHEWABLE Tier 3
- DEX4 NATURALS ORAL TABLET CHEWABLE Tier 3
- DEX4 ORAL TABLET CHEWABLE Tier 3
- glucose instant energy oral tablet chewable Tier 3
- glucose oral tablet chewable 4-6 gm-mg Tier 3
- gnp glucose oral tablet chewable 4-6 gm-mg Tier 3
- goodsense glucose oral tablet chewable Tier 3
- hm glucose oral tablet chewable Tier 3
- hy-vee glucose oral tablet chewable Tier 3
- kroger glucose oral tablet chewable Tier 3
- leader glucose oral tablet chewable Tier 3
- longs glucose oral tablet chewable Tier 3
- meijer glucose oral tablet chewable Tier 3
- preferred plus glucose oral tablet chewable Tier 3
- px glucose oral tablet chewable Tier 3
- RA glucose oral gel Tier 1
- SM glucose oral tablet chewable 4-6 gm-mg Tier 3
- SMART SENSE GLUCOSE ORAL TABLET CHEWABLE Tier 3
- tgt glucose oral tablet chewable Tier 3
- up & up glucose oral tablet chewable Tier 3
- value plus glucose oral tablet chewable Tier 3
- walgreens glucose oral tablet chewable 4-6 gm-mg Tier 3

**DIABETIC OTHER***

- cvs glucose oral gel 15 gm/38gm Tier 1
- cvs glucose oral tablet chewable 4 gm Tier 3
- cvs glucose shot oral liquid 15 gm/59ml Tier 1
- GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED Tier 2
- GLUCAGON EMERGENCY INJECTION KIT Tier 2
- GLUCO BURST ORAL GEL Tier 1
- glucose oral gel 40 % Tier 1
- glucose oral liquid 15 gm/59ml Tier 1
- gnp glucose oral tablet chewable 4 gm Tier 3
- gnp quick dissolve glucose oral tablet chewable Tier 3
- leader quick dissolve glucose oral tablet chewable Tier 3
- ra glucose oral gel Tier 1
- sm glucose oral tablet chewable 4 gm Tier 3
- value plus glucose oral gel Tier 1
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**ANTINEOPLASTIC - BRAF KINASE INHIBITORS***

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**ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***

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**ANTINEOPLASTIC - MEK INHIBITORS***

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**ANTINEOPLASTIC - MONOCLONAL ANTIBODIES***

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**ANTINEOPLASTIC - MTOR KINASE INHIBITORS***

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**ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS***

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<td>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</td>
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<td>ferrous sulfate iron oral tablet</td>
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<td>gnp iron oral tablet</td>
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<td>VIOS LC SPRINT PEDIATRIC</td>
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*NEEDLES & SYRINGES***

aurora pen needles 29g x 12mm, 31g x 6 mm Tier 3

BD INSULIN SYRINGE ULTRAFINE II Tier 3

BD INSULIN SYRINGE 27.5G X 5/8" 2 ML Tier 3

BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML Tier 3

careone insulin syringe Tier 3

careone unifine pentips plus 31g x 5 mm, 31g x 8 mm, 32g x 4 mm Tier 3

CLEVER CHOICE COMFORT EZ 33G X 4 MM Tier 3

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<tr>
<td>crono syringe 19g x 1-1/2&quot; 10 ml</td>
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<tr>
<td>dialysis safety syringe/needle 22g x 1-1/2&quot; 3 ml</td>
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<td>DROPLET INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML</td>
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<tr>
<td>drug mart unifine pentips</td>
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<td>drug mart unifine pentips plus</td>
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<td>easy comfort insulin syringe 32g x 5/16&quot; 0.5 ml, 32g x 5/16&quot; 1 ml</td>
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<tr>
<td>elite-thin insulin syringe</td>
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<td>eql insulin syringe</td>
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<td>FIFTY50 PEN NEEDLES 31G X 8 MM , 32G X 4 MM</td>
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<td>freds pharmacy unifine pentip+</td>
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<td>global ease inject pen needles</td>
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<td>global easy glide insulin syr 31g x 5/16&quot; 0.3 ml</td>
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<td>GLUCOPRO INSULIN SYRINGE</td>
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<td>gnp insulin syringe 29g x 1/2&quot; 0.3 ml, 31g x 5/16&quot; 0.3 ml, 31g x 5/16&quot; 0.5 ml, 31g x 5/16&quot; 1 ml</td>
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<td>H-E-B INCONTROL UNIFINE PENTIP</td>
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<td>HM ULTICARE INSULIN SYRINGE</td>
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<td>insulin syringe 27g x 1/2&quot; 0.5 ml, 27g x 1/2&quot; 1 ml, 28g x 1/2&quot; 0.5 ml, 28g x 1/2&quot; 1 ml, 29g x 1&quot; 0.3 ml, 30g x 1/2&quot; 0.5 ml, 30g x 1/2&quot; 1 ml</td>
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<td>kroger insulin syringe</td>
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<td>leader insulin syringe</td>
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<td>SURE-JECT INSULIN SYRINGE 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 0.5 ML, 31G X 5/16&quot; 1 ML</td>
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<td>syringe 18g x 1-1/2&quot; 3 ml, 20g x 1&quot; 12 ml, 20g x 1&quot; 6 ml, 20g x 1-1/2&quot; 12 ml, 21g x 1&quot; 12 ml, 21g x 1&quot; 6 ml, 21g x 1-1/2&quot; 12 ml, 21g x 1-1/2&quot; 6 ml, 21g x 1-1/4&quot; 3 ml, 21g x 1-1/4&quot; 6 ml, 22g x 1&quot; 12 ml, 22g x 1&quot; 6 ml, 22g x 1-1/2&quot; 12 ml, 22g x 1-1/4&quot; 6 ml, 25g x 1-1/2&quot; 3 ml, 25g x 5/8&quot; 3 ml, 2g x 1-1/4&quot; 3 ml</td>
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<td>TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM</td>
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| AEROCHAMBER PLUS FLOW VU        | Tier 3 |                           |
| BREATHERITE COLL SPACER ADULT   | Tier 3 |                           |
| BREATHERITE COLL SPACER CHILD   | Tier 3 |                           |
| BREATHERITE COLL SPACER INFANT  | Tier 3 |                           |
| BREATHERITE SPACER NEONATE      | Tier 3 |                           |
| BREATHERITE SPACER SMALL CHILD  | Tier 3 |                           |
| MICROCHAMBER                    | Tier 3 |                           |
| MICROSPACER                     | Tier 3 |                           |
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| pro comfort spacer child        | Tier 3 |                           |
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MIGERGOT RECTAL SUPPOSITORY      | Tier 1 |                           |

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<td>pimozide oral tablet</td>
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<td><em>SIPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</em>**</td>
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<td>TRINTELLIX ORAL TABLET 10 MG, 5 MG</td>
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<td><em>TETRACYCLINES</em>**</td>
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<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION</td>
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<td>HAVRIX INTRAMUSCULAR SUSPENSION</td>
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<td>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
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<td>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</td>
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<tr>
<th>Drug Name</th>
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<td>IXIARO INTRAMUSCULAR SUSPENSION</td>
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<td>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</td>
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<td>ROTARIX ORAL SUSPENSION RECONSTITUTED</td>
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<td>YF-VAX SUBCUTANEOUS INJECTABLE</td>
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<td>ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</td>
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*VAGINAL PRODUCTS*

*IMIDAZOLE-RELATED ANTIFUNGALS***

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<tr>
<td>GYNAZOLE-1 VAGINAL CREAM</td>
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<tr>
<td>miconazole 3 vaginal suppository</td>
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<td>terconazole vaginal cream</td>
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*SPERMICIDES***

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<td>Drug Name</td>
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<td>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL</td>
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<td><em>VAGINAL ANTI-INFECTIVES</em>**</td>
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<tr>
<td>clindamycin phosphate vaginal cream</td>
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<td>metronidazole vaginal gel</td>
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<tr>
<td>VANDAZOLE VAGINAL GEL</td>
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<td><em>VAGINAL ESTROGENS</em>**</td>
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<td>ESTRING VAGINAL RING</td>
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<td>IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG</td>
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<td>IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG</td>
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<td>PREMARIN VAGINAL CREAM</td>
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<td>YUVAFEM VAGINAL TABLET</td>
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<td><em>VASOPRESSORS</em></td>
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<td><em>ANAPHYLAXIS THERAPY AGENTS</em>**</td>
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<td>epinephrine injection solution auto-injector 0.15 mg/0.3ml</td>
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<td><em>VASOPRESSORS</em>**</td>
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<td>midodrine hcl oral tablet</td>
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<td><em>VITAMINS</em></td>
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<td><em>VITAMIN D</em>**</td>
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<td>cvs d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</td>
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<tr>
<td>cvs d3 oral tablet chewable</td>
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<tr>
<td>Drug Name</td>
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<td>sm vitamin d oral tablet</td>
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<tr>
<td>vitamin d (cholecalciferol) oral tablet</td>
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<tr>
<td>vitamin d (cholecalciferol) oral tablet chewable</td>
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<tr>
<td>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</td>
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<td>VITAMIN D-1000 MAX ST ORAL TABLET</td>
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<tr>
<td>vitamin d3 adult gummies oral tablet chewable</td>
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<td>vitamin d3 super strength oral tablet</td>
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<td>vitamin d-400 oral tablet</td>
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