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.
2021 Connecticut Select Drug List

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**Cyclooxygenase 2 (COX-2) Inhibitors***

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<td>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</td>
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<tr>
<td>CAPACET ORAL CAPSULE 50-325-40 MG</td>
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<td>ESGIC ORAL CAPSULE</td>
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<td>marten-tab oral tablet 50-325 mg</td>
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<td>PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG</td>
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<td>TENCON ORAL TABLET</td>
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<td>ZEBUTAL ORAL CAPSULE</td>
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<td><em>SALICYLATES</em>**</td>
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<td>diflunisal oral tablet</td>
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<td><em>ANALGESICS - OPPIOID</em></td>
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<td><em>CODEINE COMBINATIONS</em>**</td>
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<tr>
<td>acetaminophen-codeine oral tablet 50-325 mg</td>
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<td>acetaminophen-codeine #2 oral tablet</td>
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<td>acetaminophen-codeine #3 oral tablet</td>
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<td>acetaminophen-codeine #4 oral tablet</td>
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<tr>
<td>acetaminophen-codeine oral solution</td>
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<td><em>HYDROCODONE COMBINATIONS</em>**</td>
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<td>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</td>
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<td>hydrocodone-acetaminophen oral tablet</td>
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<tr>
<td>hydrocodone-ibuprofen oral tablet</td>
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<td>IBUDONE ORAL TABLET 10-200 MG, 5-200 MG</td>
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<tr>
<td>LORCET HD ORAL TABLET 10-325 MG</td>
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<td>LORCET ORAL TABLET 5-325 MG</td>
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<td>VICODIN ES ORAL TABLET 7.5-300 MG</td>
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<tr>
<td>VICODIN HP ORAL TABLET 10-300 MG</td>
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<td>VICODIN ORAL TABLET 5-300 MG</td>
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<tr>
<td>XYLON ORAL TABLET 10-200 MG</td>
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<td>PA; QL</td>
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<tr>
<td>ZAMICET ORAL SOLUTION 10-325 MG/15ML</td>
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<td><em>OPIOID AGONISTS</em>**</td>
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<tr>
<td>codeine sulfate oral tablet 15 mg, 60 mg</td>
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<td>codeine sulfate oral tablet 30 mg</td>
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<td>EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG</td>
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<td>Drug Name</td>
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<td>hydromorphone hcl oral liquid</td>
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<td>hydromorphone hcl oral tablet</td>
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<tr>
<td>hydromorphone hcl rectal suppository</td>
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<tr>
<td>levorphanol tartrate oral tablet 2 mg</td>
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<td>meperidine hcl injection solution 10 mg/ml</td>
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<td>meperidine hcl oral tablet</td>
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<td>METHADONE HCL INTENSOL ORAL CONCENTRATE</td>
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<td>methadone hcl oral concentrate</td>
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<td>PA; QL</td>
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<td>PA; QL</td>
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<td>methadone hcl oral tablet</td>
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<tr>
<td>methadone hcl oral tablet soluble</td>
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<td>METHADOSE ORAL TABLET SOLUBLE</td>
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<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
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<td>morphine sulfate er oral capsule extended release 24 hour</td>
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<tr>
<td>morphine sulfate er oral tablet extended release</td>
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<td>morphine sulfate oral solution</td>
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<tr>
<td>morphine sulfate oral tablet</td>
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<td>morphine sulfate rectal suppository</td>
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<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
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<tr>
<td>oxycodone hcl oral capsule</td>
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<td>oxycodone hcl oral concentrate</td>
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*OPIOID COMBINATIONS***

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>oxymorphone hcl er oral tablet extended release 12 hour</td>
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<tr>
<td>oxymorphone hcl oral tablet</td>
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<tr>
<td>tramadol hcl er (biphasic) oral tablet extended release 24 hour</td>
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<td>tramadol hcl er oral tablet extended release 24 hour</td>
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<td>tramadol hcl oral tablet 50 mg</td>
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*OPIOID PARTIAL AGONISTS***

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film</td>
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<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</td>
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<td>butorphanol tartrate nasal solution</td>
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*ANDROGENS-ANABOLIC*

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<tr>
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*ANABOLIC STEROIDS***

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Effective 05/01/2021
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<td>ANDROGENS***</td>
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<td>ANDROXY ORAL TABLET 10 MG</td>
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<td>danazol oral capsule</td>
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<td>methitest oral tablet</td>
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<tr>
<td>testosterone cypionate injection solution</td>
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<td>PA</td>
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<tr>
<td>testosterone cypionate intramuscular solution</td>
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<td>PA</td>
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<tr>
<td>testosterone transdermal gel 1.62 %, 12.5 mg/1.25 gm (1%), 20.25 mg/1.25 gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5 gm (1%), 40.5 mg/2.5 gm (1.62%), 50 mg/5 gm (1%)</td>
<td>Tier 1</td>
<td>PA; QL</td>
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<td><em>ANORECTAL AND RELATED PRODUCTS</em></td>
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<td><em>INTRARECTAL STEROIDS</em>**</td>
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<td>COLOCORT RECTAL ENEMA 100 MG/60ML</td>
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<td>*RECTAL ANESTHETIC/STEROIDS ***</td>
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<td>pramcort rectal cream 1-1 %</td>
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<td><em>RECTAL STEROIDS</em>**</td>
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<td><em>ANTHELMINTICS</em></td>
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<td>ivermectin oral tablet</td>
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<td><em>ANTIANGINAL AGENTS</em></td>
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<td><em>NITRATES</em>**</td>
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<td>Drug Name</td>
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<td><em>BENZODIAZEPINES</em>**</td>
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<td><em>ADRENERGIC COMBINATIONS</em>**</td>
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<td>ADVAIR HFA INHALATION AEROSOL</td>
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<td><strong>BRONchodilATORS - ANTicholinergics</strong>*</td>
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<td><strong>LEUKOTRIENE RECEPTOR ANTAGONISTS</strong>*</td>
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**SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***

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**STEROID INHALANTS***

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<td>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</td>
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<td>theophylline oral solution</td>
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<td>JANTOVEN ORAL TABLET</td>
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<td>warfarin sodium oral tablet</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION</td>
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<td><em>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</em>**</td>
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<td>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</td>
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<td>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</td>
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<td>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</td>
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<td>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</td>
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**TRICYCLIC AGENTS***

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<td>trimipramine maleate oral capsule</td>
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**ANTIDiABETICS***

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<td>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td><em>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</em>**</td>
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<td>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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Effective 05/01/2021
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<td>ULTRA-TIN II PEN NEEDLE SHORT</td>
<td>Tier 3</td>
<td>QL</td>
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<tr>
<td>ULTRA-TIN II PEN NEEDLES</td>
<td>Tier 3</td>
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<tr>
<td>UNIFINE PENTIPS</td>
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<tr>
<td>UNIFINE PENTIPS PLUS</td>
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<tr>
<td>UNIFINE SAFECONTROL PEN NEEDLE</td>
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<tr>
<td>VALUE HEALTH INSULIN SYRINGE</td>
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<td>valumark pen needles</td>
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<tr>
<td>VANISHPOINT INSULIN SYRINGE 29G X 1/2&quot; 1 ML, 30G X 1/2&quot; 0.5 ML</td>
<td>Tier 3</td>
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<tr>
<td>VIDA MIA UNIFINE PENTIPS</td>
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<tr>
<td>VP INSULIN SYRINGE</td>
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<tr>
<td>WEGMANS UNIFINE PENTIPS PLUS</td>
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<tr>
<td><em>RESPIRATORY THERAPY SUPPLIES</em>**</td>
<td>Tier 3</td>
<td>QL</td>
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<tr>
<td>ALL FLOW 1000 PFT FILTER DEVICE</td>
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<thead>
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<tr>
<td>ALL FLOW 6000 PFT FILTER KIT</td>
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<tr>
<td>NEBULIZER/TUBING/MOUTHPIECE KIT</td>
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<tr>
<td>PARI ALTERA NEBULIZER HANDSET</td>
<td>Tier 3</td>
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<tr>
<td>PARI TREK S COMBO PACK DEVICE</td>
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<tr>
<td>PARI TREK S PORTABLE POWER KIT</td>
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<tr>
<td>SIDESTREAM CUSTOM NEBULIZER KIT</td>
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<tr>
<td>VORTEX HOLD CHMBR/MASK/CHILD DEVICE</td>
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<tr>
<td>VORTEX HOLD CHMBR/MASK/TODDLER DEVICE</td>
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<td><em>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</em>**</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU MEDIUM</td>
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<td>AEROCHAMBER PLUS FLOW VU</td>
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<td>BREATHERITE COLL SPACER ADULT</td>
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<tr>
<td>BREATHERITE COLL SPACER CHILD</td>
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<tr>
<td>BREATHERITE COLL SPACER INFANT</td>
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<td>BREATHERITE SPACER NEONATE</td>
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<td>BREATHERITE SPACER SMALL CHILD</td>
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<td>MICROCHAMBER</td>
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<td>MICROSPACER</td>
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<tr>
<td>VORTEX VALVED HOLDING CHAMBER DEVICE</td>
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<tr>
<td><em>MIGRAINE PRODUCTS</em></td>
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<tr>
<td><em>ERGOT COMBINATIONS</em>**</td>
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<tr>
<td>ergotamine-caffeine oral tablet</td>
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<td>MIGERGOT RECTAL SUPPOSITORY</td>
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<td><em>MIGRAINE PRODUCTS</em>**</td>
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<tr>
<td>dihydroergotamine mesylate nasal solution</td>
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<td>ST; QL</td>
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<td><em>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</em>**</td>
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<td>almotriptan malate oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>eletriptan hydrobromide oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>frovatriptan succinate oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>naratriptan hcl oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>rizatriptan benzoate oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet dispersible</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution prefilled syringe</td>
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<tr>
<td>zolmitriptan oral tablet</td>
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<td>QL</td>
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<tr>
<td>zolmitriptan oral tablet dispersible</td>
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<td><em>MINERALS &amp; ELECTROLYTES</em></td>
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<tr>
<td><em>FLUORIDE COMBINATIONS</em>**</td>
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<tr>
<td>FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG</td>
<td>Tier 1</td>
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<tr>
<td><em>FLUORIDE</em>**</td>
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<tr>
<td>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</td>
<td>Tier 1</td>
<td>$0</td>
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<tr>
<td>LUDENT ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</td>
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<td><em>POTASSIUM COMBINATIONS</em>**</td>
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<tr>
<td>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ</td>
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<tr>
<td>effervescent pot chloride oral tablet effervescent 25 meq</td>
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<tr>
<td>pot bicarb-pot chloride oral tablet effervescent 25 meq</td>
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<tr>
<th>Drug Name</th>
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<tr>
<td><em>POTASSIUM</em>**</td>
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<tr>
<td>effer-k oral tablet effervescent 25 meq</td>
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<td>k-effervescent oral tablet effervescent 25 meq</td>
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<tr>
<td>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE</td>
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<td>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE</td>
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<td>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</td>
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<td>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE</td>
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<td>KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ</td>
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<td>KLOR-CON/EF ORAL TABLET EFFERVESCENT</td>
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<tr>
<td>k-prime oral tablet effervescent</td>
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<tr>
<td>k-vescent oral tablet effervescent 25 meq</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>potassium bicarbonate oral tablet effervescent 25 meq</td>
<td>Tier 1</td>
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<tr>
<td>potassium chloride crys er oral tablet extended release</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er oral capsule extended release</td>
<td>Tier 1</td>
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<tr>
<td>potassium chloride er oral tablet extended release</td>
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<td></td>
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<tr>
<td>potassium bicarbonate oral tablet effervescent 25 meq</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er oral tablet extended release</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er oral capsule extended release</td>
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<tr>
<td>potassium chloride er oral tablet extended release</td>
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**SODIUM***

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>sodium chloride (pf) injection solution</td>
<td>Tier 1</td>
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<tr>
<td>sodium chloride injection solution 2.5 meq/ml</td>
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<tr>
<td>sodium chloride intravenous solution 0.45% Tier 1 PA; QL</td>
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<tr>
<td>sodium chloride intravenous solution 0.9% Tier 1 PA; QL</td>
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<tr>
<td>sodium chloride intravenous solution 3% Tier 1 PA; QL</td>
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<tr>
<td>sodium chloride intravenous solution 5% Tier 1 PA; QL</td>
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**Miscellaneous Therapeutic Classes***

**ANTILEPTOTICS***

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>THALOMID ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; SP; LD; QL</td>
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**CHELATING AGENTS***

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<th>Drug Name</th>
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<tr>
<td>CLOVIQUE ORAL CAPSULE</td>
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<td>PA; SP; QL</td>
</tr>
<tr>
<td>penicillamine oral tablet</td>
<td>Tier 1</td>
<td>PA; QL</td>
</tr>
<tr>
<td>trientine hcl oral capsule</td>
<td>Tier 1</td>
<td>PA; SP; QL</td>
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**CYCLOSPORINE ANALOGS***

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>cyclosporine modified oral capsule</td>
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<tr>
<td>cyclosporine modified oral solution</td>
<td>Tier 4</td>
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<tr>
<td>cyclosporine oral capsule</td>
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<tr>
<td>GENGRAF ORAL CAPSULE</td>
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<tr>
<td>GENGRAF ORAL SOLUTION</td>
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**IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>REVLIMID ORAL CAPSULE</td>
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<td>PA; SP; LD; QL</td>
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**INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***

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<tr>
<td>mycophenolate mofetil oral capsule</td>
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<tr>
<td>mycophenolate mofetil oral tablet</td>
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<tr>
<td>mycophenolate sodium oral tablet delayed release</td>
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**IRRIGATION SOLUTIONS***

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<tr>
<td>PHYSIOLYTE IRRIGATION SOLUTION</td>
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**MACROLIDE IMMUNOSUPPRESSANTS***

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<th>Drug Name</th>
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<tbody>
<tr>
<td>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</td>
<td>Tier 4</td>
<td>PA</td>
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<tr>
<td>sirolimus oral solution</td>
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<tr>
<td>tacrolimus oral capsule</td>
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<tr>
<td>ZORTRESS ORAL TABLET 1 MG</td>
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**POTASSIUM REMOVING AGENTS***

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<th>Drug Name</th>
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<tbody>
<tr>
<td>KIONEX ORAL POWDER</td>
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<tr>
<td>KIONEX ORAL SUSPENSION 15 GM/60ML</td>
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<tr>
<td>sodium polystyrene sulfonate oral powder</td>
<td>Tier 1</td>
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<tr>
<td>sodium polystyrene sulfonate oral suspension 15 gm/60ml</td>
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<tr>
<td>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</td>
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**POTASSIUM REMOVING AGENTS***

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**PURINE ANALOGS***

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<td>azathioprine oral tablet</td>
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**MOUTH/THROAT/DENTAL AGENTS***

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<th>Drug Name</th>
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<tbody>
<tr>
<td>lidocaine viscous hcl mouth/throat solution</td>
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<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>lidocaine viscous mouth/throat solution 2 %</td>
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<td><strong>ANTI-INFECTIVES - THROAT</strong>*</td>
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<tr>
<td>clotrimazole mouth/throat lozenge 10 mg</td>
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<td>clotrimazole mouth/throat troche</td>
<td>Tier 1</td>
<td>QL</td>
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<tr>
<td>nystatin mouth/throat suspension</td>
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<td><strong>ANTISEPTICS - MOUTH/THROAT</strong>*</td>
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<td>chlorhexidine gluconate mouth/throat solution</td>
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<td>PAROEX MOUTH/THROAT SOLUTION</td>
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<tr>
<td>PERIOGARD MOUTH/THROAT SOLUTION</td>
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<tr>
<td><strong>DENTAL PRODUCTS - COMBINATIONS</strong>*</td>
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<tr>
<td>fluoridex sensitivity relief dental paste</td>
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<tr>
<td>sodium fluoride 5000 enamel dental paste</td>
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<tr>
<td>sodium fluoride 5000 sensitive dental paste</td>
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<tr>
<td><strong>FLUORIDE DENTAL PRODUCTS</strong>*</td>
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<td>CLINPRO 5000 DENTAL PASTE</td>
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<td>DENTA 5000 PLUS DENTAL CREAM</td>
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<td>DENTAGEL DENTAL GEL</td>
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<tr>
<td>FLUORIDEX DENTAL PASTE</td>
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<tr>
<td>fluoridex enhanced whitening dental paste</td>
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<tr>
<td>KARIGEL DENTAL GEL 1.1 %</td>
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<tr>
<td>KARIGEL-N DENTAL GEL 1.1 %</td>
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<tr>
<td>NEUTRAGARD ADVANCED DENTAL GEL 1.1 %</td>
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<td>neutral sodium fluoride mouth/throat solution 0.2 %</td>
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<td>sf 5000 plus dental cream</td>
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<td>sf dental gel</td>
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<td><em>SEMISOLID VEHICLES</em>**</td>
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<td>norethindrone acetate oral tablet</td>
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<td>progesterone oral capsule</td>
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<td>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</td>
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<td>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</td>
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<td>galantamine hydrobromide oral tablet 12 mg, 8 mg</td>
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<td>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</td>
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<td>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</td>
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<td><strong>FIBROMYALGIA AGENT - SNRIS</strong>*</td>
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<td>PA; SP; LD; QL</td>
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<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td><strong>MULTIPLE SCLEROSIS AGENTS</strong>*</td>
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<td>glatiramer acetate subcutaneous solution prefilled syringe</td>
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<td><strong>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</strong>*</td>
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<td>memantine hcl oral solution</td>
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<td>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg</td>
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<td>memantine hcl oral tablet 5 mg</td>
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<td>fluoxetine hcl (pmdd) oral tablet 10 mg</td>
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<td>pimozide oral tablet</td>
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<td><strong>RESTLESS LEG SYNDROME (RLS) AGENTS</strong>*</td>
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<td>HORIZANT ORAL TABLET EXTENDED RELEASE</td>
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<td><strong>SMOKING DETERRENTS</strong>*</td>
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<td>CHANTIX CONTINUING MONTH PAK ORAL TABLET</td>
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<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
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<tr>
<td>CHANTIX ORAL TABLET</td>
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<tr>
<td>CHANTIX STARTING MONTH PAK ORAL TABLET</td>
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<td>gnp nicotine mini mouth/throat lozenge 4 mg</td>
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<td>gnp nicotine mouth/throat gum</td>
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<td>gnp nicotine transdermal patch 24 hour 21 mg/24hr</td>
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<td>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG</td>
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<td><em>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</em>**</td>
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<td>GILENYA ORAL CAPSULE 0.5 MG</td>
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<td>KALYDECO ORAL PACKET 50 MG, 75 MG</td>
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<td><em>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</em>**</td>
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<td><em>SULFONAMIDES</em></td>
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<td><em>TETRACYCLINES</em></td>
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<td><em>GLYCICYCLINES</em>**</td>
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<td><em>TETRACYCLINES</em>**</td>
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<td>avidoxy oral tablet</td>
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<td>COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>demeclocycline hcl oral tablet</td>
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<td>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</td>
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<td>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</td>
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<td>doxycycline monohydrate oral capsule</td>
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<td>minocycline hcl er oral tablet extended release 24 hour</td>
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<td>PA</td>
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<td>minocycline hcl oral capsule</td>
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<td>minocycline hcl oral tablet</td>
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<td>MORGIDOX ORAL CAPSULE</td>
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<td>tetracycline hcl oral capsule</td>
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<td><em>THYROID AGENTS</em></td>
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<td>methimazole oral tablet</td>
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<td>propylthiouracil oral tablet</td>
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<td>LEVO-T ORAL TABLET</td>
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<td>levothyroxine sodium oral capsule</td>
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<td>levothyroxine sodium oral tablet</td>
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<td>LEVOXYL ORAL TABLET</td>
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<tr>
<td>liothyronine sodium oral tablet</td>
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<tr>
<td>NATURE-THROID ORAL TABLET</td>
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<td>np thyroid oral tablet</td>
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<tr>
<td>SYNTHROID ORAL TABLET</td>
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<td>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</td>
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<td>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</td>
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<td>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</td>
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<td>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</td>
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<td>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</td>
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<td>WESTHROID ORAL TABLET</td>
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**TOXOIDS***

**TOXOID COMBINATIONS***

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<td>DAPTACEL INTRAMUSCULAR SUSPENSION</td>
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<td>diphtheria-tetanus toxoids dt intramuscular suspension</td>
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<td>INFANRIX INTRAMUSCULAR SUSPENSION</td>
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**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS***

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**BELLADONNA ALKALOIDS***

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**H-2 ANTAGONISTS***

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<td>cimetidine oral tablet 200 mg, 400 mg</td>
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<td>cimetidine oral tablet 300 mg, 800 mg</td>
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<td>famotidine oral suspension reconstituted</td>
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<td>QL</td>
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<tr>
<td>Drug Name</td>
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<td><strong>PROTON PUMP INHIBITORS</strong>*</td>
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<td>DEXILANT ORAL CAPSULE DELAYED RELEASE</td>
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<td>omeprazole oral capsule delayed release</td>
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<td>rabeprazole sodium oral tablet delayed release</td>
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<td><strong>QUATERNARY ANTICHOLINERGICS</strong>*</td>
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<td>methscopolamine bromide oral tablet</td>
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<td><strong>ULCER DRUGS - PROSTAGLANDINS</strong>*</td>
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<td><strong>URINARY ANTISPASMODICS</strong>*</td>
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*VAGINAL AND RELATED PRODUCTS*

*IMIDAZOLE-RELATED ANTIFUNGALS***

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Most plans include our home delivery program at no extra cost to you. Find out more by going online to anthem.com or call 833-236-6196.

For information about your pharmacy benefit, log in at anthem.com.

You’ll find the most up-to-date drug list and details about your benefits. If you still have questions, we’re here. Just call the Pharmacy Member Services number on your ID card.