Essential Drug List

Drug list — Three 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/pharmacyinformation.

If you have questions about your pharmacy benefits, we’re here to help. Just call us at the Member Services number on your ID card.
**Essential 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. 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. Some plans split Tier 1 into Tier 1a and Tier 1b:
  - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others 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 the highest cost share. They often include brand and generic drugs that 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 or specialty drugs that are 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 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.

**CTT1** = Tier 1 copay for members in a Connecticut plan, by state mandate.

**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.
Essential Drug list

Three Tier

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### Essential Drug list

#### Three Tier

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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<tr>
<td>oxycodone-aspirin oral tablet</td>
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<tr>
<td>oxymorphine oral tablet</td>
<td>2</td>
<td>QL; CTT1</td>
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<tr>
<td>oxymorphine oral tablet extended release 12 hr</td>
<td>2</td>
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<tr>
<td>pentazocine-naloxone oral tablet</td>
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<tr>
<td>remifentanil intravenous recon soln</td>
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<tr>
<td>rizatriptan oral tablet</td>
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<tr>
<td>rizatriptan oral tablet,disintegrating</td>
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<tr>
<td>sumatriptan nasal spray,non-aerosol</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
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<td>sumatriptan succinate subcutaneous cartridge</td>
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<td>sumatriptan succinate subcutaneous pen injector</td>
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<td>sumatriptan succinate subcutaneous solution</td>
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<td>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</td>
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<tr>
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<td>tramadol oral capsule,er biphase 24 hr 25-75</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>tramadol oral tablet</td>
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<td>tramadol oral tablet extended release 24 hr</td>
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<td>tramadol oral tablet, er multiphase 24 hr</td>
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<td>tramadol-acetaminophen oral tablet</td>
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<td>trexiz oral capsule 320.5-30-16 mg</td>
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<td>vicodin es oral tablet</td>
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<td>vicodin hp oral tablet</td>
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<td>zebutal oral capsule 50-325-40 mg</td>
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<td>zolmitriptan oral tablet</td>
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<td>zolmitriptan oral tablet, disintegrating</td>
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**ANESTHETICS**

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<td>bupivacaine injection solution</td>
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<td>bupivacaine-epinephrine injection solution</td>
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<td>chloroprocaine (pf) injection solution</td>
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<td>desflurane inhalation liquid</td>
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<tr>
<td>etomidate intravenous solution</td>
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<td>glydo mucous membrane jelly in applicator</td>
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<tr>
<td>isoflurane inhalation liquid</td>
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<tr>
<td>ketamine injection solution</td>
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<td>lidocaine (pf) injection solution</td>
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<td>lidocaine hcl intradermal pen injector</td>
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<td>lidocaine hcl laryngotracheal solution</td>
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<td>lidocaine hcl mucous membrane jelly in applicator</td>
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**Drug Name**

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<th>Drug Name</th>
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<td>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</td>
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<td>lidocaine hcl topical lotion</td>
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<td>lidocaine topical adhesive patch, medicated 5 %</td>
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<tr>
<td>lidocaine viscous mucous membrane solution</td>
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<td>lidocaine-epinephrine bit injection cartridge 2 %: 1:100,000</td>
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<td>lidocaine-epinephrine injection solution</td>
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<td>lidocaine-prilocaine topical cream</td>
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<td>lido-sorb topical lotion</td>
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<td>midazolam injection solution</td>
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<td>phenazopyridine oral tablet 100 mg, 200 mg</td>
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<td>polocaine injection solution</td>
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<tr>
<td>polocaine-mpf injection solution</td>
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<td>prilovix ultralite plus topical kit</td>
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<td>propofol intravenous emulsion</td>
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<td>ropivacaine (pf) injection solution</td>
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<td>sensorcaine injection solution</td>
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<td>sensorcaine-epinephrine injection solution</td>
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<td>sensorcaine-mpf injection solution</td>
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<td>sensorcaine-mpf/epinephrine injection solution 0.25 %: 1:200,000, 0.5 %: 1:200,000</td>
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<td>sevoflurane inhalation liquid</td>
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<td>terrell inhalation liquid</td>
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<th>Drug Name</th>
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<td><strong>ANTIARTHRITICS</strong></td>
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<td>celecoxib oral capsule</td>
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<td>colchicine oral tablet</td>
<td>2 CTT1</td>
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<td><strong>COLCRYS ORAL TABLET</strong></td>
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<td>diclofenac sodium oral tablet extended release 24 hr</td>
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<td>diclofenac sodium oral tablet, delayed release (dr/ec)</td>
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<td>etodolac oral tablet</td>
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<td>etodolac oral tablet extended release 24 hr</td>
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<td>febuxostat oral tablet</td>
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<td>fenoprofen oral tablet</td>
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<td>ibu oral tablet</td>
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<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
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<td>indomethacin oral capsule</td>
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<td>indomethacin oral capsule, extended release</td>
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<td>leflunomide oral tablet</td>
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<td>meclofenamate oral capsule</td>
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<tr>
<td>meloxicam oral tablet</td>
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<td>naproxen oral suspension</td>
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<tr>
<td>naproxen oral tablet</td>
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<tr>
<td>naproxen oral tablet, delayed release (dr/ec)</td>
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<td><strong>ORTHOVISC INTRAARTICULAR SYRINGE</strong></td>
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<td>piroxicam oral capsule</td>
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<td>probenecid oral tablet</td>
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<td>probenecid-colchicine oral tablet</td>
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<tr>
<td><strong>RASUVO (PF) SUBCUTANEOUS AUTOINJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML</strong></td>
<td>3 PA; QL; SP</td>
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<td><strong>RIDAURA ORAL CAPSULE</strong></td>
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<td><strong>RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR</strong></td>
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<td><strong>SYNVISC INTRAARTICULAR SYRINGE</strong></td>
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<td><strong>SYNVISC-ONE INTRAARTICULAR SYRINGE</strong></td>
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<td>tolmetin oral capsule</td>
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<td>tolmetin oral tablet</td>
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<td><strong>XELJANZ ORAL TABLET</strong></td>
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<td><strong>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR</strong></td>
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<td><strong>ANTIASTHMATICS</strong></td>
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<td><strong>ADVAIR HFA INHALATION HFA AEROSOL INHALER</strong></td>
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<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler</td>
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<td>albuterol sulfate inhalation solution for nebulization</td>
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<td>albuterol sulfate oral tablet</td>
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<td>ATROVENT HFA INHALATION HFA AEROSOL INHALER</td>
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<td>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</td>
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<td>montelukast oral granules in packet</td>
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<td>montelukast oral tablet,chewable</td>
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<td>terbutaline subcutaneous solution</td>
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**ANTIBIOTICS**

| ak-poly-bac ophthalmic (eye) ointment | 1 or 1a* | |

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
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<td>amoxicillin oral capsule</td>
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<td>amoxicillin oral suspension for reconstitution</td>
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<td>amoxicillin oral tablet</td>
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<td>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>CIPRODEX OTIC (EAR) DROPS,SUSPENSION</td>
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<td>ciprofloxacin hcl otic (ear) dropperette</td>
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<td>ciprofloxacin in 5% dextrose intravenous piggyback</td>
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<td>clindamycin phosphate topical swab</td>
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<td>e.e.s. 400 oral tablet</td>
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<td>erythrocin (as stearate) oral tablet 250 mg</td>
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<td>erythromycin opthalmic (eye) ointment</td>
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<tr>
<td>erythromycin oral capsule,delayed release(dr/ec)</td>
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<th>Drug Name</th>
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<tr>
<td>erythromycin oral tablet</td>
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<td>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</td>
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<th>Drug Name</th>
<th>Tier</th>
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**RIFATER ORAL TABLET**

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<td>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION</td>
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<td>ciclopirox topical cream</td>
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<td>methotrexate sodium (pf) injection solution</td>
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<td>TRUVADA ORAL TABLET</td>
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<td>dopamine in 5 % dextrose intravenous solution</td>
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<td>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml)</td>
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<td>galantamine oral capsule, ext rel. pellets 24 hr</td>
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<th>Drug Name</th>
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<td>cartia xt oral capsule, extended release 24hr 240 mg, 300 mg</td>
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<td>diltiazem hcl oral capsule, extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</td>
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<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</td>
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<td>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</td>
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<td>nitroglycerin transdermal patch 24 hour</td>
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<td>propranolol intravenous syringe</td>
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**CARdiovascular**

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<td>memantine oral tablets, dose pack</td>
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<td>phenytoin oral suspension</td>
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<th>Drug Name</th>
<th>Tier</th>
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<td>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</td>
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</tr>
<tr>
<td>norethindrone e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</td>
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<tr>
<td>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mg, 0.18/0.215/0.25 mg-35 mcg (28)</td>
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<td>norlida oral tablet</td>
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<tr>
<td>nortrel 0.5/35 (28) oral tablet</td>
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<td>nortrel 1/35 (21) oral tablet</td>
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<td>NUVARING VAGINAL RING</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 01/01/2020
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<td>philit oral tablet</td>
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<td>pimtre (28) oral tablet</td>
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<tr>
<td>pirmella oral tablet</td>
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<td>portia 28 oral tablet</td>
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<tr>
<td>previfem oral tablet</td>
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<td>reclipsen (28) oral tablet</td>
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<tr>
<td>rivelsa oral tablets,dose pack,3 month</td>
<td>1 or 1b*</td>
<td>$0</td>
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<tr>
<td>setlakin oral tablets,dose pack,3 month</td>
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<td>sharobel oral tablet</td>
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<td>simliya (28) oral tablet</td>
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<tr>
<td>simpesse oral tablets,dose pack,3 month</td>
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<td>sronyx oral tablet</td>
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<td>syeda oral tablet</td>
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<td>tarina fe 1/20 (28) oral tablet</td>
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<td>trivora (28) oral tablet</td>
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<td>tydemy oral tablet</td>
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<td>vyfemla (28) oral tablet</td>
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<td>Yalebra oral tablet</td>
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**COUGH/COLD PREPARATIONS**

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<td>brompheniramine-pseudoeph-dm oral syrup</td>
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<tr>
<td>g tussin ac oral liquid</td>
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<tr>
<td>guaiatsin ac oral liquid</td>
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<tr>
<td>guaifenesin ac oral liquid</td>
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<td>guaifenesin dac oral syrup</td>
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Effective 01/01/2020
<table>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</td>
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<td>hydromet oral syrup</td>
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<td>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</td>
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<td>promethazine-codeine oral syrup</td>
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<td>promethazine-dm oral syrup</td>
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<td>promethazine-phenylephrine-codeine oral syrup</td>
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<td>TUSSCAPS ORAL CAPSULE, EXTENDED RELEASE 12 HR 10-8 MG</td>
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<td>ACCUTREND GLUCOSE STRIP</td>
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<td>ONETOUCH VERIO STRIP</td>
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<td>acetazolamide sodium injection recon soln</td>
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<td>osmitrol 15 % intravenous parenteral solution</td>
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<td>osmitrol 20 % intravenous parenteral solution</td>
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<thead>
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<th>Drug Name</th>
<th>Tier</th>
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<td>betaxolol ophthalmic (eye) drops</td>
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<td>hydrocortisone-acetic acid otic (ear) drops</td>
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<tr>
<td>ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION</td>
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<tr>
<td>ipratropium bromide nasal spray,non-aerosol</td>
<td>1 or 1b*</td>
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<tr>
<td>ketorolac ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>latanoprost (pf) ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>latanoprost ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>levobunolol ophthalmic (eye) drops 0.5 %</td>
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<tr>
<td>LOTEMAX OPHTHALMIC (EYE) DROPS,GEL</td>
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<tr>
<td>LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION</td>
<td>3</td>
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<tr>
<td>LOTEMAX OPHTHALMIC (EYE) OINTMENT</td>
<td>3</td>
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<tr>
<td>loteprednol etabonate ophthalmic (eye) drops,suspension</td>
<td>1 or 1b*</td>
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<tr>
<td>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</td>
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<tr>
<td>mometasone nasal spray,non-aerosol</td>
<td>3</td>
<td>ST; QL; CTT1</td>
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<tr>
<td>ocucoat intraocular syringe</td>
<td>1 or 1b*</td>
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</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>olopatadine nasal spray, non-aerosol</td>
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<tr>
<td>phenylephrine hcl ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</td>
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<tr>
<td>prednisolone acetate ophthalmic (eye) drops, suspension</td>
<td>1 or 1b*</td>
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<tr>
<td>proparacaine ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>RESTASIS OPHTHALMIC (EYE) DROPPERETTE</td>
<td>3 PA; QL</td>
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<tr>
<td>SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<tr>
<td>tetracaine ophthalmic (eye) drops</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops, once daily</td>
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<tr>
<td>timolol maleate ophthalmic (eye) gel forming solution</td>
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<td>TRAVATAN Z OPHTHALMIC (EYE) DROPS</td>
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<td>tropicamide ophthalmic (eye) drops</td>
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<tr>
<td>XIDRA OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>ELECT/CALORIC/H2O</td>
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<tr>
<td>calcium acetate oral capsule</td>
<td>2 CTT1</td>
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<tr>
<td>calcium acetate oral tablet 667 mg</td>
<td>2 CTT1</td>
<td></td>
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<tr>
<td>calcium chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>calcium gluconate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chromagen (sumalate-quatrefol) oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>chromium chloride intravenous solution</td>
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<tr>
<td>clinisol sf 15 % intravenous parenteral solution</td>
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<tr>
<td>copper chloride intravenous solution</td>
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<tr>
<td>corvita 150 oral tablet</td>
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<tr>
<td>cysteine (l-cysteine) intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>d10 % - 0.45 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d2.5 % - 0.45 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d5 % and 0.9 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d5 % - 0.45 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>dentagel dental gel</td>
<td>1 or 1a*</td>
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<tr>
<td>dextrose 10 % in water (d10w) intravenous parenteral solution</td>
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<tr>
<td>dextrose 25 % in water (d25w) intravenous syringe</td>
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<tr>
<td>dextrose 30 % in water (d30w) intravenous parenteral solution</td>
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<tr>
<td>dextrose 5 % in water (d5w) intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>dextrose 5 % in water (d5w) intravenous piggyback</td>
<td>1 or 1b*</td>
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<tr>
<td>dextrose 5 % - lactated ringers intravenous parenteral solution</td>
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<tr>
<td>dextrose 50 % in water (d50w) intravenous parenteral solution</td>
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<tr>
<td>effer-k oral tablet, effervescent 25 meq</td>
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<tr>
<td>ferocon oral capsule</td>
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</tr>
<tr>
<td>ferrocite plus oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>fluoride (sodium) oral drops</td>
<td>1 or 1a* $0</td>
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<tr>
<td>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)</td>
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<tr>
<td>fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</td>
<td>1 or 1a*</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>fluoritab oral tablet,chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
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<tr>
<td>flura-drops oral drops</td>
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<tr>
<td>GLUCAGEN HYPOKIT</td>
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<tr>
<td>INJECTION RECON SOLN</td>
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<tr>
<td>GLUCAGON EMERGENCY KIT</td>
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<tr>
<td>(HUMAN) INJECTION RECON SOLN</td>
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<tr>
<td>hematinic plus vit/minerals oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>hematinic/folic acid oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>hematogen forte oral capsule</td>
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<tr>
<td>hematogen oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>hemocyte-f oral tablet</td>
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<td>hepatamine 8% intravenous parenteral solution</td>
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<td>hyperlyte cr intravenous solution</td>
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<td>klor-con 10 oral tablet extended release</td>
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<td>klor-con 8 oral tablet extended release</td>
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<td>klor-con m10 oral tablet,er particles/crystals</td>
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<td>klor-con m15 oral tablet,er particles/crystals</td>
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<tr>
<td>klor-con m20 oral tablet,er particles/crystals</td>
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<tr>
<td>klor-con oral packet</td>
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<tr>
<td>klor-con/ef oral tablet, effervescent</td>
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<tr>
<td>lactated ringers intravenous parenteral solution</td>
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<tr>
<td>lanthanum oral tablet,chewable</td>
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<td>CTT1</td>
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<tr>
<td>ludent fluoride oral tablet,chewable</td>
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<td>$0</td>
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<tr>
<td>lysiplex plus oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>magnesium chloride injection solution</td>
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<tr>
<td>magnesium sulfate injection solution</td>
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<tr>
<td>magnesium sulfate injection syringe</td>
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<tr>
<td>manganese chloride intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>manganese sulfate intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>manganese sulfate intravenous solution</td>
<td>1 or 1b*</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>potassium citrate oral tablet extended release</td>
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<tr>
<td>potassium citrate-citric acid oral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>purevit dualfe plus oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>ringer's intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>selenium intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>se-tan plus oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>sevelamer carbonate oral powder in packet</td>
<td>2 CTT1</td>
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<tr>
<td>sevelamer carbonate oral tablet</td>
<td>2 CTT1</td>
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<tr>
<td>sevelamer hcl oral tablet</td>
<td>2 CTT1</td>
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<tr>
<td>sf dental gel</td>
<td>1 or 1a*</td>
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<tr>
<td>sodium acetate intravenous solution 4 meq/ml</td>
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<tr>
<td>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml</td>
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<tr>
<td>sodium bicarbonate intravenous solution</td>
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</tr>
<tr>
<td>sodium bicarbonate intravenous syringe</td>
<td>2 CTT1</td>
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<tr>
<td>sodium chloride 0.45 % intravenous parenteral solution</td>
<td>2 CTT1</td>
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<tr>
<td>sodium chloride 0.45 % intravenous piggyback</td>
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<tr>
<td>sodium chloride 0.9 % (flush) injection syringe</td>
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<td>sodium chloride 0.9 % injection solution</td>
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<tr>
<td>sodium chloride 0.9 % intravenous parenteral solution</td>
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<tr>
<td>sodium chloride 0.9 % intravenous piggyback</td>
<td>2 CTT1</td>
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</tr>
<tr>
<td>sodium chloride 3 % intravenous parenteral solution</td>
<td>2 CTT1</td>
<td></td>
</tr>
<tr>
<td>sodium chloride 5 % intravenous parenteral solution</td>
<td>2 CTT1</td>
<td></td>
</tr>
<tr>
<td>sodium chloride injection syringe</td>
<td>2 CTT1</td>
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**Drug Name**

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>sodium chloride intravenous parenteral solution</td>
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<tr>
<td>sodium citrate-citric acid oral solution</td>
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<tr>
<td>sodium ferric gluconate-sucrose intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium phosphate intravenous solution</td>
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<tr>
<td>sodium polystyrene sulfonate oral powder</td>
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<tr>
<td>sodium polystyrene sulfonate oral suspension</td>
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<tr>
<td>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</td>
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<tr>
<td>sodium polystyrene sulfonate rectal enema 50 gram/200 ml</td>
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<tr>
<td>sps (with sorbitol) oral suspension</td>
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<td>CTT1</td>
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<tr>
<td>sps (with sorbitol) rectal enema</td>
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<tr>
<td>swabflush injection syringe, with swab cap</td>
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<tr>
<td>tl-hem 150 oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>tricitrates oral solution</td>
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<td>tricon oral capsule</td>
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<td>trigels-forte oral capsule</td>
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<td>virt-phos 250 neutral oral tablet</td>
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<td>zinc chloride intravenous solution</td>
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<tr>
<td>zinc sulfate intravenous solution</td>
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**GASTROINTESTINAL**

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<td>alosetron oral tablet</td>
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<td>aprepitant oral capsule</td>
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<td>aprisit oral capsule,dose pack</td>
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<td>APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR</td>
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<td>atropine injection solution 1 mg/ml</td>
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<tr>
<td>atropine injection syringe 0.05 mg/ml</td>
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<tr>
<td>balsalazide oral capsule</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>CARAFATE ORAL SUSPENSION</td>
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<td>chlordiazepoxide-clidinium oral capsule</td>
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<tr>
<td>cimetidine hcl oral solution</td>
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<tr>
<td>cimetidine oral tablet 300 mg, 400 mg, 800 mg</td>
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<td>compro rectal suppository</td>
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<td>constulose oral solution</td>
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<td>CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)</td>
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<td>dicyclomine intramuscular solution</td>
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<td>dicyclomine oral capsule</td>
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<tr>
<td>dicyclomine oral solution</td>
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<tr>
<td>dicyclomine oral tablet</td>
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<td>diphenoxylate-atropine oral liquid</td>
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<td>diphenoxylate-atropine oral tablet</td>
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<td>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</td>
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<td>dronabinol oral capsule</td>
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<td>ENTERVIO INTRAVENOUS RECON SOLN</td>
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<td>enulose oral solution</td>
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<td>famotidine (pf) intravenous solution</td>
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<tr>
<td>famotidine (pf)-nacl (iso-os) intravenous piggyback</td>
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<td>famotidine intravenous solution</td>
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<td>famotidine oral suspension</td>
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<td>famotidine oral tablet 20 mg, 40 mg</td>
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<td>gavilyte-c oral recon soln</td>
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<td>glycopyrrolate injection solution</td>
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<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>ondansetron hcl (pf) injection solution</td>
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<td>ondansetron hcl (pf) injection syringe</td>
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<th>Drug Name</th>
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<td>budesonide oral tablet, delayed and ext.release</td>
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<td>cabergoline oral tablet</td>
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<td>calcitonin (salmon) nasal spray, non-aerosol</td>
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<td>carboprost tromethamine intramuscular solution</td>
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<td>clomiphene citrate oral tablet</td>
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<td>decadron oral tablet</td>
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<td>desmopressin injection solution</td>
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<td>desmopressin nasal spray with pump</td>
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<td>dexamethasone sodium phosphate solution</td>
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<td>dexpak 13 day oral tablets, dose pack</td>
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<td>estradiol vaginal tablet</td>
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<td>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</td>
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<td>estradiol-norethindrone acet oral tablet</td>
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<td>EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL</td>
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<td>fyavolv oral tablet</td>
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<td>GONAL-F RFF SUBCUTANEOUS RECON SOLN</td>
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<td>PA: QL; SP</td>
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<td>hydrocortisone oral tablet</td>
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<td>hydrocortisone rectal enema</td>
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<td>hydroxyprogesterone cap(ppres) intramuscular oil</td>
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<td>lopreeza oral tablet</td>
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<td>medroxyprogesterone oral tablet</td>
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<td>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</td>
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<td>methergine oral tablet</td>
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<td>methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml</td>
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<tr>
<td>methylprednisolone acetate injection suspension</td>
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<th>Drug Name</th>
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<tr>
<td>methylprednisolone oral tablet</td>
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<td>methylprednisolone oral tablets, dose pack</td>
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<td>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</td>
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<td>mimvey oral tablet</td>
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<td>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
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<td>ACTICOAT 7 DRESSING TOPICAL BANDAGE</td>
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**PRE-NATAL VITAMINS**

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<td>MYNATAL PLUS ORAL TABLET</td>
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<td>MYNATAL-Z ORAL TABLET</td>
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<td>MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE</td>
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**PRE-NATAL VITAMINS**

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**PSYCHOTHERAPEUTIC DRUGS**

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<tr>
<td>alprazolam oral tablet, extended release 24 hr</td>
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<td>amitriptyline oral tablet</td>
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<td>amitriptyline-chlordiazepoxide oral tablet</td>
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<td>escitalopram oxalate oral solution</td>
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<td>perphenazine-amitriptyline oral tablet</td>
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<td>pimozide oral tablet</td>
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<td>trifluoperazine oral tablet</td>
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<td>eszopiclone oral tablet</td>
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<td>lorazepam injection solution</td>
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<th>Drug Name</th>
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<td>sulfacetamide sodium topical cleanser, gel</td>
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<td>sulfacetamide sodium topical shampoo</td>
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<td>tis-u-sol pentalyte irrigation solution</td>
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<tr>
<td>tovet emollient topical foam</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
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<td>tretinoin topical gel</td>
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<td>urea topical foam</td>
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<td>urea topical gel 45 %</td>
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<td>CHANTIX ORAL TABLET</td>
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<td>CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK</td>
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<td>NICOTROL NS NASAL SPRAY, NON-AEROSOL</td>
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<thead>
<tr>
<th>Drug Name</th>
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<td>THYROID PREPS</td>
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<tr>
<td>levo-t oral tablet</td>
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<td>liothyronine intravenous solution</td>
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<td>liothyronine oral tablet</td>
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<td>methimazole oral tablet 10 mg, 5 mg</td>
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<td>np thyroid oral tablet</td>
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<td>unithroid oral tablet</td>
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<td>acetylcysteine intravenous solution</td>
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<td>benzoin compound (bulk) tincture</td>
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<td>CARDIOVID PLUS ORAL CAPSULE</td>
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<td>chlorhexidine gluconate mucous membrane mouthwash</td>
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<td>paroex oral rinse mucous membrane mouthwash</td>
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<th>Drug Name</th>
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<tr>
<td>paroxetine mesylate (menop.sym) oral capsule</td>
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<td>sodium thiosulfate in water intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</td>
<td>1 or 1b*</td>
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<tr>
<td>solifenacin oral tablet</td>
<td>2 CTT1</td>
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</tr>
<tr>
<td>SOMAVERT SUBCUTANEOUS RECON SOLN</td>
<td>3 PA; QL; LD; SP</td>
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<tr>
<td>sterile water for injection injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tadalafil oral tablet</td>
<td>1 or 1b* PA; QL</td>
<td></td>
</tr>
<tr>
<td>taliva oral capsule</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tamsulosin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tolterodine oral capsule, extended release 24hr</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tolterodine oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR</td>
<td>3</td>
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<tr>
<td>triamcinolone acetonide dental paste</td>
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<tr>
<td>trientine oral capsule</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>trospium oral capsule, extended release 24hr</td>
<td>2 CTT1</td>
<td></td>
</tr>
<tr>
<td>trospium oral tablet</td>
<td>2 CTT1</td>
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<tr>
<td>vardenafil oral tablet</td>
<td>1 or 1b* PA; QL</td>
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<td>vardenafil oral tablet, disintegrating</td>
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<tr>
<td>VESICARE ORAL TABLET</td>
<td>3 ST; QL</td>
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<tr>
<td>water for inject, bacteriostat injection solution</td>
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</tr>
<tr>
<td>water for injection, sterile injection solution</td>
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<tr>
<td>water for injection, sterile intravenous parenteral solution</td>
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<tr>
<td>VITAMINS</td>
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<tr>
<td>ascorbic acid (vitamin c) injection solution</td>
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<tr>
<td>biocel (with lutein) oral tablet</td>
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<tr>
<td>calcitriol intravenous solution 1 mcg/ml</td>
<td>1 or 1b*</td>
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<tr>
<td>calcitriol oral capsule</td>
<td>1 or 1b* PA; QL</td>
<td></td>
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<tr>
<td>calcitriol oral solution</td>
<td>2 PA; QL; CTT1</td>
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<tr>
<td>corvita oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>corvite free oral tablet</td>
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<tr>
<td>cyanocobalamin (vitamin b-12) injection solution</td>
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<tr>
<td>dexifol oral tablet</td>
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<tr>
<td>dialyvite oral tablet 100-1 mg</td>
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<tr>
<td>elite-ob oral tablet</td>
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<tr>
<td>ergocalcifierol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</td>
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<td>fabb oral tablet</td>
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<tr>
<td>folbee oral tablet</td>
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<tr>
<td>folbee plus oral tablet 5 mg</td>
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<tr>
<td>folic acid injection solution</td>
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<tr>
<td>folic acid oral tablet 1 mg</td>
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<tr>
<td>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</td>
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<tr>
<td>folplex 2.2 oral tablet</td>
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<tr>
<td>genicin vita-s oral tablet</td>
<td>1 or 1b*</td>
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</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 01/01/2020
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>hydroxocobalamin intramuscular solution</td>
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<tr>
<td>hylavite oral tablet</td>
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<td>lorid oral tablet</td>
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<tr>
<td>multi-vit with fluoride-iron oral drops</td>
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<td>multi-vitamin with fluoride oral drops</td>
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<td>multivitamin with fluoride oral tablet,chewable</td>
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<td>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</td>
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<td>multi-vitamin with fluoride oral tablet,chewable 1 mg</td>
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<tr>
<td>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</td>
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<td>$0</td>
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<td>multivitamins with fluoride oral tablet,chewable 1 mg</td>
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<td>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg</td>
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<td>mvc-fluoride oral tablet,chewable 1 mg</td>
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<td>mynephrocaps oral capsule</td>
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<td>mynephron oral capsule</td>
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<td>nephronex-sl oral tablet,disintegrating</td>
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<tr>
<td>niacin oral tablet 500 mg</td>
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<tr>
<td>phytonadione (vitamin k1) injection solution</td>
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<td>pyridoxine (vitamin b6) injection solution</td>
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<td>renal caps oral capsule</td>
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<td>reno caps oral capsule</td>
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<tr>
<td>thiamine hcl (vitamin b1) injection solution</td>
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<td>THRVITE-19 ORAL TABLET</td>
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<tr>
<td>triphrocaps oral capsule</td>
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<td>tri-vitamin with fluoride oral drops</td>
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<td>tri-vite with fluoride oral drops</td>
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<tr>
<td>tronvite oral tablet</td>
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<tr>
<td>v-c forte oral capsule</td>
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<td>vic-forte oral capsule</td>
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<tr>
<td>virt-caps oral capsule</td>
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<td>virt-gard oral tablet</td>
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<tr>
<td>VIT 3 ORAL CAPSULE</td>
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<td>vitamin d2 oral capsule</td>
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<tr>
<td>vitamin k injection solution</td>
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<tr>
<td>vitamin k1 injection solution</td>
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<tr>
<td>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</td>
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<tr>
<td>vp-vite rx oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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</tbody>
</table>

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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.

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