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.

- 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-deterring 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

**CURRENT AS OF 4/1/2019**

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANALGESICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen-caff-dihydrocod oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</td>
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<td>QL</td>
</tr>
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<td>almotriptan malate oral tablet</td>
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<td>QL</td>
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<td>QL; CTT1</td>
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<td>butalbital compound w/codeine oral capsule</td>
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<td>1 or 1b*</td>
<td>QL</td>
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<tr>
<td>butalbital-acetaminophen oral capsule</td>
<td>1 or 1b*</td>
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<td>butalbital-acetaminophen oral tablet</td>
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<tr>
<td>butalbital-acetaminophen-caff oral capsule</td>
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<td>butalbital-aspirin-caffeine oral capsule</td>
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<td>butorphanol tartrate injection solution</td>
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<td>butorphanol tartrate nasal spray,non-aerosol</td>
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<td>QL</td>
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<tr>
<td>carisoprodol-asa-codeine oral tablet</td>
<td>1 or 1b*</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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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring</td>
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<td>QL</td>
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<tr>
<td>hydromorphone injection solution</td>
<td>1 or 1b*</td>
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</tr>
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<td>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</td>
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<td>QL</td>
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<tr>
<td>hydromorphone oral liquid</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>hydromorphone oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>hydromorphone oral tablet extended release 24 hr</td>
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<td>PA; QL; CTT1</td>
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<tr>
<td>hydromorphone rectal suppository</td>
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<td>ibuprofen-oxycodone oral tablet</td>
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<td>ketorolac injection cartridge</td>
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<tr>
<td>ketorolac injection solution</td>
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<td>QL; CTT1</td>
</tr>
<tr>
<td>ketorolac injection syringe</td>
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<td>QL; CTT1</td>
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<td>ketorolac intramuscular cartridge</td>
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<td>QL; CTT1</td>
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<td>QL; CTT1</td>
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<tr>
<td>ketorolac oral tablet</td>
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<td>levorphanol tartrate oral tablet 2 mg</td>
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<td>lorcet (hydrocodone) oral tablet</td>
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<td>lorcet hd oral tablet</td>
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<td>lorcet plus oral tablet 7.5-325 mg</td>
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<td>mefenamic acid oral capsule</td>
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<td>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</td>
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<td>QL</td>
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<tr>
<td>meperidine injection cartridge</td>
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<td>meperidine oral solution</td>
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<td>methadone injection solution</td>
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<td>methadone intensol oral concentrate</td>
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<tr>
<td>methadone oral concentrate</td>
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<td>PA; QL</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>morphine rectal suppository</td>
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<tr>
<td>nalbuphine injection solution</td>
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<td>CTT1</td>
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<tr>
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<td>oxycodone oral capsule</td>
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<td>oxycodone-aspirin oral tablet</td>
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<tr>
<td>oxymorphone oral tablet</td>
<td>2</td>
<td>QL; CTT1</td>
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<tr>
<td>oxymorphone oral tablet extended release 12 hr</td>
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<td>pentazocine-naloxone oral tablet</td>
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<td>remifentanil intravenous recon soln</td>
<td>1 or 1b*</td>
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</tr>
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<td>rizatriptan oral tablet</td>
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<td>QL</td>
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<tr>
<td>rizatriptan oral tablet, disintegrating</td>
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<td>sumatriptan nasal spray, non-aerosol</td>
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<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>
<td>2</td>
<td>PA; QL; CTT1</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

**ANESTHETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>bupivacaine (pf) injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>bupivacaine injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>bupivacaine-dextrose-water(pf) injection solution</td>
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<td>bupivacaine-epinephrine (pf) injection solution</td>
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<td>etomidate intravenous solution</td>
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<td>glydo inhalation liquid</td>
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<td>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</td>
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<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>lidocaine hcl injection solution</td>
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<td>lidocaine-epinephrine injection solution</td>
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<tr>
<td>lidocaine-prilocaine topical cream</td>
<td>2</td>
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<tr>
<td>lidocaine-prilocaine topical kit</td>
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</tr>
<tr>
<td>marcaine (pf) injection solution 0.75 % (7.5 mg/ml)</td>
<td>1 or 1b*</td>
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<tr>
<td>midazolam (pf) in 0.9 % nacl intravenous solution</td>
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<tr>
<td>midazolam (pf) injection cartridge</td>
<td>1 or 1b*</td>
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<tr>
<td>midazolam (pf) injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</td>
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<tr>
<td>midazolam injection solution</td>
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<tr>
<td>phenazopyridine oral tablet 100 mg, 200 mg</td>
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<tr>
<td>polocaine injection solution 1 % (10 mg/ml)</td>
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<tr>
<td>polocaine-mpf injection solution</td>
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<tr>
<td>propofol intravenous emulsion</td>
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<tr>
<td>ropivacaine (pf) injection solution</td>
<td>1 or 1b*</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

**Drug Name**

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sensorcaine injection solution 0.5 % (5 mg/ml)</td>
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<tr>
<td>sensorcaine/epinephrine injection solution</td>
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<td></td>
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<tr>
<td>sevoflurane inhalation liquid</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>terrell inhalation liquid</td>
<td>1 or 1b*</td>
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<tr>
<td>xylocaine dental-epinephrine injection cartridge</td>
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**ANTIALLERGY**

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>cromolyn oral concentrate</td>
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**ANTIARTHRITICS**

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<th>Drug Name</th>
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<tbody>
<tr>
<td>allopurinol oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>allopurinol sodium intravenous recon soln</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>aloprim intravenous recon soln</td>
<td>1 or 1b*</td>
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<tr>
<td>celecoxib oral capsule</td>
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<tr>
<td>COLCHICINE ORAL TABLET</td>
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<tr>
<td>COLCRYS ORAL TABLET</td>
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<td>QL</td>
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<tr>
<td>diclofenac sodium oral tablet extended release 24 hr</td>
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<tr>
<td>diclofenac sodium oral tablet,delayed release (dr/ec)</td>
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<td>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</td>
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<tr>
<td>ec-naproxen oral tablet,delayed release (dr/ec)</td>
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<td></td>
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<td>etodolac oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>etodolac oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>etodolac oral tablet extended release 24 hr</td>
<td>1 or 1b*</td>
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<tr>
<td>fenoprofen oral tablet</td>
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<tr>
<td>flurbiprofen oral tablet</td>
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<td>ibuprofen oral tablet</td>
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<tr>
<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>ketoprofen oral capsule</td>
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<td>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</td>
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<td>leflunomide oral tablet</td>
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<th>Drug Name</th>
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<tr>
<td>meclofenamate oral capsule</td>
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<td>meloxicam oral tablet</td>
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<td>MONOVISC INTRA-ARTICULAR SYRINGE</td>
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<td>nabumetone oral tablet</td>
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<tr>
<td>naproxen oral suspension</td>
<td>1 or 1b*</td>
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<tr>
<td>naproxen oral tablet</td>
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<td>naproxen oral tablet,delayed release (dr/ec)</td>
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<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>naproxen sodium oral tablet, er multiphase 24 hr</td>
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<tr>
<td>ORTHOVISC INTRA-ARTICULAR SYRINGE</td>
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<tr>
<td>oxaprin oral tablet</td>
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<tr>
<td>piroxicam oral capsule</td>
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<tr>
<td>probenecid oral tablet</td>
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<tr>
<td>probenecid-colchicine oral tablet</td>
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<tr>
<td>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 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</td>
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<td>RIDAURA ORAL CAPSULE</td>
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<tr>
<td>SYNVISC INTRA-ARTICULAR SYRINGE</td>
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<tr>
<td>SYNVISC-ONE INTRA-ARTICULAR SYRINGE</td>
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<td>tolmetin oral capsule</td>
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<tr>
<td>tolmetin oral tablet</td>
<td>2 CTT1</td>
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<tr>
<td>XELJANZ ORAL TABLET</td>
<td>3 PA; QL; SP</td>
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<tr>
<td>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>ANTIASTHMATICS</td>
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<tr>
<td>acetylcysteine solution</td>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td>fluticasone propionate-salmeterol inhalation blister with device</td>
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<td>ipratropium-albuterol inhalation solution for nebulization</td>
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<tr>
<td>levalbuterol hcl inhalation solution for nebulization</td>
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<td>CTT1</td>
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<tr>
<td>metaproterenol oral syrup</td>
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<tr>
<td>metaproterenol oral tablet</td>
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<tr>
<td>montelukast oral granules in packet</td>
<td>1 or 1b*</td>
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<tr>
<td>montelukast oral tablet</td>
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<tr>
<td>montelukast oral tablet, chewable</td>
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<td>PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>PROAIR HFA INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED</td>
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<tr>
<td>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED</td>
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<tr>
<td>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</td>
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<tr>
<td>SPIRIVA RESPIMAT INHALATION MIST</td>
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<td>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</td>
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<tr>
<td>STIOLTO RESPIMAT INHALATION MIST</td>
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<td>SYMBICORT INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>terbutaline oral tablet</td>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR</td>
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<tr>
<td>theochron oral tablet</td>
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<tr>
<td>theophylline oral elixir</td>
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<tr>
<td>theophylline oral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>theophylline oral tablet extended release 12 hr</td>
<td>1 or 1b*</td>
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<tr>
<td>theophylline oral tablet extended release 24 hr</td>
<td>1 or 1b*</td>
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<tr>
<td>wixela inhub inhalation blister with device</td>
<td>1 or 1b*</td>
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<tr>
<td>zafirlukast oral tablet</td>
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<tr>
<td>zileuton oral tablet, er multiphase 12 hr</td>
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<td>CTT1</td>
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**ANTIBIOTICS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>ak-poly-bac ophthalmic (eye) ointment</td>
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<td>amikacin injection solution</td>
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<tr>
<td>amoxicillin oral capsule</td>
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</tr>
<tr>
<td>amoxicillin oral suspension for reconstitution</td>
<td>1 or 1a*</td>
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<tr>
<td>amoxicillin oral tablet</td>
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<tr>
<td>amoxicillin oral tablet, chewable 125 mg, 250 mg</td>
<td>1 or 1a*</td>
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<tr>
<td>amoxicillin-pot clavulanate oral suspension for reconstitution</td>
<td>1 or 1b*</td>
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<tr>
<td>amoxicillin-pot clavulanate oral tablet</td>
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<tr>
<td>amoxicillin-pot clavulanate oral tablet extended release 12 hr</td>
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<tr>
<td>amoxicillin-pot clavulanate oral tablet, chewable</td>
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<tr>
<td>ampicillin oral capsule</td>
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</table>

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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>ampicillin sodium intravenous recon soln</td>
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<tr>
<td>ampicillin-sulbactam injection recon soln</td>
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<td>ampicillin-sulbactam intravenous recon soln</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</td>
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<td>avidox oral tablet</td>
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<td>azithromycin intravenous recon soln</td>
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<td>azithromycin oral packet</td>
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<td>azithromycin oral suspension for reconstitution</td>
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<td>QL</td>
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<tr>
<td>azithromycin oral tablet</td>
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<td>QL</td>
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<td>aztreonam injection recon soln</td>
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<td>bacitracin intramuscular recon soln</td>
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<td>bacitracin-ointment (eye) ointment</td>
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<td>bacitracin-polymyxin b ophthalmic (eye) ointment</td>
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<td>bp 10-1 topical cleanser</td>
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<td>cefaclor oral capsule</td>
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<td>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</td>
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<td>cefadroxil oral capsule</td>
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<td>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</td>
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<td>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</td>
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<td>cefazolin intravenous recon soln</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td>CIPRODEX OTIC (EAR) DROPS,SUSPENSION</td>
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<td>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</td>
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<td>ciprofloxacin hcl ophthalmic (eye) drops</td>
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<td>ciprofloxacin hcl oral tablet</td>
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<td>ciprofloxacin hcl otic (ear) dropperette</td>
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<tr>
<td>ciprofloxacin in 5 % dextrose intravenous piggyback</td>
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<tr>
<td>ciprofloxacin oral suspension,microcapsule recon</td>
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<td>clarithromycin oral suspension for reconstitution</td>
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<tr>
<td>clarithromycin oral tablet</td>
<td>1 or 1b*</td>
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<td>clarithromycin oral tablet extended release 24 hr</td>
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<td>cleansing wash topical cleanser</td>
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<td>CLEOCIN VAGINAL SUPPOSITORY</td>
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<td>clindamycin phosphate injection solution</td>
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<tr>
<td>clindamycin phosphate intravenous solution</td>
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<td>clindamycin phosphate topical foam</td>
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<tr>
<td>clindamycin phosphate topical lotion</td>
<td>1 or 1b*</td>
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<tr>
<td>clindamycin phosphate topical solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>clindamycin phosphate swab</td>
<td>1 or 1b*</td>
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<tr>
<td>clindamycin phosphate vaginal cream</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>colistin (colistimethate na) injection recon soln</td>
<td>2</td>
<td>CTT1</td>
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<tr>
<td>coremin oral tablet extended release 24 hr</td>
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<tr>
<td>dapsone oral tablet</td>
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<tr>
<td>daptomycin intravenous recon soln 500 mg</td>
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<td>demeclocycline oral tablet</td>
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<tr>
<td>dicloxacillin oral capsule</td>
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<tr>
<td>doxy-100 intravenous recon soln</td>
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<tr>
<td>doxycycline hyclate intravenous recon soln</td>
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<tr>
<td>doxycycline hyclate oral capsule</td>
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<td>doxycycline hyclate oral tablet 100 mg</td>
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<td>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</td>
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<td>doxycycline hyclate oral tablet,delayed release (dr/ec)</td>
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<td>doxycycline monohydrate oral capsule</td>
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<tr>
<td>doxycycline monohydrate oral suspension for reconstitution</td>
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<tr>
<td>doxycycline monohydrate oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>e.e.s. 400 oral tablet</td>
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<td>ery pads topical swab</td>
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<tr>
<td>erygel topical gel</td>
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<tr>
<td>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</td>
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<tr>
<td>erythrocin (as stearate) oral tablet 250 mg</td>
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<td>erythromycin ethylsuccinate oral suspension for reconstitution</td>
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<tr>
<td>erythromycin ethylsuccinate oral tablet</td>
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<tr>
<td>erythromycin ophthalmic (eye) ointment</td>
<td>1 or 1a*</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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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>erythromycin oral capsule, delayed release</td>
<td>1 or 1b*</td>
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<tr>
<td>erythromycin oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>erythromycin with ethanol topical gel</td>
<td>1 or 1b*</td>
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<tr>
<td>erythromycin with ethanol topical solution</td>
<td>1 or 1b*</td>
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<tr>
<td>erythromycin with ethanol topswab</td>
<td>1 or 1b*</td>
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<tr>
<td>erythromycin-benzoyl peroxide topical gel</td>
<td>1 or 1b*</td>
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<td>ethambutol oral tablet</td>
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<tr>
<td>gatifloxacin ophthalmic (eye) drops</td>
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<tr>
<td>gentak ophthalmic (eye) ointment</td>
<td>1 or 1a*</td>
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<tr>
<td>gentamicin in nacl (iso-osm) intravenous</td>
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<tr>
<td>intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 90 mg/50 ml, 90 mg/100 ml</td>
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<tr>
<td>gentamicin injection solution</td>
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<td>CTT1</td>
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<tr>
<td>gentamicin ophthalmic (eye) drops</td>
<td>1 or 1a*</td>
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<tr>
<td>gentamicin sulfate (ped) (pf) injection</td>
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<tr>
<td>gentamicin sulfate (pf) intravenous solution</td>
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<tr>
<td>100 mg/10 ml</td>
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<td>gentamicin topical cream</td>
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<td>gentamicin topical ointment</td>
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<td>imipenem-cilastatin intravenous recon soln</td>
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<tr>
<td>isoniazid injection solution</td>
<td>1 or 1a*</td>
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<tr>
<td>isoniazid oral solution</td>
<td>1 or 1a*</td>
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<td>isoniazid oral tablet</td>
<td>1 or 1a*</td>
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<td>levofloxacin in d5w intravenous piggyback</td>
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<tr>
<td>levofloxacin intravenous solution</td>
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<td>levofloxacin ophthalmic (eye) drops</td>
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<td>levofloxacin oral solution</td>
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<tr>
<td>levofloxacin oral tablet</td>
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<tr>
<td>linezolid in dextrose 5% intravenous piggyback</td>
<td>1 or 1b*</td>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</td>
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<tr>
<td>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</td>
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<td>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</td>
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<td>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension</td>
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<tr>
<td>neomycin-polymyxin-hc otic (ear) drops, suspension</td>
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<td>neomycin-polymyxin-hc otic (ear) solution</td>
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<td>neo-polycin hc ophthalmic (eye) ointment</td>
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<td>nitrofurantoin macrocrystal oral capsule</td>
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<td>nitrofurantoin monohyd/m-cryst oral capsule</td>
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<tr>
<td>nitrofurantoin oral suspension</td>
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<td>ofloxacin ophthalmic (eye) drops</td>
<td>1 or 1a*</td>
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<td>ofloxacin oral tablet 300 mg</td>
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<td>ofloxacin oral tablet 400 mg</td>
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<tr>
<td>ofloxacin otic (ear) drops</td>
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<td>okebo oral capsule 75 mg</td>
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<td><strong>OTOVEL OTIC (EAR) SOLUTION</strong></td>
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<td>oxacillin in dextrose(iso-osm) intravenous piggyback</td>
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<td>oxacillin injection recon soln</td>
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<tr>
<td>oxacillin intravenous recon soln</td>
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<tr>
<td>penicillin g potassium injection recon soln</td>
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<td>penicillin g procaine intramuscular syringe</td>
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<tr>
<td>penicillin g sodium injection recon soln</td>
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<td>CTT1</td>
</tr>
<tr>
<td>penicillin v potassium oral recon soln</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>penicillin v potassium oral tablet</td>
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<td>pfizerpen-g injection recon soln</td>
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<td>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</td>
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<td>polycin ophthalmic (eye) ointment</td>
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<td>polymyxin b sulfate injection recon soln</td>
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<td>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</td>
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<td><strong>PRIFTIN ORAL TABLET</strong></td>
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<td>pyrazinamide oral tablet</td>
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<td>rifabutin oral capsule</td>
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<td>rifampin intravenous recon soln</td>
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<td>rifampin oral capsule</td>
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<td><strong>RIFATER ORAL TABLET</strong></td>
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<td>silver sulfadiazine topical cream</td>
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<td>soloxide oral tablet,delayed release (dr/ec)</td>
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<td>ssd topical cream</td>
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<td>sss 10-5 topical cream</td>
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<td>sss 10-5 topical foam</td>
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<td>sulfacetamide sodium ophthalmic (eye) drops</td>
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<td>sulfacetamide sodium ophthalmic (eye) ointment</td>
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<td>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9-4.5 %</td>
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<td>PA; QL</td>
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<td>sulfacetamide sodium-sulfur topical cream 10-2 %</td>
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<tr>
<td>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</td>
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<tr>
<td>sulfacetamide sodium-sulfur topical cream 10-5 % (w/v), 10-5 % (w/w)</td>
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<tr>
<td>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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</table>

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<thead>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td>sulfacetamide sodium-sulfur topical suspension 10-5 %</td>
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<tr>
<td>sulfacetamide sodium-sulfur topical suspension 8-4 %</td>
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<td>PA; QL</td>
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<td>sulfacetamide sodium-sulfur-urea topical cleanser</td>
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<td>sulfacetamide-prednisolone ophthalmic (eye) drops</td>
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<td>sulfacetamide-sulfur-cleanser23 topical kit</td>
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<td>sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream</td>
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<td>sulfadiazine oral tablet</td>
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<td>sulfamethoxazole-trimethoprim intravenous solution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim oral suspension</td>
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<td>sulfamethoxazole-trimethoprim oral tablet</td>
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<td>sulfatrim oral suspension</td>
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<td>tetracycline oral capsule</td>
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<td>THALOMID ORAL CAPSULE</td>
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<td>TOBRADEX OPTHALMIC (EYE) OINTMENT</td>
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<td>tobramycin in 0.225 % nacl inhalation solution for nebulization</td>
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<td>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</td>
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<td>tobramycin ophthalmic (eye) drops</td>
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<td>tobramycin sulfate injection recon soln</td>
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<td>tobramycin sulfate injection solution</td>
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<td>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</td>
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<td>trimethoprim oral tablet</td>
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<td>ur n-c oral tablet</td>
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<td>uretron d-s oral tablet 81.6-10.8-40.8 mg</td>
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<td>Drug Name</td>
<td>Tier</td>
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<td>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</td>
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<td>vancomycin oral capsule</td>
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<td>vandazole vaginal gel</td>
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<td>ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION</td>
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<td>ANTICOAGULANTS</td>
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<td>ELIQUIS ORAL TABLETS,DOSE PACK</td>
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<td>fondaparinux subcutaneous syringe</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION</td>
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<td>FRAGMIN SUBCUTANEOUS SYRINGE</td>
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<td>hep flush-10 (pf) intravenous solution</td>
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<tr>
<td>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</td>
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<td>heparin (porcine) in nacl (pf) intravenous parenteral solution</td>
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<td>heparin (porcine) injection cartridge</td>
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</tr>
<tr>
<td>heparin (porcine) injection solution</td>
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<tr>
<td>heparin (porcine) injection syringe</td>
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<td>heparin lock flush (porcine) intravenous solution</td>
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<td>heparin lock flush intravenous solution</td>
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<th>Drug Name</th>
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<tr>
<td>heparin lock flush intravenous syringe</td>
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<td>heparin lockflush(porcine)(pf) intravenous syringe</td>
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<td>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</td>
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<td>heparin, porcine (pf) injection solution</td>
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</tr>
<tr>
<td>heparin, porcine (pf) injection syringe</td>
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<td>CTT1</td>
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<td>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</td>
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<td>jantoven oral tablet</td>
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<td>PRADAXA ORAL CAPSULE</td>
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<td>JENTADUETO ORAL TABLET</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 4/1/19
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<td>TYKERB ORAL TABLET</td>
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<td>VOTRIENT ORAL TABLET</td>
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<td>XALKORI ORAL CAPSULE</td>
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<td>XTANDI ORAL CAPSULE</td>
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<td>ZELBORAF ORAL TABLET</td>
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<td>ZYTIGA ORAL TABLET</td>
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### ANTI-OBSITY DRUGS

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<td>benzphetamine oral tablet</td>
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<td>benzphetamine oral tablet</td>
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<td>PA; QL</td>
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<td>diethylpropion oral tablet</td>
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<td>PA; QL</td>
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<td>diethylpropion oral tablet extended release</td>
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<td>PA; QL</td>
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<tr>
<td>phendimetrazine tartrate oral capsule</td>
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<td>PA; QL</td>
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<td>phendimetrazine tartrate oral tablet</td>
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### ANTIPARKINSON DRUGS

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<th>Drug Name</th>
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<tr>
<td>amantadine hcl oral capsule</td>
<td>1 or 1b*</td>
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<td>amantadine hcl oral solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>amantadine hcl oral tablet</td>
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<tr>
<td>benzotropine injection solution</td>
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<tr>
<td>benzotropine oral tablet</td>
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<tr>
<td>bromocriptine oral capsule</td>
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<td>bromocriptine oral tablet</td>
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<tr>
<td>carbidopa oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>carbidopa-levodopa oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>carbidopa-levodopa oral tablet extended release</td>
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<td>CTT1</td>
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<tr>
<td>carbidopa-levodopa oral tablet, disintegrating</td>
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<td>CTT1</td>
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<tr>
<td>carbidopa-levodopa-entacapone oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>entacapone oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>pramipexole oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<th>Drug Name</th>
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<tr>
<td>pramipexole oral tablet</td>
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<td>rasagiline oral tablet</td>
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<tr>
<td>ropinirole oral tablet</td>
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<td>ropinirole oral tablet extended release 24 hr</td>
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<td>selegiline hcl oral capsule</td>
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<td>selegiline hcl oral tablet</td>
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<td>tolcapone oral tablet</td>
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<td>trihexyphenidyl oral elixir</td>
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**ANTIPLATELET DRUGS**

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<tr>
<td>anagrelide oral capsule</td>
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<td>aspirin-dipyridamole oral capsule, er multiphase 12 hr</td>
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<td>cilostazol oral tablet</td>
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<tr>
<td>clopidogrel oral tablet</td>
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<tr>
<td>dipyridamole oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</td>
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<td>CTT1</td>
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<td>prasugrel oral tablet 10 mg</td>
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**ANTIVIRALS**

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<td>abacavir oral tablet</td>
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<td>abacavir-lamivudine oral tablet</td>
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<td>acyclovir oral capsule</td>
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<tr>
<td>acyclovir oral suspension 200 mg/5 ml</td>
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<tr>
<td>acyclovir oral tablet</td>
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<td>acyclovir sodium intravenous recon soln</td>
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<td>acyclovir topical cream</td>
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<td>adefovir oral tablet</td>
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Effective 4/1/19
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<td>oseltamivir oral suspension for reconstitution</td>
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<td>AUTONOMIC DRUGS</td>
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<th>Drug Name</th>
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<tr>
<td>dextroamphetamine oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<td>1 or 1b*</td>
<td>PA; QL</td>
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<td>PA; QL</td>
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<td>PA; QL</td>
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<td>PA; QL</td>
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<td>dextroamphetamine-amlodipine oral capsule, extended release 24hr</td>
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<td>PA; QL</td>
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<td>donepezil oral tablet</td>
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<tr>
<td>donepezil oral tablet, disintegrating</td>
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<td>dopamine in 5% dextrose intravenous solution</td>
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<tr>
<td>dopamine intravenous solution</td>
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<tr>
<td>epinephrine hcl in 0.9% nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)</td>
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<td>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML</td>
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<td>epinephrine injection auto-injector 0.3 mg/0.3 ml</td>
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<tr>
<td>epinephrine injection syringe 0.1 mg/ml</td>
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<td>CTT1</td>
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<td>galantamine oral tablet</td>
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<td>guanidine oral tablet</td>
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<td>MESTINON ORAL SYRUP</td>
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<td>methamphetamine oral tablet</td>
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<td>midodrine oral tablet</td>
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<td>neostigmine methylsulfate intravenous solution</td>
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<td>neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)</td>
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<td>norepinephrine bitartrate intravenous solution</td>
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<th>Drug Name</th>
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<td>ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN</td>
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<td>candin intradermal allergen 1 or 1b*</td>
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<td>CROFAB INJECTION RECON SOLN</td>
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<td>HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION</td>
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<td>STAMARIL (PF) SUBCUTANEOUS SUSPENSION</td>
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<th>Drug Name</th>
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<td>pentoxifylline oral tablet extended release</td>
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<td>plasbumin 5 % intravenous parenteral solution</td>
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<td>plasmanate intravenous solution</td>
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<td>protamine intravenous solution</td>
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<td>digoxin injection solution</td>
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<td>isosorbide mononitrate oral tablet extended release 24 hr</td>
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<td>taztia xt oral capsule, extended release 24 hr</td>
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<td>verapamil oral capsule, 24 hr er rel. pellets 24 hr 120 mg, 180 mg</td>
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<td>verapamil oral capsule, 24 hr er rel. pellets 24 hr 240 mg, 360 mg</td>
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<td>verapamil oral tablet</td>
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<td><strong>CARDIOVASCULAR</strong></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>colesevelam oral powder</td>
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<td>colesevelam oral powder in packet</td>
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<td>colestipol oral granules</td>
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<tr>
<td>doxazosin oral tablet</td>
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<td>enalapril maleate oral tablet</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>minoxidil oral tablet</td>
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<td>moexipril oral tablet</td>
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<td>nadolol-bendroflumethiazide oral tablet</td>
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<td>phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml)</td>
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<td>prevalidate oral powder</td>
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<td>CNS DRUGS</td>
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<td>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT</td>
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<td>AVONEX INTRAMUSCULAR SYRINGE KIT</td>
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<td>1 or 1a*</td>
<td>$0</td>
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<tr>
<td>rajani oral tablet</td>
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<td>reclipsen (28) oral tablet</td>
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<td>rivelsa oral tablets, dose pack, 3 month</td>
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<td>setlakin oral tablets, dose pack, 3 month</td>
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<td>sprintec (28) oral tablet</td>
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<td>sronyx oral tablet</td>
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<tr>
<td>syeda oral tablet</td>
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<th>Drug Name</th>
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<td>wymzya fe oral tablet,chewable</td>
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<td>xulane transdermal patch weekly</td>
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<tr>
<td>zarah oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>zenchent (28) oral tablet</td>
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<tr>
<td>zovia 1/35e (28) oral tablet</td>
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<td>COUGH/COLD PREPARATIONS</td>
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<tr>
<td>benzotonate oral capsule</td>
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<tr>
<td>brompheniramine-pseudoeph-dm oral syrup</td>
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<tr>
<td>centeryg dm oral drops</td>
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<tr>
<td>cheratussin ac oral liquid</td>
<td>1 or 1a*</td>
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<tr>
<td>guaiatressin ac oral liquid</td>
<td>1 or 1a*</td>
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<tr>
<td>guaiatessin ac oral liquid</td>
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<tr>
<td>hydrocodone-chlorpheniramine oral suspension,</td>
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<tr>
<td>extended rel 12 hr</td>
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<tr>
<td>hydrocodone-cpm-pseudoephed oral solution</td>
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<tr>
<td>hydrocodone-homatropine oral syrup 5-1 5 mg/5</td>
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</tr>
<tr>
<td>ml</td>
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<td></td>
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<tr>
<td>hydrocodone-homatropine oral tablet</td>
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</tr>
<tr>
<td>hydromet oral syrup</td>
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<td></td>
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<tr>
<td>lortuss ex oral syrup</td>
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<tr>
<td>m-clear wc oral liquid</td>
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<tr>
<td>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</td>
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<tr>
<td>promethazine-codeine oral syrup</td>
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<tr>
<td>promethazine-dm oral syrup</td>
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<tr>
<td>promethazine-phenyleph-codeine oral syrup</td>
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<tr>
<td>robafen ac oral liquid</td>
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<td>PA</td>
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<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
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<tr>
<td>eplerenone oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>ethacrynic acid oral tablet</td>
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<td>CTT1</td>
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<tr>
<td>furosemide injection solution</td>
<td>1 or 1a*</td>
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<tr>
<td>furosemide injection syringe</td>
<td>1 or 1a*</td>
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<tr>
<td>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</td>
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<tr>
<td>furosemide oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>indapamide oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>mannitol 10 % intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>mannitol 20 % intravenous parenteral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mannitol 25 % intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>mannitol 5 % intravenous parenteral solution</td>
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<tr>
<td>methazolamide oral tablet</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>methyclothiazide oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>metolazone oral tablet</td>
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<tr>
<td>osmitrol 15 % intravenous parenteral solution</td>
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<td>osmitrol 20 % intravenous parenteral solution</td>
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<td>spironolactone oral tablet</td>
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<tr>
<td>spironolactone-hydrochlorothiazide oral tablet</td>
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<tr>
<td>torsemide oral tablet</td>
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<tr>
<td>triamterene-hydrochlorothiazid oral capsule</td>
<td>1 or 1a*</td>
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<tr>
<td>triamterene-hydrochlorothiazid oral tablet</td>
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</table>

**EENT PREPS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetic acid otic (ear) solution</td>
<td>1 or 1b*</td>
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<tr>
<td>acucyn topical spray,non-aerosol</td>
<td>1 or 1b*</td>
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<tr>
<td><strong>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</strong></td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>DUREZOL OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>DYMSITA NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>flac otic oil otic (ear) drops</td>
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<tr>
<td>fluocinolone acetoneide oil otic (ear) drops</td>
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<tr>
<td>fluorometholone ophthalmic (eye) drops, suspension</td>
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<tr>
<td>flurbiprofen sodium ophthalmic (eye) drops</td>
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<tr>
<td>hydrocortisone-acetic acid otic (ear) drops</td>
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<td>ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<tr>
<td>ipratropium bromide nasal spray, non-aerosol</td>
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<tr>
<td>ketorolac ophthalmic (eye) drops</td>
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<tr>
<td>latanoprost ophthalmic (eye) drops</td>
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<tr>
<td>levobunolol ophthalmic (eye) drops 0.5 %</td>
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<td>LOTEMAX OPHTHALMIC (EYE) DROPS, GEL</td>
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<tr>
<td>LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<td>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</td>
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<tr>
<td>metipranolol ophthalmic (eye) drops</td>
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<tr>
<td>miostat intraocular solution</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>oculoat intraocular syringe</td>
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<tr>
<td>olopatadine nasal spray, non-aerosol</td>
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<tr>
<td>phenylephrine hcl ophthalmic (eye) drops</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>
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<td>prednisolone sodium phosphate ophthalmic (eye) drops</td>
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<td>proparacaine ophthalmic (eye) drops</td>
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<td>RUSTASIS OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<td>tetcaine ophthalmic (eye) drops</td>
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<td>timolol maleate ophthalmic (eye) drops</td>
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<td>timolol maleate ophthalmic (eye) drops, once daily</td>
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<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>tropicamid ophthalmic (eye) drops</td>
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<td>XIIDRA OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>AMINOSYN 8.5% ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>bd posiflush normal saline 0.9 injection syringe</td>
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<td>bd pre-filled normal saline injection syringe</td>
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<th>Drug Name</th>
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<td>bd pre-filled saline blunt can injection syringe</td>
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<td>calcium acetate oral capsule</td>
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<td>calcium acetate oral tablet 667 mg</td>
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<tr>
<td>calcium chloride intravenous solution</td>
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<tr>
<td>calcium chloride intravenous syringe</td>
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<td>calcium gluconate intravenous solution</td>
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<td>chromium chloride intravenous solution</td>
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<tr>
<td>copper chloride intravenous solution</td>
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<td>cysteine (l-cysteine) intravenous solution</td>
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<td>d10 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<td>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<td>d5 % and 0.9 % sodium chloride intravenous parenteral solution</td>
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<td>d5 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<td>delflex with 2.5 % dextrose intraperitoneal solution</td>
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<td>delflex-lc/1.5% dextrose intraperitoneal solution</td>
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<td>delflex-lc/2.5% dextrose intraperitoneal solution</td>
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<td>delflex-lc/4.25% dextrose intraperitoneal solution</td>
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<td>dentagel dental gel</td>
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<td>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</td>
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<td>dextrose 10 % in water (d10w) intravenous parenteral solution</td>
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<td>dextrose 20 % in water (d20w) intravenous parenteral solution</td>
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<td>dextrose 25 % in water (d25w) intravenous syringe</td>
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<td>dextrose 40 % in water (d40w) intravenous parenteral solution</td>
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<td>dextrose 5 % in ringer's intravenous parenteral solution</td>
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<td>dextrose 5 % in water (d5w) intravenous piggyback</td>
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<td>dextrose 5%-lactated ringers intravenous parenteral solution</td>
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<td>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</td>
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<td>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</td>
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<td>dextrose 50 % in water (d50w) intravenous parenteral solution</td>
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<td>dextrose 70 % in water (d70w) intravenous parenteral solution</td>
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<td>effer-k oral tablet, effervescent 25 meq</td>
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<td>electrolyte-48 in d5w intravenous parenteral solution</td>
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<tr>
<td>freamine iii 10 % intravenous parenteral solution</td>
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<td><strong>GLUCAGEN HYPOKIT INJECTION RECON SOLN</strong></td>
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<td><strong>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN</strong></td>
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<tr>
<td>kionex (with sorbitol) oral suspension</td>
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<td>CTT1</td>
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<tr>
<td>klor-con 10 oral tablet extended release</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>klor-con 8 oral tablet extended release</td>
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<tr>
<td>klor-con m10 oral tablet,er particles/crystals</td>
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<tr>
<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>
<tr>
<td>klor-con sprinkle oral capsule, extended release 8 meq</td>
<td>1 or 1b*</td>
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<tr>
<td>klor-con/ef oral tablet, effervescent</td>
<td>1 or 1b*</td>
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<tr>
<td>k-tab oral tablet extended release 8 meq</td>
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<tr>
<td>lanthanum oral tablet, chewable</td>
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<tr>
<td>lugols oral solution</td>
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<tr>
<td>magnesium chloride injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>magnesium sulfate in water intravenous parenteral solution</td>
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<tr>
<td>magnesium sulfate in water intravenous piggyback</td>
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<tr>
<td>magnesium sulfate injection solution</td>
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<td>magnesium sulfate injection syringe</td>
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<tr>
<td>manganese chloride intravenous solution</td>
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<td>manganese sulfate intravenous solution</td>
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<tr>
<td>monoject 0.9% sodium chloride injection syringe</td>
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<td>monoject prefill advanced ns injection syringe</td>
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<td>multitrace-4 pediatric intravenous solution</td>
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<td>normal saline flush injection syringe</td>
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<tr>
<td>nutrilyte intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>plenamine intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>potassium acetate intravenous solution 2 meq/ml</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</td>
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<tr>
<td>potassium chloride in lr-d5 intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride in water intravenous piggyback</td>
<td>1 or 1b*</td>
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<td>potassium chloride oral capsule, extended release</td>
<td>1 or 1b*</td>
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<td>potassium chloride oral liquid</td>
<td>1 or 1b*</td>
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<tr>
<td>potassium chloride oral packet</td>
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<tr>
<td>potassium chloride oral tablet extended release</td>
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<tr>
<td>potassium chloride oral tablet,er particles/crystals</td>
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<tr>
<td>potassium chloride-0.45 % nacl intravenous parenteral solution</td>
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<tr>
<td>potassium chloride-d5-0.2%nacl intravenous parenteral solution</td>
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<td>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</td>
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<td>potassium chloride-d5-0.9%nacl intravenous parenteral solution</td>
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<td>potassium citrate oral tablet extended release</td>
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<td>premasol 10 % intravenous parenteral solution</td>
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<td>ringer's intravenous parenteral solution</td>
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<tr>
<td>selenium intravenous solution</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>sevelamer carbonate oral tablet</td>
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<td>sevelamer hcl oral tablet</td>
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<tr>
<td>sf dental gel</td>
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<td>sodium acetate intravenous solution</td>
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<tr>
<td>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml</td>
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<tr>
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<td>sodium bicarbonate intravenous syringe</td>
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<tr>
<td>sodium chloride 0.45 % intravenous parenteral solution</td>
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<td>sodium chloride 0.45 % intravenous piggyback</td>
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<tr>
<td>sodium chloride 0.9 % injection solution</td>
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<td>sodium chloride 0.9 % injection syringe</td>
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<td>sodium chloride 0.9 % intravenous piggyback</td>
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<td>sodium chloride 3 % intravenous parenteral solution</td>
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<td>sodium chloride 5 % intravenous parenteral solution</td>
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<td>sodium ferric gluconate-sucrose intravenous solution</td>
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<td>sodium lactate intravenous solution</td>
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<td>sodium phosphate intravenous solution</td>
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<td>sodium polystyrene (sorb free) oral suspension</td>
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<td>sodium polystyrene sulfonate oral powder</td>
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<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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<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>sps (with sorbitol) oral suspension</td>
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<tr>
<td>sps (with sorbitol) rectal enema</td>
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<td>tl g-fol os oral tablet</td>
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<td>travasol 10 % intravenous parenteral solution</td>
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<td>zinc chloride intravenous solution</td>
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**GASTROINTESTINAL**

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<td>anaspaz oral tablet, disintegrating</td>
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<td>aprepitant oral capsule</td>
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<td>aprepitant oral capsule, dose pack</td>
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<td>APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR</td>
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<td>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</td>
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<td>atropine injection solution</td>
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<td>atropine injection syringe 0.05 mg/ml</td>
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<td>balsalazide oral capsule</td>
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<td>CANASA RECTAL SUPPOSITORY</td>
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<td>CARAFATE ORAL SUSPENSION</td>
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<td>chlordiazepoxide-clidinium oral capsule</td>
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<td>cimetidine hcl oral solution</td>
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<td>cimetidine oral tablet 300 mg, 400 mg, 800 mg</td>
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<td>comprorectal 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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<table>
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<th>Drug Name</th>
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<td>diphenoxylate-atropine oral liquid</td>
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<td>dronabinol oral capsule</td>
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<td>enulose oral solution</td>
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<td>famotidine (pf) intravenous solution</td>
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<td>famotidine (pf)-nacl (iso-os) intravenous piggyback</td>
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<td>hydrocortisone-pramoxine rectal cream 1-1%</td>
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<td>intralipid intravenous emulsion 20%</td>
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<td>meclizine oral tablet 12.5 mg, 25 mg</td>
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<td>mesalamine oral tablet,delayed release (dr/ec)</td>
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<td>mesalamine rectal enema</td>
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<td>mesalamine rectal suppository</td>
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<td>mesalamine with cleansing wipe rectal enema kit</td>
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<td>methscopolamine oral tablet</td>
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<td>NUTRIPORT BALLOON KIT</td>
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<td>ondansetron hcl (pf) injection solution</td>
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<td>ondansetron hcl (pf) injection syringe</td>
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<td>PENTASA ORAL CAPSULE, EXTENDED RELEASE</td>
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<td>phenobarb-hyoscy-atropine-scop oral elixir</td>
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<td>SUPREP BOWEL PREP KIT ORAL RECON SOLN</td>
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<tr>
<td>trileyte with flavor packets oral recon soln</td>
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<td>trimethobenzamide oral capsule</td>
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<td>ursodiol oral capsule</td>
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<td>ursodiol oral tablet</td>
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<tr>
<td>VIOKACE ORAL TABLET</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC)</td>
<td>10,000-32,000, -42,000 UNIT, 15,000-47,000, -63,000 UNIT, 20,000-63,000, -84,000 UNIT, 25,000-79,000, -105,000 UNIT, 3,000-10,000, -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT</td>
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<td>a-hydrocort injection recon soln</td>
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<td>amabelz oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>betamethasone acet, sod phos injection suspension</td>
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<tr>
<td>budesonide oral capsule, delayed, extend. release</td>
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<tr>
<td>budesonide oral tablet, delayed and ext. release</td>
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</tr>
<tr>
<td>cabergoline oral tablet</td>
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<td>calcitonin (salmon) nasal spray, non-aerosol</td>
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<tr>
<td>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</td>
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<td>clomiphene citrate oral tablet</td>
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<td>colocort rectal enema</td>
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<tr>
<td>COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY</td>
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<tr>
<td>cortisone oral tablet</td>
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<td>cosyntrtopin injection recon soln</td>
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<td>danazol oral capsule</td>
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<tr>
<td>decadron oral tablet</td>
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<td>deltasone oral tablet 20 mg</td>
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<td>desmopressin injection solution</td>
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<tr>
<td>desmopressin nasal spray, non-aerosol</td>
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<td>desmopressin oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 ml</td>
<td>1 or 1b*</td>
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<tr>
<td>dexamethasone intensol oral drops</td>
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<td>dexamethasone oral elixir</td>
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<tr>
<td>dexamethasone oral solution</td>
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<tr>
<td>dexamethasone oral tablet</td>
<td>1 or 1a*</td>
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<tr>
<td>dexamethasone oral tablets, dose pack</td>
<td>1 or 1b*</td>
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<tr>
<td>dexamethasone sodium phos (pf) injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>dexamethasone sodium phosphate injection solution</td>
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<td>DIVIGEL TRANSDERMAL GEL IN PACKET</td>
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<td>ENDOMETRIN VAGINAL INSERT</td>
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<td>estradiol oral tablet</td>
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<td>estradiol transdermal patch weekly</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>fludrocortisone oral tablet</td>
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<tr>
<td>fyavolv oral tablet</td>
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<tr>
<td>GONAL-F RFF REDIJECT SUBCUTANEOUS PEN INJECTOR</td>
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<td>SP</td>
</tr>
<tr>
<td>GONAL-F RFF SUBCUTANEOUS RECON SOLN</td>
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<tr>
<td>GONAL-F SUBCUTANEOUS RECON SOLN</td>
<td>3 SP</td>
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<tr>
<td>hidex oral tablets, dose pack</td>
<td>1 or 1b*</td>
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<td>NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT</td>
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<td>NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR</td>
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<td>oxandrolone oral tablet 10 mg</td>
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<td>oxandrolone oral tablet 2.5 mg</td>
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<td>oxytocin injection solution</td>
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<tr>
<td>prednisolone oral solution 15 mg/5 ml</td>
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<tr>
<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>prednisolone sodium phosphate oral tablet, disintegrating</td>
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<td>prednisone intensol oral concentrate</td>
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<td>prednisone oral solution</td>
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<tr>
<td>prednisone oral tablet</td>
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<td>prednisone oral tablets, dose pack</td>
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<td>PREMPRO ORAL TABLET</td>
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<td>progesterone intramuscular oil</td>
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<tr>
<td>progesterone micronized oral capsule</td>
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<tr>
<td>serophene oral tablet</td>
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<td>SOMATULINE DEPOT SUBCUTANEOUS SYRINGE</td>
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<td>SYNAREL NASAL SPRAY, NON-AEROSOL</td>
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<td>testosterone cypionate intramuscular oil</td>
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<td>testosterone enanthate intramuscular oil</td>
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<td>testosterone transdermal gel</td>
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<td>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</td>
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<tr>
<td>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</td>
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<td>testosterone transdermal solution in metered pump w/app</td>
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<td>triamcinolone acetonide injection suspension</td>
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<td>vasopressin in 0.9 % sod chlor intravenous solution 60 unit/100 ml (0.6 unit/ml)</td>
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<td>veripred 20 oral solution</td>
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<td>azathioprine oral tablet</td>
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<td>cyclosporine modified oral capsule</td>
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<td>gengraf oral capsule 100 mg, 25 mg</td>
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<td>gengraf oral solution</td>
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<tr>
<td>mycophenolate mofetil oral capsule</td>
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<th>Drug Name</th>
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<tr>
<td>mycophenolate mofetil oral suspension for reconstitution</td>
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<td>mycophenolate mofetil oral tablet</td>
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<td>pimecrolimus topical cream</td>
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<td>RAPAMUNE ORAL SOLUTION</td>
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<td>ACCU-CHEK FASTCLIX LANCING DEV KIT</td>
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<td>BD ECLIPSE Luer-Lok SYRINGE 1 ML 30 GAUGE X 1/2&quot;</td>
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<tr>
<td>BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16&quot;</td>
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<td>BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2&quot;</td>
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<td>BD INSULIN SYRINGE SAFETY-LOK SYRINGE</td>
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<td>BD INSULIN SYRINGE SLIP TIP SYRINGE</td>
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<td>BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2&quot;, 0.3 ML 31 GAUGE X 5/16&quot;, 0.5 ML 30 GAUGE X 1/2&quot;, 0.5 ML 31 GAUGE X 5/16&quot;, 1 ML 30 GAUGE X 1/2&quot;, 1 ML 31 GAUGE X 5/16</td>
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<tr>
<td>BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2&quot;</td>
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<tr>
<td>BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2&quot;</td>
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</tbody>
</table>

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<th>Drug Name</th>
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<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE</td>
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<td>BD ULTRA-FINE MINI PEN NEEDLE NEEDLE</td>
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<td>BD ULTRA-FINE NANO PEN NEEDLE NEEDLE</td>
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<td>EASY TOUCH UNI-SLIP SYRINGE 1 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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<th>Drug Name</th>
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<tr>
<td>EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2&quot;, 0.5 ML 30 GAUGE X 5/16&quot;, 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2&quot;</td>
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<td>MINI ULTRA-THIN II NEEDLE</td>
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<td>TERUMO INSULIN SYRINGE SYRINGE</td>
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<td>TRUEPLUS INSULIN SYRINGE</td>
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<td>dothelle dha oral capsule</td>
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<td>elite-ob 400 oral capsule</td>
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<td>taron-prex prenatal-dha oral capsule</td>
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<td>trinatal rx 1 oral tablet</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>vinate ii oral tablet</td>
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<td>vinate m oral tablet</td>
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<td>virt-select oral capsule</td>
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<tr>
<td>* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.</td>
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<th>Tier</th>
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Effective 4/1/19

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**THYROID PREPS**

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<tr>
<td>levothyroxine intravenous recon soln</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levothyroxine oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levoxylin oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mg, 175 mcg, 200 mcg, 25 mg, 50 mg, 75 mg, 88 mcg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>nature-throid oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>np thyroid oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>propylthiouracil oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>thyroid (pork) oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>unithroid oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
</tbody>
</table>

**UNCLASSIFIED DRUG PRODUCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate oral tablet,delayed release (dr/ec)</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>acetylcysteine intravenous solution</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>alendronate oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alendronate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alfuzosin oral tablet extended release 24 hr</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bacteriostatic water(parabens) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 4/1/19
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl sublingual tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine-naloxone sublingual film</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine-naloxone sublingual tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>chlorhexidine gluconate mucous membrane mouthwash</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>cinacalcet oral tablet</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>CYSTADANE ORAL POWDER</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>darifenacin oral tablet extended release 24 hr</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>disulfiram oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxercalcerol intravenous solution</td>
<td>2</td>
<td>PA; QL; CTT1</td>
</tr>
<tr>
<td>doxercalcerol oral capsule</td>
<td>2</td>
<td>PA; QL; CTT1</td>
</tr>
<tr>
<td>doxycycline hyclate oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dutasteride oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>etidronate disodium oral tablet</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>finasteride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>flavoxate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>flumazenil intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fomepizole intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FORTEO SUBCUTANEOUS PEN INJECTOR</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>FOSAMAX PLUS D ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HAEGARDA SUBCUTANEOUS RECON SOLN</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ibandronate oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>KUVAN ORAL TABLET, SOLUBLE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>leucovorin calcium injection recon soln</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium injection solution 10 mg/ml</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>leucovorin calcium oral tablet</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>leucovorin (with sugar) oral solution</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>levcarnitine oral tablet</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>mesna intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylene blue (antidote) intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>miglustat oral capsule</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>MURI-LUBE OIL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nebulus inhalation solution for nebulization 3 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OFEV ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>OXALONE DENTAL PASTE</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ORFADIN ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>oxybutynin chloride oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet extended release 24 hr</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>paricalcitol oral capsule</td>
<td>2</td>
<td>PA; QL; CTT1</td>
</tr>
<tr>
<td>paroxetine mesylate(menop.sym) oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>periogard mucous membrane mouthwash</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>PROLIA SUBCUTANEOUS SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>pulmosal inhalation solution for nebulization</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 4/1/19
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULMOZYME INHALATION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>raloxifene oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>risedronate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>risedronate oral tablet, delayed release (dr/ec)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SENSIPAR ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>sildenafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>silodosin oral capsule</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>sodium chlor 0.9% bacteriostat injection solution</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>sodium chloride inhalation solution for nebulization</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SOMAVERET SUBCUTANEOUS RECON SOLN 10 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SOMAVERET SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>sterile water for injection injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SUBOXONE SUBLINGUAL FILM</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>tadalafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</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>
<td></td>
</tr>
<tr>
<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide dental paste</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>trientine oral capsule</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>trosptic oral capsule, extended release 24hr</td>
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<td>CTT1</td>
</tr>
<tr>
<td>trosptic oral tablet</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>vardenafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>vardenafil oral tablet, disintegrating</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VESICARE ORAL TABLET</td>
<td>3</td>
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</tr>
<tr>
<td>water for injection, bacteriostat injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>water for injection, sterile injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<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>calcitriol intravenous solution 1 mcg/ml</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>calcitriol oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>calcitriol oral solution</td>
<td>2</td>
<td>PA; QL; CTT1</td>
</tr>
<tr>
<td>cyanocobalamin (vitamin b-12) injection solution</td>
<td>1 or 1a*</td>
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<tr>
<td>ergocalciferol (vitamin d2) oral capsule 50,000 unit</td>
<td>1 or 1a*</td>
<td></td>
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<tr>
<td>folic acid injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>folic acid oral tablet 1 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>hydroxocobalamin intramuscular solution</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>m.v.i. adult intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phytonadione (vitamin k1) oral tablet 5 mg</td>
<td>2</td>
<td>CTT1</td>
</tr>
<tr>
<td>pyridoxine (vitamin b6) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>thiamine hcl (vitamin b1) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vitamin d2 oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>vitamin k injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vitamin k1 injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

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