National Direct Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

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

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

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

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

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

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

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

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

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. 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 a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

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

Here are a few things to think about:

- If you want to take a drug that’s not on the drug list, you may have to pay the full cost for it.
- You can also talk to your doctor or pharmacist to see if there’s another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.
- You can search for covered drugs at anthem.com.

Who decides what drugs are on the list?

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

What’s the difference between brand-name and generic drugs?

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

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

Online Pharmacy Resources

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

Does the drug list change, and how will I know if it does?

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

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

Does my plan cover preventive drugs?

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

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

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

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

Generic drugs are in lower case, plain type.

**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.
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<td>etodolac er oral tablet extended release 24 hour</td>
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<td>etodolac oral capsule</td>
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<td>flurbiprofen oral tablet</td>
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<td>ibu oral tablet</td>
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<tr>
<td>ibuprofen lysine intravenous solution</td>
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<td>indomethacin oral capsule 25 mg, 50 mg</td>
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<td>indomethacin sodium intravenous solution</td>
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<td>ketoprofen oral capsule 50 mg, 75 mg</td>
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<td>ketorolac tromethamine intramuscular solution 60 mg/2ml</td>
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<td>ketorolac tromethamine oral tablet</td>
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<td><strong>LODINE ORAL TABLET</strong></td>
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<td>mefenamic acid oral capsule</td>
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<td>meloxicam oral tablet</td>
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<td>nabumetone oral tablet</td>
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<td>naproxen oral suspension</td>
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<tr>
<th>Drug Name</th>
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<td>clonidine hcl (analgesia) epidural solution</td>
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<td>DURACLON EPIDURAL SOLUTION 100 MCG/ML</td>
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<td>OFIRMEV INTRAVENOUS SOLUTION</td>
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<td><em>ANALGESICS - SEDATIVES</em>**</td>
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<td>bac oral tablet</td>
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<td>bupap oral tablet 50-300 mg</td>
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<td>butalbital-acetaminophen oral tablet</td>
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<td>butalbital-apap-caffeine oral capsule</td>
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<td>butalbital-apap-caffeine oral tablet 50-325-40 mg</td>
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<td>butalbital-aspirin-caffeine oral capsule</td>
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<td>esgic oral capsule</td>
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<td>tencon oral tablet 50-325 mg</td>
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<td><em>SALICYLATE COMBINATIONS</em>**</td>
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<td><em>SALICYLATES</em>**</td>
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<td><em>CODEINE COMBINATIONS</em>**</td>
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<td><em>DIHYDROCODEINE COMBINATIONS</em>**</td>
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<td>apap-caff-dihydrocodeine oral capsule</td>
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<td>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</td>
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<td>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</td>
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<td>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</td>
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<td><em>OPIOID AGONISTS</em>**</td>
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<td>ALFENTANIL HCL INTRAVENOUS SOLUTION</td>
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<td>CODEINE SULFATE ORAL TABLET 15 MG, 60 MG</td>
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<td>codeine sulfate oral tablet 30 mg</td>
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<td>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML</td>
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<td>DSUVIA SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR</td>
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<td>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR</td>
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<td>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR</td>
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<td>FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 1000 MCG/20ML, 20 MCG/2ML, 50 MCG/5ML, 500 MCG/50ML</td>
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<td>methadone hcl oral solution</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
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<td>PA: QL</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>
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<tr>
<td>methadone hcl oral tablet soluble</td>
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<td>METHADOSE ORAL CONCENTRATE 10 MG/ML</td>
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<td>METHADOSE SUGAR-FREE ORAL CONCENTRATE</td>
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<td>morphine sulfate (concentrate) oral solution</td>
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<td>morphine sulfate (pf) injection solution</td>
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<td>OXAYDO ORAL TABLET</td>
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<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
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<td>oxycodone hcl oral capsule</td>
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<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
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<td>ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED</td>
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*OPIOID COMBINATIONS***

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<td>BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET</td>
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<td>oxycodone-aspirin oral tablet 4.8355-325 mg</td>
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*OPIOID PARTIAL AGONISTS***

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<th>Drug Name</th>
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<td>BELBUCA BUCCAL FILM</td>
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<td>BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG</td>
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<td>buprenorphine hcl sublingual tablet sublingual</td>
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<td>buprenorphine hcl-naloxone hcl sublingual film</td>
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<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</td>
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<td>buprenorphine transdermal patch weekly</td>
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<td>SUBLOCAD SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</td>
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<td>PROCTOFOAM HC EXTERNAL FOAM</td>
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<th>Drug Name</th>
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<td>procto-pak external cream</td>
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<td>proctozone-hc external cream</td>
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<td>pacerone oral tablet 100 mg, 200 mg, 400 mg</td>
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<td><strong>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</strong>*</td>
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<td><strong>ADRENERGIC COMBINATIONS</strong>*</td>
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<td>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<th>Drug Name</th>
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<td>ADVAIR HFA INHALATION AEROSOL</td>
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<td>amiodarone hcl oral tablet</td>
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<td>budesonide-formoterol fumarate inhalation aerosol</td>
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<td>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</td>
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<td>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>cromolyn sodium inhalation nebulization solution</td>
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<td>albuterol sulfate er oral tablet extended release 12 hour</td>
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<td>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</td>
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<td>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</td>
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<td>albuterol sulfate oral tablet</td>
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<td>levalbuterol tartrate inhalation aerosol</td>
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<td>terbutaline sulfate oral tablet</td>
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<td>YUPELRI INHALATION SOLUTION</td>
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<td><em>LEUKOTRIENE RECEPTOR ANTAGONISTS</em>**</td>
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<td>montelukast sodium oral tablet chewable</td>
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<td>zafirlukast oral tablet</td>
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<td>budesonide inhalation suspension</td>
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<td>THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%</td>
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<td><em>ANTICOAGULANTS</em></td>
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<td>warfarin sodium oral tablet</td>
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<td><em>DIRECT FACTOR XA INHIBITORS</em>**</td>
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<td>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%</td>
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<td>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</td>
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<td><em>LOW MOLECULAR WEIGHT HEPARINS</em>**</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</td>
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<td>* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.</td>
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<td>carbamazepine er oral capsule extended release 12 hour</td>
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<td>carbamazepine oral tablet chewable</td>
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<td>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</td>
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<td>lamotrigine oral tablet chewable</td>
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<td>lamotrigine oral tablet dispersible</td>
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<td>lamotrigine starter kit-blue oral kit</td>
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<td>lamotrigine starter kit-green oral kit</td>
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<td><em>VALPROIC ACID</em>**</td>
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<td>(TETRACYCLICS)**</td>
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<tr>
<td>TRINTELLIX ORAL TABLET 20 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESVENLAFAAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER/ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>TRICYCLIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amitriptyline hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxapine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine pamoate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NORPRAMIN ORAL TABLET 10 MG, 25 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nortriptyline hcl oral capsule</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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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>nortriptyline hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PAMELOR ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>protriptyline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate oral capsule</td>
<td>1 or 1b*</td>
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**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acarbose oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>miglitol oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>PRECOSE ORAL TABLET</td>
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**ANTIDIABETIC - AMYLIN ANALOGS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
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<tr>
<td>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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**BIGUANIDES***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>metformin hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>metformin hcl oral solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RIOMET ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
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</table>

**DIABETIC OTHER***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>BAQSIMI ONE PACK NASAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAQSIMI TWO PACK NASAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diazoxide oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY INJECTION KIT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</td>
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</tbody>
</table>

**DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benzoate oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUVIA ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUMET ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
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</table>

**DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>alogliptin-pioglitazone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
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**DIPEPTIDYL PEPTIDASE-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>alogliptin-pioglitazone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
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**HUMAN INSULIN***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
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</table>

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

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>2</td>
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<tr>
<td>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</td>
<td>2</td>
<td>OTC</td>
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<tr>
<td>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</td>
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<td>OTC</td>
</tr>
<tr>
<td>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</td>
<td>2</td>
<td>OTC</td>
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<tr>
<td>HUMULIN N SUBCUTANEOUS SUSPENSION</td>
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<td>OTC</td>
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<tr>
<td>HUMULIN R INJECTION SOLUTION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</td>
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<td>PA; QL</td>
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<tr>
<td>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td>PA; QL</td>
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<tr>
<td>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
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<td></td>
</tr>
<tr>
<td>LEVEMIR SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MYXREDLIN INTRAVENOUS SOLUTION</td>
<td>3</td>
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</tr>
<tr>
<td>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td></td>
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<tr>
<td>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
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<td></td>
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<tr>
<td>TRESIBA SUBCUTANEOUS SOLUTION</td>
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<td></td>
</tr>
<tr>
<td><em>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</em>**</td>
<td>2</td>
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</tr>
<tr>
<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>RYBELSUS ORAL TABLET</td>
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<tr>
<td>TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR</td>
<td>2</td>
<td>ST; 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><em>INSULIN-INCRETIN MIMETIC COMBINATIONS</em>**</td>
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<td></td>
</tr>
<tr>
<td>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
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<tr>
<td>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
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<tr>
<td><em>MEGLITINIDE ANALOGUES</em>**</td>
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<tr>
<td>nateglinide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>repaglinide oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>STARLIX ORAL TABLET 120 MG</td>
<td>3</td>
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<tr>
<td><em>PROGESTERONE RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
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</tr>
<tr>
<td>KORLYM ORAL TABLET</td>
<td>4</td>
<td>PA; QL; LD</td>
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<tr>
<td><em>SODIUM-GLOUCE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</em>**</td>
<td></td>
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<tr>
<td>FARXIGA ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JARDIANCE ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SODIUM-GLOUCE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</em>**</td>
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</tr>
<tr>
<td>SYNJARDY ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SULFONYLUREA-BIGUANIDE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glyburide-metformin oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SULFONYLUREAS</em>**</td>
<td></td>
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<tr>
<td>AMARYL ORAL TABLET</td>
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<td>ST; QL</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>glimepiride oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glipizide er oral tablet extended release 24 hour</td>
<td>1 or 1a*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glipizide oral tablet</td>
<td>1 or 1a*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glipizide xl oral tablet extended release 24 hour</td>
<td>1 or 1a*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>GLUCOTROL ORAL TABLET 10 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glyburide micronized oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>glyburide oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>GLYNASE ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>tolbutamide oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS</em>**</td>
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<tr>
<td>DUETACT ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl-glimepiride oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</em>**</td>
<td></td>
<td></td>
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<tr>
<td>ACTOPLUS MET ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>THIAZOLIDINEDIONES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVANDIA ORAL TABLET 2 MG, 4 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>ANTIDIARRHEAL/PROBIOTIC AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</em>**</td>
<td></td>
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<tr>
<td>MYTESI ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL; LD</td>
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<tr>
<td><em>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</em>**</td>
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<tr>
<td>RESTORA RX ORAL CAPSULE</td>
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<table>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tr>
<td><em>ANTIPERISTALTIC AGENTS</em>**</td>
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</tr>
<tr>
<td>diphenoxylate-atropine oral liquid</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>diphenoxylate-atropine oral tablet 2.5-0.025 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LOMOTIL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loperamide hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>MOTOFEN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIDOTES AND SPECIFIC ANTAGONISTS</em></td>
<td></td>
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<tr>
<td><em>ANTIDOTE COMBINATIONS</em>**</td>
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<td>DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR</td>
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<td><em>ANTIDOTES - CHELATING AGENTS</em>**</td>
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<td>deferasirox granules oral packet</td>
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<td>FERRIPROX TWICE-A-DAY ORAL TABLET</td>
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<td>JADENU ORAL TABLET</td>
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<td>JADENU SPRINKLE ORAL PACKET</td>
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<td><em>ANTIDOTES AND SPECIFIC ANTAGONISTS</em>**</td>
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<td>ACETADOTE INTRAVENOUS SOLUTION</td>
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<tr>
<td>acetylcysteine intravenous solution</td>
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<td>BRIDION INTRAVENOUS SOLUTION</td>
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<td>CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML</td>
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<td>CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM</td>
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<td>DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG</td>
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<td>PRAXBIND INTRAVENOUS SOLUTION</td>
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<td><em>OPIOID ANTAGONISTS</em>**</td>
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<td>naloxone hcl injection solution prefilled syringe</td>
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<td>di-phen oral liquid</td>
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<td><em>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</em>**</td>
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<td>aliskiren fumarate oral tablet 300 mg</td>
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<td><strong>DOPAMINE D1 RECEPTOR AGONISTS</strong>*</td>
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<td><strong>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</strong>*</td>
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<td>eplerenone oral tablet</td>
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<td><strong>VASODILATORS</strong>*</td>
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<td>metronidazole oral tablet</td>
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<td>NEBUPENT INHALATION SOLUTION RECONSTITUTED</td>
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<td>pentamidine isethionate inhalation solution reconstituted</td>
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<td>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</td>
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<td>sulfatrim pediatric oral suspension</td>
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<td>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</td>
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<td>MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500MG</td>
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<td><em>CYCLIC LIPOPEPTIDES</em>**</td>
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<td>CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>daptomycin intravenous solution reconstituted 500 mg</td>
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<td>DALVANCE INTRAVENOUS SOLUTION REconstituted</td>
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<td>FIRVANQ ORAL SOLUTION REconstituted</td>
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<td>ORBACTIV INTRAVENOUS SOLUTION REconstituted</td>
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<td>VANCOCIN ORAL CAPSULE</td>
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<td>VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%</td>
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<td>VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%</td>
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<td>VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%</td>
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<td>VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML</td>
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<td>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 5 gm, 500 mg, 750 mg</td>
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<td>VANCOMYCIN HCL INTRAVENOUS SOLUTION REconstituted 1.25 GM, 1.5 GM, 250 MG</td>
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<td>linezolid oral suspension reconstituted</td>
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<td>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</td>
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<td>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</td>
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<td>YONSA ORAL TABLET</td>
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<td>NILANDRON ORAL TABLET</td>
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<td>clofarabine intravenous solution</td>
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<td>DAUNORUBICIN HCL INTRAVENOUS SOLUTION</td>
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<td>doxorubicin hcl liposomal intravenous injectable</td>
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<td>mitoxantrone hcl intravenous concentrate</td>
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<td>valrubicin intravesical solution</td>
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<td>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG</td>
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<td>PADCEV INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>ZEVALIN Y-90 INTRAVENOUS KIT</td>
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<th>Drug Name</th>
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<td>PA; QL; SP</td>
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<tr>
<td><strong>JEVTANA INTRAVENOUS SOLUTION</strong></td>
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<tr>
<td><strong>MARQIBO INTRAVENOUS SUSPENSION</strong></td>
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<td>paclitaxel intravenous concentrate</td>
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<td><strong>TENIPOSIDE INTRAVENOUS SOLUTION</strong></td>
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<th>Drug Name</th>
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<tr>
<td>toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</td>
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<td>vinblastine sulfate intravenous solution</td>
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<td>vincristine sulfate intravenous solution</td>
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<td>vinorelbine tartrate intravenous solution</td>
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<td>cyclophosphamide injection solution reconstituted</td>
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<td>IFEX INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>ifosfamide intravenous solution</td>
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<td>ifosfamide intravenous solution reconstituted 1 gm</td>
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<td>melphalan hcl intravenous solution reconstituted</td>
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<tr>
<td>melphalan oral tablet</td>
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<td><em>NITROSOUreas</em>**</td>
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<td>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</td>
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<td>LYNPARZA ORAL TABLET</td>
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<td>RUBRACA ORAL TABLET</td>
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<td><em>PROGESTINS-ANTINEOPLASTIC</em>**</td>
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<td>hydroxyprogesterone caproate intramuscular 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>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</td>
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<td><em>SELECTIVE RETINOID X RECEPTOR AGONISTS</em>**</td>
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<th>Drug Name</th>
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<td>MVASI INTRAVENOUS SOLUTION</td>
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<td>ZALTRAP INTRAVENOUS SOLUTION</td>
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<td>ZIRABEV INTRAVENOUS SOLUTION</td>
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<td>benztripe mesylate injection solution</td>
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<td>COGENTIN INJECTION SOLUTION</td>
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<td>trihexyphenidyl hcl oral solution</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<td>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>68.5 MG</td>
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<td>INBRIJA INHALATION CAPSULE</td>
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<td>129 MG</td>
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<td><em>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</em>**</td>
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<td>MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG</td>
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<td>NEUPRO TRANSDERMAL PATCH 24 HOUR</td>
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<td>pramipexole dihydrochloride er oral tablet extended release 24 hour</td>
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<td>ropinirole hcl oral tablet</td>
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<td>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</td>
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<td>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</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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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

**Antivirals**

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<td><em>HERPES AGENTS - PURINE ANALOGUES</em>**</td>
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<tr>
<td>acyclovir oral capsule</td>
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<th>Drug Name</th>
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<tr>
<td><strong>BETA BLOCKERS</strong></td>
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<tr>
<td><em>ALPHA-BETA BLOCKERS</em>**</td>
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<tr>
<td>carvedilol oral tablet</td>
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<td>carvedilol phosphate er oral capsule extended release 24 hour</td>
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<td>labetalol hcl oral tablet</td>
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<td><strong>BETA BLOCKERS CARDIO-SELECTIVE</strong>*</td>
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<tr>
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<tr>
<td>betaxolol hcl oral tablet</td>
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<td>bisoprolol fumarate oral tablet</td>
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<td>esmolol hcl-sodium chloride intravenous solution</td>
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<td>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE</td>
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<td><strong>BETA BLOCKERS NON-SELECTIVE</strong>*</td>
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<td>pindolol oral tablet</td>
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<td>propranolol hcl intravenous solution</td>
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<td>sorine oral tablet</td>
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<td>sotalol hcl (af) oral tablet</td>
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<td>SOTYLIZE ORAL SOLUTION</td>
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<td>timolol maleate oral tablet</td>
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<td><strong>CALCIUM CHANNEL BLOCKERS</strong></td>
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<td>amlodipine besylate oral tablet 10 mg</td>
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<td>amlodipine besylate oral tablet 2.5 mg, 5 mg</td>
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<td>CALAN SR ORAL TABLET EXTENDED RELEASE</td>
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<tr>
<td>CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%</td>
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<td>CARDIZEM ORAL TABLET 30 MG, 60 MG</td>
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<td>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 mg, 180 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 mg, 300 mg</td>
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<td>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML</td>
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<td>CONJUPRI ORAL TABLET 2.5 MG</td>
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<td>CONJUPRI ORAL TABLET 5 MG</td>
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<td>DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 mg, 300 mg, 420 mg</td>
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<td>DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 mg, 180 mg</td>
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<td>DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
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<td>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%</td>
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<th>Drug Name</th>
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<tr>
<td>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</td>
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<tr>
<td>nifedipine er oral tablet extended release 24 hour 30 mg</td>
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<td>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</td>
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<td>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</td>
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<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG</td>
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<tr>
<th>Drug Name</th>
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<td>tiazyl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</td>
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<td>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG</td>
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<td>digox oral tablet</td>
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<td>digoxin injection solution</td>
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<td>UPTRAVI ORAL TABLET THERAPY PACK</td>
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<td>Tadalafil oral tablet</td>
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<td>PA; QL</td>
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<tr>
<td>Vardenafil hcl oral tablet</td>
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<td>Vardenafil hcl oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>PA; QL</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><em>SEPTAL AGENTS - ABLATION</em>*</td>
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<td>CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</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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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>taperdex 12-day oral tablet therapy pack</td>
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<td>taperdex 6-day oral tablet therapy pack</td>
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<td>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</td>
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<td>ZCORT 7-DAY ORAL TABLET THERAPY PACK</td>
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<td>ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER</td>
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<td><em>MINERALOCORTICOIDS</em>**</td>
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<td>fludrocortisone acetate oral tablet</td>
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<td><em>STEROID COMBINATIONS</em>**</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>CELESTONE SOLUSPAN INJECTION SUSPENSION</td>
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<td><em>COUGH/COLD/ALLERGY</em></td>
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<td>benzonatate oral capsule</td>
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<td>TESSALON PERLES ORAL CAPSULE</td>
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<td><em>ANTITUSSIVE - OPIOID</em>**</td>
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<tr>
<td>HYCODAN ORAL SYRUP</td>
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<tr>
<td>hydrocodone-homatropine oral syrup</td>
<td>1 or 1a*</td>
<td>OTC</td>
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<tr>
<td>hydrocodone-homatropine oral tablet</td>
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<tr>
<td>hydromet oral syrup</td>
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<td><em>ANTITUSSIVE - EXPECTORANT</em>**</td>
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<tr>
<td>guaifenesin-ac oral solution</td>
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<tr>
<td>guaifenesin-ac oral syrup</td>
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<td>OTC</td>
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<td>guaifenesin-codeine oral solution</td>
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<td>MAR-COF CG EXPECTORANT ORAL LIQUID</td>
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<td>M-CLEAR WC ORAL SOLUTION</td>
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<td>NINJACOF-XG ORAL LIQUID</td>
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<td>trymine cg oral liquid</td>
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<tr>
<td>virtussin a/c oral solution</td>
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<tr>
<td>virtussin ac w/alc oral liquid</td>
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<td><em>ANTITUSSIVE - EXPECTORANTS - DECONGESTANT</em>**</td>
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<td>TUSNEL C ORAL SYRUP</td>
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<td>OTC</td>
</tr>
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<td>VIRTUSSIN DAC ORAL SOLUTION</td>
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<td><em>DECONGESTANT &amp; ANTIHISTAMINE</em>**</td>
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<td>CLARINEX-D 12 HOUR ORAL TABLET</td>
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<td>ST; QL</td>
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<tr>
<td>extended release</td>
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<td>promethazine-phenylephrine oral syrup</td>
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<td><em>DECONGESTANT W / EXPECTORANT</em>**</td>
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<td>GILPHEX TR ORAL TABLET</td>
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<td><em>IODINE EXPECTORANTS</em>**</td>
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<td>SSKI ORAL SOLUTION</td>
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<td><em>MISC. RESPIRATORY INHALANTS</em>**</td>
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<td>HYPERSAL INHALATION NEBULIZATION SOLUTION</td>
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<td>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</td>
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<td><em>MUCOLYTICS</em>**</td>
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<td><em>NON-NARC ANTIHISTAMINE</em>**</td>
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<tr>
<td>hydrocodine-polst-cpm polst er</td>
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<tr>
<td>oral suspension extended release</td>
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<tr>
<td>promethazine-codeine oral solution</td>
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<td><em>NON-NARC ANTIHISTAMINE</em>**</td>
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<tr>
<td>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</td>
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<td><em>OPIOID ANTIHISTAMINE</em>**</td>
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<tr>
<td>hydrocodine-polst-cpm polst er</td>
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<tr>
<td>oral suspension extended release</td>
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<tr>
<td>promethazine-codeine oral solution</td>
<td>1 or 1a*</td>
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<tr>
<td><em>OPIOID ANTIHISTAMINE</em>**</td>
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<tr>
<td>promethazine-codeine oral syrup</td>
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<td>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG</td>
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<td>HISTEX-AC ORAL SYRUP</td>
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<td>MAR-COF BP ORAL LIQUID</td>
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<td>MAXI-TUSS CD ORAL LIQUID</td>
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<td>M-END PE ORAL LIQUID</td>
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<td>POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/SML</td>
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<td>PRO-RED AC ORAL SYRUP 5-1-9 MG/SML</td>
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<td>clindacin etz external swab</td>
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<tr>
<td>clindacin-p external swab</td>
<td>1 or 1b*</td>
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<tr>
<td>clindamycin phosphate external foam</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>clindamycin phosphate external gel</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>clindamycin phosphate external lotion</td>
<td>1 or 1b*</td>
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<tr>
<td>clindamycin phosphate external solution</td>
<td>1 or 1b*</td>
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<td>clindamycin phosphate external swab</td>
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<td>dapsone external gel</td>
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<td>ery external pad</td>
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<td>ERYGEL EXTERNAL GEL</td>
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<td>erythromycin external gel</td>
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<td>erythromycin external solution</td>
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<td>EVOCLIN EXTERNAL FOAM</td>
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<td>KLARON EXTERNAL LOTION</td>
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<td>ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL</td>
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<td>PA; QL</td>
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<td>BENZAMycin EXTERNAL GEL</td>
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<td>benzoyl peroxide-erythromycin external gel</td>
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<td>clindamycin phos-benzoyl perox external gel</td>
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<td>clindamycin-tretinoin external gel</td>
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<td>neuc external gel</td>
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<td>ONEXTON EXTERNAL GEL</td>
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<td>sulfacetamide sod-sulfur wash external liquid</td>
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<td>ABSORICA ORAL CAPSULE</td>
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<td>accutane oral capsule 20 mg, 30 mg, 40 mg</td>
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<tr>
<td>adapalene external cream</td>
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<td>PA; QL</td>
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<tr>
<td>adapalene external gel</td>
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<td>PA; QL</td>
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<td>adapalene external pad</td>
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<td>AKLIEF EXTERNAL CREAM</td>
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<td>amnesteem oral capsule</td>
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<td>ARAZLO EXTERNAL LOTION</td>
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<td>avita external cream</td>
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<td>PA; QL</td>
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<tr>
<td>avita external gel</td>
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<td>PA; QL</td>
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<td>bp wash external liquid 2.5%, 7%</td>
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<td>claravis oral capsule</td>
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<td>PA; QL</td>
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<tr>
<td>isotretinoin oral capsule</td>
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<td>PA; QL</td>
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<tr>
<td>myorisan oral capsule</td>
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<td>PA; QL</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>tretinoin external cream</td>
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<td>PA; QL</td>
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<tr>
<td>tretinoin external gel</td>
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<td>PA; QL</td>
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<tr>
<td>tretinoin microsphere external gel</td>
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<td>tretinoin microsphere pump external gel</td>
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<td>zenatane oral capsule</td>
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*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS***

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*AGENTS FOR FACIAL WRINKLES - RETINOIDS***

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<td>RENOVA EXTERNAL CREAM</td>
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<td>RENOVA PUMP EXTERNAL CREAM</td>
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<tr>
<td>tretinoin (emollient) external cream</td>
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*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***

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<tr>
<td>CORTISPORIN EXTERNAL OINTMENT</td>
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<tr>
<td>NEO-SYNALAR EXTERNAL CREAM</td>
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*ANTIBIOTICS - TOPICAL***

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<td>CENTANY EXTERNAL OINTMENT</td>
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<tr>
<td>gentamicin sulfate external cream</td>
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<td>gentamicin sulfate external ointment</td>
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<td>mupirocin calcium external cream</td>
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<td>XEPi EXTERNAL CREAM</td>
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*ANTIFUNGALS - TOPICAL***

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<td>clotrimazole-betamethasone external lotion</td>
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<tr>
<td>miconazole-zinc oxide-petrolat external ointment</td>
<td>1 or 1b*</td>
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<tr>
<td>nystatin-triamcinolone external cream</td>
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<tr>
<td>nystatin-triamcinolone external ointment</td>
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<td>VUSION EXTERNAL OINTMENT</td>
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*ANTIFUNGALS - TOPICAL COMBINATIONS***

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<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>clotrimazole-betamethasone external lotion</td>
<td>1 or 1b*</td>
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<tr>
<td>miconazole-zinc oxide-petrolat external ointment</td>
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<tr>
<td>nystatin-triamcinolone external cream</td>
<td>1 or 1b*</td>
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<td>nystatin-triamcinolone external ointment</td>
<td>1 or 1b*</td>
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<td>LOPROX EXTERNAL CREAM</td>
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<td>LOPROX EXTERNAL SHAMPOO</td>
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<td>LOPROX EXTERNAL SUSPENSION</td>
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<td>MENTAX EXTERNAL CREAM</td>
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<td>ST; QL</td>
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<tr>
<td>naftifine hcl external cream 1%</td>
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<td>naftifine hcl external cream 2%</td>
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<td>naftifine hcl external gel</td>
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<td>nyamyc external powder</td>
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**DEPIGMENTING AGENTS***

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**DEPIGMENTING COMBINATIONS***

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**EMOLLIENT/KERATOLYTIC AGENTS***

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**EMOLLIENTS***

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**ENZYMES - TOPICAL***

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**GLABELLAR LINES (FROWN LINES) AGENTS***

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**IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***

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<td>amiloride hcl oral tablet</td>
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<td>spironolactone oral tablet</td>
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<td>triamterene oral capsule</td>
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<td>chlorothiazide sodium intravenous solution reconstituted</td>
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<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
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<td>hydrochlorothiazide oral capsule</td>
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<td>hydrochlorothiazide oral tablet 50 mg</td>
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<td>indapamide oral tablet</td>
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<td>metolazone oral tablet</td>
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<td>cabergoline oral tablet</td>
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<td>jinteli oral tablet</td>
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<td>mimvvey oral tablet</td>
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<td>tamsulosin hcl oral capsule</td>
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<td>cureity sterile saline irrigation solution</td>
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<td>plasbumin-5 intravenous solution 1 or 1b*</td>
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<td>prasugrel hcl oral tablet 10 mg 1 or 1b*</td>
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<td>prasugrel hcl oral tablet 5 mg 1 or 1b* DO</td>
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<td>RETAVASE INTRAVENOUS KIT 2 X 10 UNIT</td>
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<td>TNKASE INTRAVENOUS KIT 3</td>
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<td><em>HEMATOPOIETIC AGENTS</em></td>
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<td><em>AGENTS FOR GAUCHER DISEASE</em>**</td>
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<td>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT 4 PA; QL; LD; SP</td>
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<td>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</td>
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<td>foltabs 800 oral tablet</td>
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<tr>
<td>millguard oral tablet</td>
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<td><strong>FOLIC ACID/FOLATES</strong>*</td>
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<td>cvs folic acid oral tablet 800 mcg</td>
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<td>OTC; $0</td>
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<td>fa-8 oral capsule</td>
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<tr>
<td>fa-8 oral tablet</td>
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<td>OTC; $0</td>
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<td>folate oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
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<tr>
<td>folic acid injection solution</td>
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<td>folic acid oral capsule 0.8 mg</td>
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<td>folic acid oral tablet 400 mcg, 800 mcg</td>
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<tr>
<td>gnp folic acid oral tablet</td>
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<tr>
<th>Drug Name</th>
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<tr>
<td>hm folic acid oral tablet</td>
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<tr>
<td>px folic acid oral tablet</td>
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<td>qc folic acid oral tablet</td>
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<td>ra folic acid oral tablet</td>
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<td>sm folic acid oral tablet</td>
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<td>OTC; $0</td>
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<tr>
<td>yl folic acid oral tablet</td>
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<td>OTC; $0</td>
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<td><em>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</em>**</td>
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<td>OXBYRTA ORAL TABLET</td>
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<td><em>IRON</em>**</td>
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<td>na ferric gluc cplx in sucrose intravenous solution</td>
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<td>flurazepam hcl oral capsule</td>
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<td>MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%</td>
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<td>triazolam oral tablet</td>
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<tr>
<td>doxepin hcl oral tablet</td>
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<td>ST; QL</td>
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<td>zaleplon oral capsule</td>
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<td>zolpidem tartrate er oral tablet</td>
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<td>zolpidem tartrate oral tablet</td>
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<td>zolpidem tartrate sublingual tablet</td>
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<td>DAYVIGO ORAL TABLET</td>
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<td>DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION</td>
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<td>PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML</td>
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<td><em>SELECTIVE MELATONIN RECEPTOR AGONISTS</em>**</td>
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<td><em>LAXATIVES</em></td>
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<td>constulose oral solution</td>
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<tr>
<td>cvs purelax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
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<td>eq clearlax oral powder</td>
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<td>gentlelax oral powder</td>
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<td>glycolax oral powder</td>
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<td>OTC; $0</td>
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<td>goodsense clearlax oral powder</td>
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<tr>
<td>gnp bis-lax oral tablet delayed release</td>
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**LOCAL ANESTHETICS-PARENTERAL***

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<td>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</td>
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<td>lidocaine-epinephrine injection solution 0.5 % - 1:200000, 1 %-1:100000, 1.5 % -1:200000, 2 %-1:100000, 2 % -1:200000, 2 % -1:500000</td>
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<td>ORABLOC INJECTION SOLUTION CARTRIDGE</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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*NEEDLES & SYRINGES***

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<td>VIDA MIA UNIFINE PENTIPS</td>
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<td>VP INSULIN SYRINGE</td>
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<td>WEGMANS UNIFINE PENTIPS PLUS</td>
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<td><em>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</em>**</td>
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<td>ergotamine-caffeine oral tablet</td>
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<td>migergot rectal suppository</td>
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<td><em>MINERALS &amp; ELECTROLYTES</em></td>
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<td><em>BICARBONATES</em>**</td>
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<tr>
<td>SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</td>
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<td>dextrose in lactated ringers intravenous solution</td>
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<td>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</td>
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<td>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</td>
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<td>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION</td>
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<td>KCL (IN NAACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML</td>
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<td>PLASMA-LYTE A INTRAVENOUS SOLUTION</td>
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<td><em>Cyclosporine Analogs</em>**</td>
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<td><em>Enzymes</em>**</td>
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<td>lactated ringers irrigation solution</td>
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<td>physiolyte irrigation solution</td>
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<td>physiosol irrigation solution</td>
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<td>ringers irrigation irrigation solution</td>
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<td>sterile water for irrigation irrigation solution</td>
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<tr>
<td>tis-u-sol irrigation solution</td>
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<td>water for irrigation, sterile irrigation solution</td>
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<td><em>MISCELLANEOUS THERAPEUTIC CLASSES</em>**</td>
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<td><em>MOUTH/THROAT/DENTAL AGENTS</em></td>
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<td><em>DENTAL PRODUCTS - COMBINATIONS</em>**</td>
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<td>qc b-complex/vitamin c oral tablet</td>
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<td>b-complex/vitamin c 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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<tr>
<td>yl balanced b-100 oral tablet</td>
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<td>OTC; $0</td>
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*BIOFLAVONOID PRODUCTS***

**ADRENAL C FORMULA ORAL TABLET**

3

**MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG**

3

**MULTIVITAMIN W/ IRON***

daily multiple vitamins/iron oral tablet | 1 or 1b* | OTC; $0         |
daily vitamin formula+iron oral tablet  | 1 or 1b* | OTC; $0         |
daily vite multivitamin/iron oral tablet | 1 or 1b* | OTC; $0         |

daily-vitamin/iron oral tablet | 1 or 1b* | OTC; $0         |

gnp one daily plus iron oral tablet  | 1 or 1b* | OTC; $0         |

hm one daily/iron oral tablet | 1 or 1b* | OTC; $0         |

multi-day plus iron oral tablet | 1 or 1b* | OTC; $0         |

multiple vitamins/iron oral tablet | 1 or 1b* | OTC; $0         |
multivitamin plus iron adult oral tablet | 1 or 1b* | OTC; $0         |

multi-vitamin/iron oral tablet | 1 or 1b* | OTC; $0         |

nat-rul daily-vite+iron oral tablet | 1 or 1b* | OTC; $0         |

once daily/iron oral tablet | 1 or 1b* | OTC; $0         |

one daily multivitamin/iron oral tablet | 1 or 1b* | OTC; $0         |

one-daily multi-vitamin/iron oral tablet | 1 or 1b* | OTC; $0         |

one-daily/iron oral tablet | 1 or 1b* | OTC; $0         |

qc daily multivitamins/iron oral tablet | 1 or 1b* | OTC; $0         |

sm multiple vitamins/iron oral tablet | 1 or 1b* | OTC; $0         |
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<td>* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.</td>
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<th>Drug Name</th>
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**PED MULTI VITAMINS W/FL & FE***

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**PED MV W/ FLUORIDE***

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**PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***

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**PRENATAL MV & MIN W/FE-FA***

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

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**Prenatal MV & Minerals W/FA Without Iron***

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**Prenatal Vitamins***

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**Vitamins A & D***

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**Vitamins W/ Lipotropics***

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**Gablofen Intrathecal Solution 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML**

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<td>Lioresal Intrathecal Solution</td>
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<td>Methocarbamol injection solution 1000 mg/10ml</td>
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<td>Soma Oral Tablet 350 MG</td>
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<td>Zanaflex Oral Tablet</td>
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<td>Dantrolene sodium oral capsule</td>
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<td>Ryanodex Intravenous Suspension Reconstituted</td>
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<td><em>Muscle Relaxant Combinations</em>**</td>
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<td>Carisoprodol-aspirin-codeine oral tablet</td>
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<td>mometasone furoate nasal suspension</td>
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<td>VILTEPSO INTRAVENOUS SOLUTION</td>
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<td>VYONDYS 53 INTRAVENOUS SOLUTION</td>
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<td><em>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</em>**</td>
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<td>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
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<td>MYOBLOC INTRAMUSCULAR SOLUTION</td>
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<td>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
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<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</td>
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<td>cisatracurium besylate (pf) intravenous solution</td>
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<td>cisatracurium besylate intravenous solution 20 mg/10ml</td>
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<td>NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML</td>
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<td>pancuronium bromide intravenous solution 1 mg/ml</td>
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<td>vecuronium bromide intravenous solution reconstituted</td>
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<td><em>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</em>**</td>
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<tr>
<td>EVRYSDI ORAL SOLUTION RECONSTITUTED</td>
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<td><em>CYCLOPLEGIC MYDRIATIC COMBINATIONS</em>**</td>
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<td><em>CYCLOPLEGIC MYDRIATICS</em>**</td>
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<tr>
<td>altafrin ophthalmic solution 10 %, 2.5 %</td>
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<td>atropine sulfate ophthalmic ointment</td>
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<td>ATROPINE SULFATE OPHTHALMIC SOLUTION</td>
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<td>cyclopentolate hcl ophthalmic solution</td>
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<td>MYDRIACYL OPHTHALMIC SOLUTION</td>
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<tr>
<td>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</td>
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<td>tropicamide ophthalmic solution</td>
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<td><em>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</em>**</td>
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<td>XIIDRA OPHTHALMIC SOLUTION</td>
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<td><em>MIOTICS - CHOLINESTERASE INHIBITORS</em>**</td>
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<td>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</td>
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<td><em>MIOTICS - DIRECT ACTING</em>**</td>
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<td>MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED</td>
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<td>MIOSTAT INTRAOCULAR SOLUTION</td>
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<td>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</td>
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<td><em>OPHTHALMIC ADRENERGIC AGENTS</em>**</td>
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<td>EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
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<td>azelastine hcl ophthalmic solution</td>
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<td>cromolyn sodium ophthalmic solution</td>
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<td>epinastine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
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<td><em>OPHTHALMIC ANTIBIOTICS</em>**</td>
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<td>bacitracin ophthalmic ointment</td>
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<td>CILOXAN OPHTHALMIC OINTMENT</td>
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<td>erythromycin ophthalmic ointment</td>
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<td>gatifloxacin ophthalmic solution</td>
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<td>gentamicin sulfate ophthalmic solution</td>
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<td>levofoxacin ophthalmic solution</td>
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<td>OCUFLOX OPHTHALMIC SOLUTION</td>
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<td>ofloxacin ophthalmic solution</td>
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<td>VIGAMOX OPHTHALMIC SOLUTION</td>
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<td>trifluridine ophthalmic solution</td>
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<td>dorzolamide hcl ophthalmic solution</td>
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<td>TRUSOPT OPHTHALMIC SOLUTION</td>
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<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong>*</td>
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<td>ak-fluor intravenous solution 10 %</td>
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<td>AK-FLUOR INTRAVENOUS SOLUTION 25 %</td>
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<td>alaflox benox ophthalmic solution</td>
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<td>fluorescein-benoxinate ophthalmic solution</td>
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<td>FLUORESCITE INTRAVENOUS SOLUTION</td>
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<td>fluor-i-strips a.t. ophthalmic strip</td>
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<td>PAREMYD OPHTHALMIC SOLUTION</td>
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<td>proparacaine-fluorescein ophthalmic solution</td>
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**OPHTHALMIC IMMUNOMODULATORS***

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**OPHTHALMIC IRRIGATION SOLUTIONS***

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<td>balanced salt intraocular solution</td>
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<td>BSS INTRAOCULAR SOLUTION</td>
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<td>BSS PLUS INTRAOCULAR SOLUTION</td>
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**OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***

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**OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS***

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<td>LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION</td>
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<td>LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
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**OPHTHALMIC LOCAL ANESTHETICS***

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<td>proparacaine hcl ophthalmic solution</td>
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<td>tetracaine hcl ophthalmic solution</td>
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<td>flurbiprofen sodium ophthalmic solution</td>
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<td>ketorolac tromethamine ophthalmic solution</td>
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<td>NEVANAC OPHTHALMIC SUSPENSION</td>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION</td>
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<tr>
<td>penicillin g sodium injection solution reconstituted</td>
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<tr>
<td>penicillin v potassium oral solution reconstituted</td>
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<tr>
<td>penicillin v potassium oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>pfizerpen injection solution reconstituted</td>
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<tr>
<td><em>PENICILLIN COMBINATIONS</em>**</td>
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<tr>
<td>amoxicillin-pot clavulinate er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
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<tr>
<td>amoxicillin-pot clavulinate oral suspension reconstituted</td>
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<tr>
<td>amoxicillin-pot clavulinate oral tablet</td>
<td>1 or 1b*</td>
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<td>amoxicillin-pot clavulinate oral tablet chewable</td>
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<tr>
<td>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</td>
<td>1 or 1b*</td>
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<tr>
<td>ampicillin-sulbactam sodium intravenous solution reconstituted</td>
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<tr>
<td>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</td>
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<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML</td>
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<td>AUGMENTIN ORAL TABLET 500-125 MG</td>
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<td>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</td>
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<td>BICILLIN C-R INTRAMUSCULAR SUSPENSION</td>
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<td>piperacillin sod-tazobactam so intravenous solution reconstituted</td>
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<tr>
<td>UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</td>
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<tr>
<td>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM</td>
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<td>ZOSYN INTRAVENOUS SOLUTION</td>
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<td><em>PENICILLINASE-RESISTANT PENICILLINS</em>**</td>
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<td>dicloxacillin sodium oral capsule</td>
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<td>NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
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<tr>
<td>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</td>
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<td>NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM</td>
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<td>oxacillin sodium intravenous solution reconstituted</td>
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<tr>
<td>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
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<tr>
<td>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</td>
<td>1 or 1b*</td>
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<td><em>PROGESTINS</em></td>
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<td>AYGESTIN ORAL TABLET</td>
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<tr>
<td>hydroxyprogesterone caproate intramuscular oil</td>
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<td>MAKENA INTRAMUSCULAR OIL</td>
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<td>MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA: QL; LD; SP</td>
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<tr>
<td>medroxyprogesterone acetate oral tablet</td>
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<td>megestrol acetate oral suspension 625 mg/5ml</td>
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<tr>
<td>norethindrone acetate oral tablet</td>
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<tr>
<td>progesterone intramuscular oil</td>
<td>1 or 1b*</td>
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<td>progesterone micronized oral capsule</td>
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<td>PROVERA ORAL TABLET</td>
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<td><em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em></td>
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<td><em>AGENTS FOR OPIOID WITHDRAWAL</em>**</td>
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<td>LUCEMYRA ORAL TABLET</td>
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<td><em>ALCOHOL DETERRENTS</em>**</td>
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<td>acamprosate calcium oral tablet delayed release</td>
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<tr>
<td>disulfiram oral tablet</td>
<td>1 or 1b*</td>
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<td><em>ANTI-CATAPLECTIC AGENTS</em>**</td>
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<td><em>ANTIDEMENTIA AGENT COMBINATIONS</em>**</td>
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<td>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK</td>
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<td>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td><em>ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS</em>**</td>
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<td>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA; QL; LD</td>
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<tr>
<td><em>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</em>**</td>
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<tr>
<td>chlordiazepoxide-amitriptyline oral tablet</td>
<td>1 or 1b*</td>
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<td><em>CHOLINOMIMETICS - ACHE INHIBITORS</em>**</td>
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<td>ARICEPT ORAL TABLET 10 MG, 23 MG</td>
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<td>ARICEPT ORAL TABLET 5 MG</td>
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<td>donepezil hcl oral tablet 10 mg, 23 mg</td>
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<td>donepezil hcl oral tablet 5 mg</td>
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<td>donepezil hcl oral tablet dispersible</td>
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<td>EXELON TRANSDERMAL PATCH 24 HOUR</td>
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<td>ST; QL</td>
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<td>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</td>
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<td>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</td>
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<td>galantamine hydrobromide oral solution</td>
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<td>galantamine hydrobromide oral tablet 12 mg, 8 mg</td>
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<td>galantamine hydrobromide oral tablet 4 mg</td>
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<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG</td>
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<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG</td>
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<td>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</td>
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<td>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</td>
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<td>rivastigmine transdermal patch 24 hour</td>
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<td><em>FIBROMYALGIA AGENT - SNRIS</em>**</td>
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<tr>
<td>SAVELLA TITRATION PACK ORAL</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td><strong>MELANOCORTIN RECEPTOR AGONISTS</strong>*</td>
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<td><em>MELANOCORTIN RECEPTOR AGONISTS</em>**</td>
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<td><em>MOVEMENT DISORDER DRUG THERAPY</em>**</td>
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<td>AUSTEDO ORAL TABLET</td>
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<td>INGREZZA ORAL CAPSULE 40 MG</td>
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<td>PA; DO; QL; LD</td>
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<td>INGREZZA ORAL CAPSULE 80 MG</td>
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<td><em>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</em>**</td>
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<td>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK</td>
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<td>PA; QL; SP</td>
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<td>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>LEMTRADA INTRAVENOUS SOLUTION</td>
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<td><em>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</em>**</td>
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<td>dimethyl fumarate oral capsule delayed release</td>
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<td>dimethyl fumarate starter pack oral</td>
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<td><em>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</em>**</td>
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<tr>
<td>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<tr>
<td>dalfampridine er oral tablet extended release 12 hour</td>
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<td><em>MULTIPLE SCLEROSIS AGENTS</em>**</td>
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<td>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</td>
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<td>memantine hcl oral solution</td>
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<td>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg</td>
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<td>memantine hcl oral tablet 5 mg</td>
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<td>NAMENDA ORAL TABLET 10 MG</td>
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<td>NAMENDA TITRATION PAK ORAL TABLET</td>
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<td><em>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</em>**</td>
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<td>perphenazine-amitriptyline oral tablet</td>
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<td><em>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</em>**</td>
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<td>GRALISE ORAL TABLET 300 MG</td>
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<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG</td>
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<td><strong>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</strong>*</td>
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<td><strong>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</strong>*</td>
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<td>NUEDEXTA ORAL CAPSULE</td>
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<tr>
<td>pimozide oral tablet</td>
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<td><strong>RESTLESS LEG SYNDROME (RLS) AGENTS</strong>*</td>
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<td><strong>SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS</strong>*</td>
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<td><strong>SMOKING DETERRENTS</strong>*</td>
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<td>bupropion hcl er (smoking det) oral tablet extended release 12 hour</td>
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<td>CHANTIX CONTINUING MONTH PAK ORAL TABLET</td>
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<td>ra mini nicotine mouth/throat lozenge</td>
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<td>ra nicotine gum mouth/throat gum 2 mg, 4 mg</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>ra nicotine mouth/throat gum</td>
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<td>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</td>
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<tr>
<td>sm nicotine mouth/throat gum</td>
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<td>1 or 1b*</td>
<td>OTC; $0</td>
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<td>sm nicotine polacrilex mouth/throat lozenge</td>
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<td>thrive mouth/throat gum 2 mg</td>
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<td>PA; QL; LD; SP</td>
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<td>SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG</td>
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<td>paroxetine mesylate oral capsule</td>
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<td>STERITALC INTRAPLEURAL POWDER</td>
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<td><em>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</em>**</td>
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<td>OFEV ORAL CAPSULE</td>
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<td>PA; QL; LD; SP</td>
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<td><em>PULMONARY FIBROSIS AGENTS</em>**</td>
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<td>INFASURF INTRATRACHEAL SUSPENSION</td>
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<tr>
<td>minocycline hcl oral tablet</td>
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<td>monodoxynl oral capsule 100 mg, 75 mg</td>
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<td>morgidox oral capsule 100 mg</td>
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<td>propylthiouracil oral tablet</td>
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<td>levoxy oral tablet</td>
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<td><em>TOXOIDS</em></td>
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<td><em>TOXOID COMBINATIONS</em>**</td>
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<td>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</td>
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<th>Drug Name</th>
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*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*

*ANTICHOLINERGIC COMBINATIONS***

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<td>LIBRAX ORAL CAPSULE</td>
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<td>phenobarbital-belladonna alk oral elixir</td>
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<td>phenohydro oral elixir</td>
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*ANTISPASMODICS***

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<td>dicyclomine hcl oral solution</td>
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*BELLADONNA ALKALOIDS***

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<td>pantoprazole sodium oral tablet delayed release</td>
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<td><em>QUATERNARY ANTICHOLINERGICS</em>**</td>
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<td>GLYCATE ORAL TABLET</td>
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<tr>
<td>glycopyrrolate injection solution</td>
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<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
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<td>GLYCOPYRROLATE ORAL TABLET 1.5 MG</td>
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<td>GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
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<td>GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE</td>
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<td>methscopolamine bromide oral tablet</td>
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<td><em>ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS</em>**</td>
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<td>HELIDAC THERAPY ORAL</td>
<td>3</td>
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<tr>
<td>PYLERA ORAL CAPSULE</td>
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<tr>
<td><em>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</em>**</td>
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<td>amoxicill-clarithro-lansopraz oral</td>
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<td>OMECLAMOX-PAK ORAL</td>
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<td>TALICIA ORAL CAPSULE DELAYED RELEASE</td>
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<td><em>ULCER DRUGS - PROSTAGLANDINS</em>**</td>
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<td>CYTOTEC ORAL TABLET</td>
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<tr>
<td>misoprostol oral tablet</td>
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<tr>
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<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour</td>
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</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour</td>
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<td>oxybutynin chloride syrup</td>
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<td>oxybutynin chloride oral tablet</td>
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<td>solifenacin succinate oral tablet</td>
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<tr>
<td>tolterodine tartrate er oral capsule extended release 24 hour</td>
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<tr>
<td>tolterodine tartrate oral tablet</td>
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<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<tr>
<td>trospium chloride er oral capsule extended release 24 hour</td>
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<tr>
<td>trospium chloride oral tablet</td>
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<td><em>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</em>**</td>
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<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</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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<tbody>
<tr>
<td>bethanechol chloride oral tablet</td>
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<td>flavoxate hcl oral tablet</td>
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<td>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
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<td>BIOTHRAX INTRAMUSCULAR SUSPENSION</td>
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<td>HIBERIX INJECTION SOLUTION RECONSTITUTED</td>
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<td>MENACTRA INTRAMUSCULAR INJECTABLE</td>
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<td>MENQUADFI INTRAMUSCULAR INJECTABLE</td>
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<td>PNEUMOVAX 23 INJECTION INJECTABLE</td>
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<td>PREVNAR 13 INTRAMUSCULAR SUSPENSION</td>
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<td>FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
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<td>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION</td>
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<td>QL; $0</td>
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<tr>
<td>FLUMIST QUADRIVALENT NASAL SUSPENSION</td>
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<td>FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PRE-filled SYRINGE</td>
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<td>$0</td>
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<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML</td>
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<tr>
<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PRE-filled SYRINGE</td>
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<tr>
<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION</td>
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<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION PRE-filled SYRINGE</td>
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<td>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</td>
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<td>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
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<tr>
<th>Drug Name</th>
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<td>IPOL INJECTION INJECTABLE</td>
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<td>IXIARO INTRAMUSCULAR SUSPENSION</td>
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<td>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</td>
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<td>RECOMBIVAX HB INJECTION SUSPENSION RECONSTITUTED</td>
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<td>ROTARIX ORAL SUSPENSION RECONSTITUTED</td>
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<td>ROTATEQ ORAL SOLUTION</td>
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<td>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</td>
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<td>STAMARIL INJECTION SUSPENSION RECONSTITUTED</td>
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<td>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</td>
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<td>VARIVAX SUBCUTANEOUS INJECTABLE</td>
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<td>YF-VAX SUBCUTANEOUS INJECTABLE</td>
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<td><em>VAGINAL AND RELATED PRODUCTS</em></td>
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<tr>
<td><em>IMIDAZOLE-RELATED ANTIFUNGALS</em>**</td>
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<tr>
<td>GYNAZOLE-1 VAGINAL CREAM</td>
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<tr>
<td>miconazole 3 vaginal suppository</td>
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<tr>
<td>terconazole vaginal cream</td>
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<tr>
<td>terconazole vaginal suppository</td>
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<tr>
<th>Drug Name</th>
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<tr>
<td><em>MISCELLANEOUS VAGINAL PRODUCTS</em>**</td>
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<td><em>SPERMICIDES</em>**</td>
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<td>OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL</td>
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<td>SHUR-SEAL CONTRACEPTIVE VAGINAL GEL</td>
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<td>TODAY SPONGE VAGINAL</td>
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<td>CLEOCIN VAGINAL SUPPOSITORY</td>
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<td>clindamycin phosphate vaginal cream</td>
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<td>CLINDESSE VAGINAL CREAM</td>
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<td>metronidazole vaginal gel</td>
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<td>NUVESSA VAGINAL GEL</td>
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<td>vandazole vaginal gel</td>
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<td><em>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</em>**</td>
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<td>PHEXXI VAGINAL GEL</td>
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<td>yuvafem vaginal tablet</td>
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<td>CRINONE VAGINAL GEL 4 %</td>
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<td>SP</td>
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<td>CRINONE VAGINAL GEL 8 %</td>
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<td>ENDOMETRIN VAGINAL INSERT</td>
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<td>epinephrine (anaphylaxis) injection solution</td>
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<td>epinephrine injection solution auto-injector</td>
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<td>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE</td>
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<td>QL</td>
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<td><em>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</em>**</td>
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<td>droxidopa oral capsule</td>
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<td>NORTHERA ORAL CAPSULE</td>
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<td><em>VASOPRESSORS</em>**</td>
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<td>AKOVAZ INTRAVENOUS SOLUTION</td>
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<td>BIORPHEN INTRAVENOUS SOLUTION</td>
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<tr>
<td>dobutamine hcl intravenous solution 250 mg/20ml</td>
<td>1 or 1b*</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tbody>
<tr>
<td>dobutamine in d5w intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>dopamine hcl intravenous solution 40 mg/ml</td>
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<tr>
<td>dopamine in d5w intravenous solution</td>
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<td>EMERPHED INTRAVENOUS SOLUTION</td>
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<td>EPHEDRINE SULFATE INTRAVENOUS SOLUTION</td>
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<tr>
<td>EPHEDRINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/10ML-%</td>
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<td>EPINEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%</td>
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<td>EPINEPHRINE INTRAVENOUS SOLUTION</td>
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<td>EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML</td>
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<td>EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION</td>
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<td>EPINEPHRINE-NAACL INTRAVENOUS SOLUTION</td>
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<td>GIAPREZA INTRAVENOUS SOLUTION</td>
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<td>LEVOPHED INTRAVENOUS SOLUTION</td>
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<td>norepinephrine bitartrate intravenous solution</td>
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<td>NOREPI NEPH RINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%</td>
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<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 20-0.9 MG/50ML-%</td>
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<td>VAZCULEP INTRAVENOUS SOLUTION</td>
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*VITAMINS*

*VITAMIN A***
AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML, 50000 UNIT/ML | 3 | |

*VITAMIN B-1***
thiamine hcl injection solution | 1 or 1b* | |

*VITAMIN B-6***
PYRIDO XINE HCL INJECTION SOLUTION | 3 | |

*VITAMIN C***
ASCOR INTRAVENOUS SOLUTION | 3 | |

*VITAMIN D***
DRISDOL ORAL CAPSULE | 3 | |
| ergocalciferol oral capsule | 1 or 1a* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1 or 1a* | |

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<tr>
<td>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</td>
<td>1 or 1b*</td>
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<tr>
<td>phytonadione oral tablet</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</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 04/01/2021
* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 04/01/2021
Most plans include our convenient home delivery program at no extra cost to you. Find out more at anthem.com or call 833-236-6196.

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

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