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

Here are a few things to remember about the list:

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

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

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

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

If you have questions about your pharmacy benefits, we’re here to help. Just call us at the Member Services number on your ID card.
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 generic drugs at anthem.com. OTC drugs aren’t shown on the list.
- If a drug you’re taking isn’t covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization. Your doctor can get the process started by calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan’s benefit.

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

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

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

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

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

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

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

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

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

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

Generic drugs are in lower case, plain type.

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

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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## Traditional Drug List

### Four-Tier

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

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<td>HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 15 MG/30 ML (0.5 MG/ML), 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)</td>
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<tr>
<td>HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML</td>
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<tr>
<td>HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)</td>
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<tr>
<td>HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML</td>
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<tr>
<td>hydromorphone injection solution</td>
<td>1 or 1b*</td>
<td>QL</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</td>
<td>1 or 1b*</td>
<td>QL</td>
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<tr>
<td>HYDROMORPHONE INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 110 MG/55 ML (2 MG/ML)</td>
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<td>hydromorphone oral liquid</td>
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<tr>
<td>hydromorphone oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>hydromorphone oral tablet extended release 24 hr</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<tr>
<td>HYDROMORPHONE RECTAL SUPPOSITORY</td>
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<tr>
<td>HYSSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR</td>
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<td>PA; QL</td>
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<tr>
<td>IBUDONE ORAL TABLET</td>
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<tr>
<td>ibuprofen-oxycodone oral tablet</td>
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<td>IMITREX NASAL SPRAY, NON-AEROSOL</td>
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<td>ST; QL</td>
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<tr>
<td>IMITREX ORAL TABLET</td>
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<td>ST; QL</td>
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<td>IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR</td>
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<td>IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE</td>
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<td>IMITREX SUBCUTANEOUS SOLUTION</td>
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<td>INFUMORPH P/F INJECTION SOLUTION</td>
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<tr>
<td>KADIAN ORAL CAPSULE, EXTEND. REL. EASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG</td>
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<td>PA; QL</td>
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<tr>
<td>ketorolac injection cartridge</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>ketorolac injection solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ketorolac injection syringe</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ketorolac intramuscular cartridge</td>
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</tr>
<tr>
<td>ketorolac intramuscular solution</td>
<td>1 or 1b*</td>
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<tr>
<td>ketorolac intramuscular syringe</td>
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<td>ketorolac oral tablet</td>
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<td><strong>LAZANDA NASAL SPRAY,NON-AEROSOL</strong></td>
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<td>levorphanol tartrate oral tablet 2 mg</td>
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<td><strong>LEVORPHANOL TARTRATE ORAL TABLET 3 MG</strong></td>
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<tr>
<td>lorcet (hydrocodone) oral tablet</td>
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<tr>
<td>lorcet hd oral tablet</td>
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<tr>
<td>lorcet plus oral tablet 7.5-325 mg</td>
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<td><strong>LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML</strong></td>
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<td><strong>MAXALT ORAL TABLET 10 MG</strong></td>
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<td><strong>MAXALT-MLT ORAL TABLET,DISINTEGRATING</strong></td>
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<td>mefenamic acid oral capsule</td>
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<td>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</td>
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<td>meperidine injection cartridge</td>
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<td>meperidine oral solution</td>
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<tr>
<td>meperidine oral tablet</td>
<td>1 or 1b*</td>
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<td><strong>METHADONE INJECTION SOLUTION</strong></td>
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<td>PA: QL</td>
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<td>methadone intensol oral concentrate</td>
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<tr>
<td>methadone oral concentrate</td>
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<td>methadone oral solution</td>
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<td>PA: QL</td>
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<tr>
<td>methadone oral tablet</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
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<tr>
<td>methadone oral tablet,soluble</td>
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<td><strong>METHADOSE ORAL CONCENTRATE</strong></td>
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<tr>
<td>methadose oral tablet,soluble</td>
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<td>migergot rectal suppository</td>
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<td><strong>MIGRANAL NASAL SPRAY,NON-AEROSOL</strong></td>
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<td><strong>MITIGO (PF) INJECTION SOLUTION</strong></td>
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</table>

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<th>Drug Name</th>
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<tr>
<td>MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)</td>
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<td>MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 5 MG/ML</td>
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<td>MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</td>
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<td>QL</td>
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<td>morphine injection syringe 10 mg/ml, 8 mg/ml</td>
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<tr>
<td>MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 5 MG/ML</td>
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<td>QL</td>
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<td>MORPHINE INTRAMUSCULAR PEN INJECTOR</td>
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<td>morphine intravenous pt controlled analgesia syring</td>
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<tr>
<td>morphine intravenous solution 10 mg/ml, 25 mg/ml</td>
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<tr>
<td>morphine intravenous solution 100 mg/4 ml, 250 mg/10 ml, 50 mg/ml</td>
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<td>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML</td>
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<td>MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</td>
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<td>QL</td>
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<tr>
<td>morphine oral capsule, er multiphase 24 hr</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
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<tr>
<td>morphine oral capsule,extend.release pellets</td>
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<td>PA: QL</td>
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<tr>
<td>morphine oral solution</td>
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<tr>
<td>morphine oral tablet</td>
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<tr>
<td>morphine oral tablet extended release</td>
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<td>morphine rectal suppository</td>
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<tr>
<td>MS CONTIN ORAL TABLET EXTENDED RELEASE</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>nalbuphine injection solution</td>
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<td>NALOCET ORAL TABLET</td>
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<tr>
<td>naratriptan oral tablet</td>
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<td>NORCO ORAL TABLET</td>
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<td>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR</td>
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<td>OXAYDO ORAL TABLET, ORAL ONLY</td>
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<td>oxycodeine oral concentrate</td>
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<td>oxycodeine oral solution</td>
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<td>OXYCODONE ORAL SYRINGE</td>
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<tr>
<td>oxycodeine oral tablet</td>
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<td>OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR</td>
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<tr>
<td>oxycodeine-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>oxycodeine-aspirin oral tablet</td>
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<td>oxymorphone oral tablet</td>
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<td>oxymorphine oral tablet extended release 12 hr</td>
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<td>pentazocine-naloxone oral tablet</td>
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<td>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</td>
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<td>phrenilin forte(with caffeine) oral capsule</td>
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<td>PRIALT INTRATHECAL SOLUTION</td>
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<thead>
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<td>RIMSO-50 INTRAVESICAL SOLUTION</td>
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<td>ROXICODONE ORAL TABLET</td>
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<td>ROXYBOND ORAL TABLET, ORAL ONLY</td>
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<td>SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL</td>
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<td>sumatriptan succinate subcutaneous cartridge</td>
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<td>sumatriptan succinate subcutaneous pen injector</td>
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<tr>
<td>TRAMADOL oral tablet extended release 24 hr</td>
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<td>ST; QL</td>
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<td>ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12 HR</td>
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<td>PA; QL</td>
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<td>zolmitriptan oral tablet, disintegrating</td>
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<td>ZOMIG NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>ZOMIG ORAL TABLET</td>
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<td>AMIDATE INTRAVENOUS SYRINGE</td>
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<td>ANESTHESIA S/I-40 (PROPOFOL) INTRAVENOUS KIT</td>
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<td>ANESTHESIA S/I-40A (PROPOFOL) INTRAVENOUS KIT</td>
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<td>ANESTHESIA S/I-40H (PROPOFOL) INTRAVENOUS KIT</td>
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<td>ANESTHESIA S/I-40S (PROPOFOL) INTRAVENOUS KIT</td>
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<td>APRIZIO PAK TOPICAL KIT</td>
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<td>ARTICADENT DENTAL INJECTION CARTRIDGE</td>
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<tr>
<td>ASTERO TOPICAL GEL WITH PUMP</td>
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<td>BREVITAL INJECTION RECON SOLN 2.5 GRAM, 500 MG</td>
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<tr>
<td>BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (10 ML), 0.9 % (3 ML), 0.9 % (5 ML), 1.8 % (3 ML), 1.8 % (5 ML)</td>
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<tr>
<td>bupivacaine (pf) injection solution</td>
<td>1 or 1b*</td>
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<th>Drug Name</th>
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<th>Notes</th>
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<tbody>
<tr>
<td>BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP, FIXED RATE 0.25 % 2 ML/HR 120 ML, 0.5 % 2 ML/HOUR 270 ML, 0.5 % 2 ML/HR 100 ML, 0.5 % 2 ML/HR 125 ML, 0.5 % 4 ML/HOUR 450 ML, 0.5 % 4 ML/HR 270 ML, 0.5 % 4 ML/HR 300 ML, 0.5 % 4 ML/HR 400 ML, 0.5 % 4 ML/HR 500 ML, 0.5 % 4 ML/HR 540 ML, 0.5 % 5 ML/HOUR 300 ML, 0.5 % 5 ML/HOUR 270 ML</td>
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<td>BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP, HI VAR RATE</td>
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<td>BUPIVACAINE IN NAACL(PF) EPIDURAL PREFILLED PUMP RESERVOIR</td>
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<tr>
<td>BUPIVACAINE IN NAACL(PF) EPIDURAL SOLUTION 0.0625 % (625 MCG/ML), 0.1 % (1,000 MCG/ML), 0.125 % (1,250 MCG/ML), 0.2 % (2,000 MCG/ML), 0.25 %</td>
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<td>BUPIVACAINE IN NAACL(PF) EPIDURAL SYRINGE</td>
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<td>BUPIVACAINE IN NAACL(PF) INJECTION PREFILLED PUMP RESERVOIR</td>
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<td>BUPIVACAINE IN NAACL(PF) INJECTION SOLUTION</td>
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<td>BUPIVACAINE IN NAACL(PF) INJECTION SYRINGE</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP, FIXED RATE 0.25 % 2 ML/HR 100 ML, 0.25 % 4 ML/HR 270 ML, 0.25 % 4 ML/HR 300 ML, 0.25 % 4 ML/HR 400 ML, 0.25 % 4 ML/HR 500 ML, 0.25 % 5 ML/HR 270 ML, 0.25 % 5 ML/HR 300 ML</td>
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<tr>
<td>BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP, HI VAR RATE 0.125 % 400 ML, 0.125 % 550 ML, 0.125 % 600 ML, 0.125 % 750 ML, 0.25 % 500 ML</td>
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<tr>
<td>BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE</td>
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<tr>
<td>BUPIVACAINE-EPINEPHRINE (PF) INJECTION SOLUTION</td>
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<td>CARBOCAINE (PF) INJECTION SOLUTION</td>
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<td>CARBOCAINE INJECTION SOLUTION</td>
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<td>chlorprocaine (pf) injection solution</td>
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<td>CITANEST FORTE DENTAL INJECTION CARTRIDGE</td>
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<td>CITANEST PLAIN DENTAL INJECTION CARTRIDGE</td>
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<td>CLOROTEKAL INTRATHECAL SOLUTION</td>
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<tr>
<td>desflurane inhalation liquid</td>
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<td>DIPRIVAN INTRAVENOUS EMULSION</td>
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<td>DOLOTRANZ TOPICAL KIT, CREAM AND GEL</td>
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<td>ETHYL CHLORIDE TOPICAL AEROSOL, SPRAY</td>
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<td>etomidate intravenous solution</td>
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<td>EXPAREL (PF) LOCAL INFILTRATION SUSPENSION</td>
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<tr>
<td>glydo mucous membrane jelly in applicator</td>
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<tr>
<td>isoflurane inhalation liquid</td>
<td>1 or 1b*</td>
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<tr>
<td>KAMDOY TOPICAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>KETALAR INJECTION SOLUTION</td>
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<tr>
<td>KETAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 10 MG/ML, 100 MG/10 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 50 MG/5 ML (10 MG/ML)</td>
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<tr>
<td>KETAMINE IN NACL, ISO-OSMOTIC INJECTION SYRINGE</td>
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<td>KETAMINE IN STERILE WATER INJECTION SYRINGE</td>
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<td>ketamine injection solution</td>
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<td>KETAMINE INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 50 MG/ML (1 ML)</td>
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<td>L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL</td>
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<td>L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION</td>
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<td>LIDO PLUS TOPICAL GEL WITH PUMP</td>
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<td>LIDOCAINE (PF) IN D7.5W INTRATHECAL SOLUTION</td>
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<tr>
<td>LIDOCAINE (PF) EPIDURAL SYRINGE</td>
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<th>Drug Name</th>
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<tr>
<td><strong>lidocaine (pf) injection solution</strong></td>
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<td>LIDOCAINE (PF) INJECTION SYRINGE</td>
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<td>100 MG/5 ML (2 %), 200 MG/10 ML (2 %),</td>
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<td>200 MG/20 ML (1 %), 40 MG/2 ML (2 %),</td>
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<tr>
<td>400 MG/20 ML (2 %), 50 MG/5 ML (1 %)</td>
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<td>LIDOCAINE HCL IN 0.9 % NA CL INJECTION</td>
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<td>SYRINGE</td>
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<td>lidocaine hcl injection solution</td>
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<tr>
<td>LIDOCAINE HCL INJECTION SYRINGE 10 MG/ML</td>
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<tr>
<td>(1 %), 100 MG/10 ML (1 %), 100 MG/5 ML</td>
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<td>(2 %), 30 MG/3 ML (1 %), 50 MG/5 ML (1 %)</td>
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<td>LIDOCAINE HCL INTRADERMAL PEN INJECTOR</td>
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<td>lidocaine hcl laryngotracheal solution</td>
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<tr>
<td>lidocaine hcl mucous membrane jelly</td>
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<td>1 or 1b*</td>
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<tr>
<td>lidocaine hcl mucous membrane jelly in</td>
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<tr>
<td>applicator</td>
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<td>1 or 1b*</td>
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<tr>
<td>lidocaine hcl mucous membrane solution</td>
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<tr>
<td>4 % (40 mg/ml)</td>
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<td>LIDOCAINE HCL(PF) IN 0.9 % NA CL INJECTION SYRINGE</td>
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<td>lidocaine topical adhesive patch,medicated</td>
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<td>lidocaine topical ointment</td>
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<td>lidocaine viscous mucous membrane solution</td>
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<td><strong>LIDOCAINE-EPINEPHRINE BIT INJECTION</strong></td>
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<td><strong>CARTRIDGE</strong></td>
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<td>lidocaine-epinephrine injection solution</td>
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<td>lidocaine-prilocaine topical cream</td>
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<td>lidocaine-prilocaine topical kit</td>
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<td>1 or 1b*</td>
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<th>Drug Name</th>
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<tr>
<td><strong>LIDOCAINE-RACEPINEP-TETRACAINE TOPICAL</strong></td>
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<td>SOLUTION</td>
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<td><strong>LIDOCAINE-TETRACAINE TOPICAL CREAM</strong></td>
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<td><strong>LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED</strong></td>
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<td><strong>LIDOTREX (WITH VITAMIN E) TOPICAL GEL</strong></td>
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<td><strong>LIDOTREX TOPICAL GEL</strong></td>
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<td><strong>LIDOTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR</strong></td>
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<td>MARCAINE (PF) INJECTION SOLUTION</td>
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<td><strong>MARCAINE INJECTION SOLUTION</strong></td>
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<td><strong>MARCAINE SPINAL (PF) INJECTION SOLUTION</strong></td>
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<td><strong>MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION</strong></td>
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<td><strong>MARCAINE-EPINEPHRINE INJECTION SOLUTION</strong></td>
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<td>MEPIVACAINE (PF) INJECTION CARTRIDGE</td>
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<td>METHOHEXITAL IN WATER (PF) INTRAVENOUS SYRINGE</td>
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<td><strong>MIDAZOLAM (PF) IN 0.9 % NA CL INTRAVENOUS SOLUTION</strong></td>
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<td>midazolam (pf) injection solution</td>
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<tr>
<td>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</td>
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<tr>
<td>MIDAZOLAM (PF) INJECTION SYRINGE 5 MG/ML</td>
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<tr>
<td>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML</td>
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<td>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)</td>
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<td>MIDAZOLAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION</td>
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<td>NESACAINE INJECTION SOLUTION</td>
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<td>NESACAINE-MPF INJECTION SOLUTION</td>
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<td>PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY</td>
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<td>PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY</td>
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<td>phenazopyridine oral tablet</td>
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<td>PLIAGLIS TOPICAL CREAM</td>
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<td>polocaine injection solution 1 % (10 mg/ml)</td>
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<td>POLOCAINE INJECTION SOLUTION 2 %</td>
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<td>PONTOCAINA TOPICAL SOLUTION</td>
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<td>PRILOVIX PLUS TOPICAL KIT</td>
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<td>propofol intravenous emulsion</td>
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<td>PROPOFOL INTRAVENOUS SYRINGE 100 MG/10 ML (10 MG/ML), 200 MG/20 ML (10 MG/ML)</td>
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<td>REGENECARE TOPICAL GEL</td>
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<td>REGENECARE WITH ALOE TOPICAL GEL</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL PREFILLED PUMP RESERVOIR</td>
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<tr>
<td>ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SOLUTION 0.1 %, 0.15 %, 0.2 %, 0.25 %, 0.5 %</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SYRINGE 20 MG/10 ML (2 MG/ML) 0.2 %, 50 MG/10 ML (5 MG/ML) 0.5 %</td>
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<tr>
<td>ROPIVACAINE (PF) IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.1 % (1 MG/ML), 0.2 % (2 MG/ML)</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL INJECTION SYRINGE</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMER PUMP, LOW VAR RATE, PCA</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP, FIXED RATE</td>
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<td>ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP, HIGH VAR RATE 0.1 % 400 ML, 0.2 % 400 ML, 0.2 % 545 ML, 0.2 % 550 ML, 0.2 % 600 ML, 0.2 % 700 ML</td>
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<tr>
<td>ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP, LO VAR RATE 0.1 % 600 ML, 0.2 % 600 ML, 0.2 750 ML</td>
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<td>ropivacaine (pf) injection solution 1 or 1b*</td>
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<td>ROPIVACAINE (PF) INJECTION SYRINGE</td>
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<td>ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP, HI VAR RATE, PCA 0.2 % 550 ML</td>
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<td>ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP, FIXED RATE</td>
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<td>ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP, HI VAR RATE</td>
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<td>ROPIVACAINE (PF) - NAACL, ISO-OSM INJECTION SOLUTION</td>
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<td>ROPIVACAINE-EPILEPHRINE-KETOROL PERIARTICULAR SYRINGE</td>
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<td>SENSORCAINE INJECTION SOLUTION 0.25 % (2.5 MG/ML)</td>
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<td>sensorcaine injection solution 0.5 % (5 mg/ml) 1 or 1b*</td>
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<td>sensorcaine/epinephrine injection solution 1 or 1b*</td>
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<td>SENSORCAINE-MPF INJECTION SOLUTION</td>
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<td>SENSORCAINE-MPF SPINAL INJECTION SOLUTION</td>
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<td>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</td>
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<td>sevoflurane inhalation liquid 1 or 1b*</td>
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<td>SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY</td>
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<td>SUPRANE INHALATION LIQUID</td>
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<tr>
<td>SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING</td>
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<tr>
<td>terrell inhalation liquid</td>
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<td>ULTANE INHALATION LIQUID</td>
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<tr>
<td>xylocaine dental-epinephrine injection cartridge</td>
<td>1 or 1b*</td>
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<td>XYLOCAINE INJECTION SOLUTION</td>
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<tr>
<td>XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION</td>
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<td>XYLOCAINE-MPF INJECTION SOLUTION</td>
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<td>XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</td>
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<td>ZINGO INTRADERMAL PEN INJECTOR</td>
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<tr>
<td>ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED</td>
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<td>cromolyn oral concentrate</td>
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<td>GASTROCRON ORAL CONCENTRATE</td>
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<td>ANTIALERGY</td>
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<tr>
<td>allopurinol oral tablet</td>
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<tr>
<td>allopurinol sodium intravenous recon soln</td>
<td>1 or 1b*</td>
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<tr>
<td>ALOPRIM INTRAVENOUS RECON SOLN</td>
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<td>ANAPROX DS ORAL TABLET</td>
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<td>ARAVA ORAL TABLET</td>
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<tr>
<td>ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BI PHASIC</td>
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<td>ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BI PHASIC</td>
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)</td>
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<td>CELEBREX ORAL CAPSULE</td>
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<tr>
<td>celecoxib oral capsule</td>
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<tr>
<td>COLCHICINE ORAL CAPSULE</td>
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<td>ST; QL</td>
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<td>COLCrys ORAL TABLET</td>
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<td>QL</td>
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<tr>
<td>CUPRIMINE ORAL CAPSULE</td>
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<td>PA; QL</td>
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<td>DAYPRO ORAL TABLET</td>
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<tr>
<td>DEPEN TITRATABS ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
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<tr>
<td>diclofenac sodium oral tablet extended release 24 hr</td>
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<tr>
<td>diclofenac sodium oral tablet, delayed release (dr/ec)</td>
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<tr>
<td>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</td>
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<td>DISALCID ORAL TABLET</td>
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<tr>
<td>D-PENAMINE ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>DUEXIS ORAL TABLET</td>
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<td>ST; QL</td>
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<tr>
<td>DUROLANE INTRA-ARTICULAR SYRINGE</td>
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<td>PA; QL; SP</td>
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<tr>
<td>EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)</td>
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<tr>
<td>EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC)</td>
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<td>ELITEK INTRAVENOUS RECON SOLN</td>
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<td>QL; SP</td>
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<td>etodolac oral capsule</td>
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<tr>
<td>etodolac oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>etodolac oral tablet extended release 24 hr</td>
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<td>EUFLEXXA INTRA-ARTICULAR SYRINGE</td>
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<td>FELDENE ORAL CAPSULE</td>
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<td>FENOPROFEN ORAL CAPSULE</td>
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<th>Drug Name</th>
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<tr>
<td>NALFON ORAL CAPSULE 400 MG</td>
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<td>NALFON ORAL TABLET</td>
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<td>ST; QL</td>
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<tr>
<td>NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG</td>
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<td>NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG</td>
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<td>NAPROSYN ORAL SUSPENSION</td>
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<td>NAPROSYN ORAL TABLET 500 MG</td>
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<tr>
<td>naproxen oral suspension</td>
<td>1 or 1b*</td>
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<tr>
<td>naproxen oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>naproxen oral tablet, delayed release (dr/ec)</td>
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<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>naproxen sodium oral tablet, er multiphase 24 hr</td>
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<tr>
<td>OLEMIANT ORAL TABLET</td>
<td>4</td>
<td>PA; QL; SP</td>
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<tr>
<td>ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN</td>
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<td>PA; QL; SP</td>
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<tr>
<td>ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>PA; QL; SP</td>
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<tr>
<td>ORENCIA SUBCUTANEOUS SYRINGE</td>
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<td>PA; QL; SP</td>
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<tr>
<td>ORTHOVISC INTRA-ARTICULAR SYRINGE</td>
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<td>PA; QL; SP</td>
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<tr>
<td>OTEZLA ORAL TABLET</td>
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<td>PA; QL; SP</td>
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<tr>
<td>OTEZLA STARTER ORAL TABLETS, DOSE PACK</td>
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<td>PA; QL; SP</td>
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<td>OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML</td>
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<td>PA; QL; SP</td>
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<tr>
<td>oxaprozin oral tablet</td>
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<tr>
<td>penicillamine oral capsule</td>
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<td>PA; QL</td>
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<th>Drug Name</th>
<th>Tier</th>
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<td>ZYLOPRIM ORAL TABLET</td>
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<td><strong>ANTIASTHMATICS</strong></td>
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<td>ACColate ORAL TABLET</td>
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<tr>
<td>acetylcysteine solution</td>
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<td>ADVair DISKUS INHALATION BLISTER WITH DEVICE</td>
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<td>ADVair HFA INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>AERospan INHALATION HFA AEROSOL INHALER</td>
<td>3 ST; QL</td>
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<tr>
<td>AIRduo RESPIClick INHALATION AEROSOL POWDR BREATH ACTIVATED</td>
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<tr>
<td>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>albuterol sulfate inhalation solution for nebulization</td>
<td>1 or 1b*</td>
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<tr>
<td>albuterol sulfate oral syrup</td>
<td>1 or 1b*</td>
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<tr>
<td>albuterol sulfate oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>albuterol sulfate oral tablet extended release 12 hr</td>
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<td>ALVESCO INHALATION HFA AEROSOL INHALER</td>
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<td>aminophylline intravenous solution 250 mg/10 ml</td>
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<td>AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML</td>
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<tr>
<td>ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE</td>
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<tr>
<td>ARMONAIR RESPIClick INHALATION AEROSOL POWDR BREATH ACTIVATED</td>
<td>3 ST; QL</td>
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<tr>
<td>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE</td>
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<tr>
<td>ASMANEX HFA INHALATION AEROSOL INHALER</td>
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<tr>
<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)</td>
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<td>ATMROVENT HFA INHALATION AEROSOL INHALER</td>
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<td>BEVESPI AEROSPHERE INHALATION AEROSOL INHALER</td>
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<td>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</td>
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<td>BROVANA INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>budesonide inhalation suspension for nebulization</td>
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<td>CINQAIR INTRAVENOUS SOLUTION</td>
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<tr>
<td>COMBIVENT RESPIMAT INHALATION MIST</td>
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<td>cromolyn inhalation solution for nebulization</td>
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<td>DALIRESP ORAL TABLET</td>
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<td>DULERA INHALATION HFA AEROSOL INHALER</td>
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<td>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML</td>
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<tr>
<td>FASENRA SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE</td>
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<tr>
<td>FLOVENT HFA INHALATION HFA AEROSOL INHALER</td>
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<td>FLUTICASONE PROPION-SALMETEROL INHALATION HFA</td>
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<td>PULMICORT FLEXHALER INHALATION HFA AEROSOL INH</td>
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<tr>
<td>ipratropium-albuterol inhalation solution for nebulization</td>
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<tr>
<td>levalbuterol hcl inhalation solution for nebulization</td>
<td>1 or 1b*</td>
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<tr>
<td>LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER</td>
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<td>LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>montelukast oral tablet</td>
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<tr>
<td>montelukast oral tablet , chewable</td>
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<tr>
<td>NUCALA SUBCUTANEOUS RECON SOLN</td>
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<td>PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>PROAIR HFA INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR</td>
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<td>theophylline in dextrose 5% intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml</td>
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<td>THEOPHYLLINE IN DEXTROSE 5% INTRAVENOUS PARENTERAL SOLUTION 400 MG/500 ML</td>
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<td>theophylline oral elixir</td>
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<td>theophylline oral solution</td>
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<td>theophylline oral tablet extended release 12 hr</td>
<td>1 or 1b*</td>
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<td>theophylline oral tablet extended release 24 hr</td>
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<td>TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED</td>
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<td>wixela inhbl inhalation blister with device</td>
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<td>XOLAIR SUBCUTANEOUS SYRINGE</td>
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<td>XOPENEX HFA INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION</td>
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<tr>
<td>AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</td>
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<td>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML</td>
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<td>AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG</td>
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<tr>
<td>AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR</td>
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<td>azithromycin intravenous recon soln</td>
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<td>cefadroxil oral tablet</td>
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<td>CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK</td>
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<tr>
<td>CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION</td>
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<td>CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE</td>
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<td>CEFTRIAXONE INJECTION RECON SOLN 500 MG</td>
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<td>ceftriaxone intravenous recon soln 1 or 1b*</td>
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<td>cefuroxime sodium injection recon soln 750 mg</td>
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<td>cefuroxime sodium intravenous recon soln</td>
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<td>CIPRO ORAL TABLET 250 MG, 500 MG</td>
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<td>CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR</td>
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<td>CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY</td>
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<td>clindamycin phosphate vaginal cream</td>
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<td>colistin (colistimethate na) injection recon soln</td>
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<td>COLY-MYCIN M PARENTERAL INJECTION RECON SOLN</td>
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<td>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</td>
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<td>gatifloxacin ophthalmic (eye) drops</td>
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<tr>
<td>gentak ophthalmic (eye) ointment</td>
<td>1 or 1a*</td>
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<tr>
<td>gentamicin in nacl (iso-osp) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</td>
<td>1 or 1b*</td>
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<tr>
<td>GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML, 70 MG/50 ML, 90 MG/100 ML</td>
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<tr>
<td>gentamicin injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>gentamicin ophthalmic (eye) drops</td>
<td>1 or 1a*</td>
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<tr>
<td>gentamicin sulfate (ped) (pf) injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</td>
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<td>GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML</td>
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<tr>
<td>gentamicin topical cream</td>
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<tr>
<td>gentamicin topical ointment</td>
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<td>GENTAMICIN-SODIUM CITRATE INTRACATHETER SOLUTION</td>
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<td>HIPREX ORAL TABLET</td>
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<tr>
<td>imipenem-cilastatin intravenous recon soln</td>
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<td>INVANZ INJECTION RECON SOLN</td>
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<tr>
<td>isoniazid injection solution</td>
<td>1 or 1a*</td>
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<td>isoniazid oral solution</td>
<td>1 or 1a*</td>
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<td>isoniazid oral tablet</td>
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<tr>
<td>KEFLEX ORAL CAPSULE</td>
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<td>KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>levofloxacin in d5w intravenous piggyback</td>
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<tr>
<td>levofloxacin intravenous solution</td>
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<td>levofloxacin ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>levofloxacin oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>levofloxacin oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
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<td>LINCOCIN INJECTION SOLUTION</td>
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<tr>
<td>lincomycin injection solution</td>
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<tr>
<td>linezolid in dextrose 5% intravenous piggyback</td>
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<tr>
<td>linezolid oral suspension for reconstitution</td>
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<td>PA; QL</td>
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<tr>
<td>linezolid oral tablet</td>
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<td>PA; QL</td>
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<tr>
<td>linezolid-0.9% sodium chloride intravenous parenteral solution</td>
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<td>MACROBID ORAL CAPSULE</td>
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<td>MACRODANTIN ORAL CAPSULE</td>
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<td>mafenide acetate topical packet</td>
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<td>MAXIPIME INJECTION RECON SOLN</td>
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<td>MAXIPIME INTRAVENOUS RECON SOLN</td>
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<td>MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION</td>
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<td>MAXITROL OPTHALMIC (EYE) OINTMENT</td>
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<td>meropenem intravenous recon soln</td>
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<td>MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK</td>
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<td>METRO I.V. INTRAVENOUS PIGGYBACK</td>
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<td>METROGEL VAGINAL VAGINAL GEL</td>
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<td>METRONIDAZOLE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK</td>
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<td>metronidazole oral capsule</td>
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<td>metronidazole oral tablet</td>
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<td>metronidazole vaginal gel</td>
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<td>MINOCIN INTRAVENOUS RECON SOLN</td>
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<td>MINOCIN ORAL CAPSULE 50 MG</td>
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<td>minocycline oral capsule</td>
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<td>minocycline oral tablet</td>
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<td>minocycline oral tablet extended release 24 hr</td>
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<tr>
<td>MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR</td>
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<td>morgidox oral capsule</td>
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<tr>
<td>MONODOX ORAL CAPSULE</td>
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<td>MONUROL ORAL PACKET</td>
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<td>morgidox oral capsule 100 mg</td>
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<td>MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR</td>
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<td>MOXEZA OPTHALMIC (EYE) DROPS, VISCOUS</td>
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<td>MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION</td>
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<th>Drug Name</th>
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<td>MOXIFLOXACIN IN NACL,ISO-O(PF) INTRAOCULAR SOLUTION</td>
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<td>MOXIFLOXACIN IN NACL,ISO-O(PF) INTRAOCULAR SYRINGE</td>
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<td>moxifloxacin ophthalmic (eye) drops</td>
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<td>moxifloxacin oral tablet</td>
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<td>MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK</td>
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<td>moxifloxacin-sod.chloride(iso) intravenous piggyback</td>
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<td>mupirocin calcium topical cream</td>
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<td>mupirocin topical ointment</td>
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<td>MYAMBUTOL ORAL TABLET 400 MG</td>
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<tr>
<td>MYCOBUTIN ORAL CAPSULE</td>
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<td>NAFCILLIN IN DEXTROSE ISO-OSM INTRAVENOUS PIGGYBACK</td>
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<td>nafcillin injection recon soln 1 gram, 2 gram</td>
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<td>NAFCILLIN INJECTION RECON SOLN 10 GRAM</td>
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<td>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</td>
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<td>neomycin-polyoxymyxin b-dexameth ophthalmic (eye) drops,suspension</td>
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<td>neomycin-polyoxymyxin-gramicidin ophthalmic (eye) drops</td>
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<tr>
<th>Drug Name</th>
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<td>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</td>
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<td>neomycin-polymyxin-hc otic (ear) drops,suspension</td>
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<td>neo-polycin hc ophthalmic (eye) ointment</td>
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<td>neo-polycin ophthalmic (eye) ointment</td>
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<td>NEO-SYNALAR TOPICAL CREAM</td>
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<td>nitrofurantoin macrocrystal oral capsule</td>
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<td>nitrofurantoin monohyd/m-cryst oral capsule</td>
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<td>nitrofurantoin oral suspension</td>
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<td>NUVESSA VAGINAL GEL</td>
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<td>NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET</td>
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<td>NUZYRA (7 DAY) ORAL TABLET</td>
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<td>NUZYRA INTRAVENOUS RECON SOLN</td>
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<td>NUZYRA ORAL TABLET</td>
<td>3 PA: QL</td>
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<tr>
<td>OCUFLOX OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>ofloxacin ophthalmic (eye) drops</td>
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<tr>
<td>ofloxacin oral tablet 300 mg</td>
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<td>ofloxacin oral tablet 400 mg</td>
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<td>ofloxacin otic (ear) drops</td>
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<td>okebo oral capsule 75 mg</td>
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<td>ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE</td>
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<td>ORBACTIV INTRAVENOUS RECON SOLN</td>
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<th>Drug Name</th>
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<td>OTIPRIO INTRATYMpanic Suspension</td>
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<td>OTOVEL OTIC (EAR) SOLUTION</td>
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<td>OXACILLIN IN DEXTROSE/ISO-OSM INTRAVEHous PIGGYBACK</td>
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<td>oxacillin injection recon soln 1 or 1b*</td>
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<td>oxacillin intravenous recon soln 1 or 1b*</td>
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<td>PASER ORAL GRANULES DR FOR SUSP IN PACKET</td>
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<td>PENICILLIN G POT IN DEXTROSE INTRaveous PIGGYBACK</td>
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<td>penicillin g potassium injection recon soln 1 or 1b*</td>
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<td>PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE</td>
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<td>penicillin v potassium oral recon soln 1 or 1b*</td>
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<td>pfizerpen-g injection recon soln 1 or 1b*</td>
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<td>PIPERACILLIN-TAZOBACTAM INTRAVEHous recon SOLN 13.5 GRAM</td>
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<td>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.735 gram, 4.5 gram, 40.5 gram</td>
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<td>polymixin ophthalmic (eye) ointment 1 or 1a*</td>
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<td>polymyxin b sulfate injection recon soln 1 or 1b*</td>
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<td>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 1 or 1a*</td>
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<td>POLYTRIM OPHTHALMIC (EYE) DROPS</td>
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<td>sss 10-5 topical cream</td>
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<tr>
<td>sss 10-5 topical foam</td>
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<td>STREPTOMYCIN INTRAMUSCULAR RECON SOLN</td>
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<td>sulfacetamide sodium ophthalmic (eye) ointment</td>
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<td>sulfacetamide sodium-sulfur topical cleanser 10-5% (w/w), 9-4.5%</td>
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<td>sulfacetamide sodium-sulfur topical cleanser 9-4%</td>
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<td>sulfacetamide sodium-sulfur topical cream 10-2%, 10-5% (w/w)</td>
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<td>SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 10-5%</td>
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<td>sulfact na-sul-avobnz-ots-ocsa topical combo pack, cleanser and cream</td>
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<td>SULFADIAZINE ORAL TABLET</td>
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<td>sulfamethoxazole-trimethoprim intravenous solution</td>
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<th>Drug Name</th>
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<td>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</td>
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<td>tobramycin ophthalmic (eye) drops</td>
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<td>tobramycin sulfate injection recon soln</td>
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<td>tobramycin sulfate injection solution</td>
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<td>ZYNOGARD-1% Sodium Chlor INTRAVENOUS SOLUTION</td>
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<td>**HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 1,000 UNIT/1000 ML (1 UNIT/ML), 10,000 UNIT/1,000 ML, 100 UNIT/100 ML (1 UNIT/ML), 2,000 UNIT/500 ML (4 UNIT/ML), 2,500 UNIT/500 ML (5 UNIT/ML), 25,000 UNIT/250 ML, 25,000 UNIT/500 ML (50 UNIT/ML), 250 UNIT/250 ML (1 UNIT/ML), 3,000 UNIT/500 ML (6 UNIT/ML), 30,000 UNIT/1,000 ML, 4,000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML), 500 UNIT/500 ML (1 UNIT/ML), 6,000 UNIT/1000 ML (6 UNIT/ML)</td>
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<td>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</td>
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<td>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</td>
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<td>heparin, porcine (pf) intravenous syringe</td>
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<td>naloxone injection syringe</td>
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<td>naltrexone oral tablet</td>
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<th>Drug Name</th>
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<td>atovaquone-proguanil oral tablet</td>
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<td>GAZYVA INTRAVENOUS SOLUTION</td>
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<td>IDAMYCIN PFS INTRAVENOUS SOLUTION</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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**ANTIPLATELET DRUGS**

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<td>clopidogrel oral tablet</td>
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<td>dipyridamole oral tablet</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>TRUVADA ORAL TABLET</td>
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<tr>
<td>valacyclovir oral tablet</td>
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<td>valganciclovir oral tablet</td>
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<td>VIEKIRA PAK ORAL TABLETS,DOSE PACK</td>
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<td>VIRAZOLE INHALATION RECON SOLN</td>
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**AUTONOMIC DRUGS**

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<td>amphetaamine sulfate oral tablet</td>
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<td>atracurium intravenous solution</td>
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<td>AUVI-Q INJECTION AUTO-INJECTOR</td>
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<td>bethanechol chloride oral tablet</td>
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<td>BLOXIVERZ INTRAVENOUS SOLUTION</td>
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<td>BOTOX COSMETIC INTRAMUSCULAR RECON SOLN</td>
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<td>BOTOX INJECTION RECON SOLN</td>
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<td>cisatracurium intravenous solution</td>
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<td>donepezil oral tablet</td>
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<td>donepezil oral tablet, disintegrating</td>
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<td>dopamine in 5 % dextrose intravenous solution</td>
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<td>dopamine intravenous solution</td>
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<td>EPINEPHRINE HCL (PF) INJECTION SOLUTION</td>
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<td>epinephrine injection solution 1 mg/ml</td>
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<td>epinephrine injection syringe 0.1 mg/ml</td>
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<td>ISUPREL INJECTION SOLUTION</td>
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<td>LEVOFEXETER BITARTRATE INTRAVENOUS SOLUTION</td>
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<td>MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE</td>
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<td>midodrine oral tablet</td>
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<td>norepinephrine bitartrate intravenous solution</td>
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<td>XYNTHA SOLOFUSE INTRAVENOUS SYRINGE</td>
<td>4 PA; QL; SP</td>
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**CARDIAC DRUGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ABLYSINOL INTRA-ARTERIAL SOLUTION</td>
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<tr>
<td>ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG</td>
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<tr>
<td>ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG, 90 MG</td>
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<tr>
<td>adenosine intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>adenosine intravenous syringe</td>
<td>1 or 1b*</td>
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<tr>
<td>afeditab cr oral tablet extended release 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>afeditab cr oral tablet extended release 60 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>AMIODARONE IN DEXTROSE 5 % INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 450 MG/250 ML (1.8 MG/ML), 750 MG/500 ML (1.5 MG/ML), 900 MG/500 ML (1.8 MG/ML)</td>
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<tr>
<td>amiodarone intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>amiodarone intravenous syringe</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>amiodarone oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>amiodarone 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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<th>Drug Name</th>
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<td>CALAN ORAL TABLET</td>
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<td>CALAN SR ORAL TABLET EXTENDED RELEASE</td>
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<td>CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK</td>
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<td>CARDENE IV INTRAVENOUS SOLUTION</td>
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<td>CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 240 MG, 300 MG, 360 MG</td>
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<tr>
<td>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG</td>
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<td>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG</td>
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<td>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</td>
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<td>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg</td>
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<tr>
<td>cartia xt oral capsule, extended release 24hr 240 mg, 300 mg</td>
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<td>CLEVIPREX INTRAVENOUS EMULSION</td>
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<td>CORLANOR ORAL TABLET</td>
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<td>CORVERT INTRAVENOUS SOLUTION</td>
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<td>digitek oral tablet</td>
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<th>Drug Name</th>
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<td>digox oral tablet</td>
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<td>digoxin injection solution</td>
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<td>digoxin injection syringe</td>
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<td>digoxin oral solution 50 mcg/ml</td>
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<td>DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE</td>
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<td>DILTIAZEM HCL IN 0.9% NAACL INTRAVENOUS SOLUTION</td>
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<td>DILTIAZEM HCL INTRAVENOUS RECON SOLN</td>
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<td>diltiazem hcl intravenous solution</td>
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<td>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg</td>
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<tr>
<td>diltiazem hcl oral capsule, ext.rel 24h degradable 240 mg</td>
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<tr>
<td>diltiazem hcl oral capsule, extended release 12 hr</td>
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<tr>
<td>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
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<tr>
<td>diltiazem hcl oral capsule, extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</td>
<td>1 or 1b*</td>
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<tr>
<td>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
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<td>diltiazem hcl oral capsule, extended release 24 hr 240 mg, 300 mg, 360 mg</td>
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<tr>
<td>diltiazem hcl oral tablet</td>
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<td>DO</td>
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<td>diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</td>
<td>1 or 1b*</td>
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<th>Drug Name</th>
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<td>DILTIAZEM IN DEXTROSE 5% INTRAVENOUS SOLUTION</td>
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<td>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg</td>
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<tr>
<td>dilt-xr oral capsule,ext.rel 24h degradable 240 mg</td>
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<tr>
<td>disopyramide phosphate oral capsule</td>
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<td>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</td>
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<td>dobutamine intravenous solution</td>
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<tr>
<td>dofetilide oral capsule</td>
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<tr>
<td>felodipine oral tablet extended release 24 hr 10 mg</td>
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<td>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</td>
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<td>flecaïnide oral tablet</td>
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<td>GONITRO SUBLINGUAL POWDER IN PACKET</td>
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<td>ibutilide fumarate intravenous solution</td>
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<td>ISOCHRON ORAL TABLET EXTENDED RELEASE</td>
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<td>ISORDIL ORAL TABLET</td>
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<td>ISORDIL TITRADOSE ORAL TABLET 5 MG</td>
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<td>isosorbide dinitrate oral tablet</td>
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<td>isosorbide dinitrate oral tablet extended release</td>
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<td>isosorbide mononitrate oral tablet</td>
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<td>isosorbide mononitrate oral tablet extended release 24 hr</td>
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<td>isradipine oral capsule</td>
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<td>LANOXIN INJECTION SOLUTION</td>
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<table>
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<th>Drug Name</th>
<th>Tier</th>
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<td>nifedipine oral capsule</td>
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<tr>
<td>nifedipine oral capsule extended release 24hr 30 mg</td>
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<tr>
<td>nifedipine oral capsule extended release 24hr 60 mg, 90 mg</td>
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<tr>
<td>nifedipine oral capsule extended release 30 mg</td>
<td>1 or 1b*</td>
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<td>nifedipine oral tablet extended release 60 mg, 90 mg</td>
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<tr>
<td>nimodipine oral capsule</td>
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<td>nisoldipine oral capsule extended release 24 hr 17 mg, 20 mg, 8.5 mg</td>
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<td>nisoldipine oral capsule extended release 24 hr 17 mg, 20 mg, 8.5 mg, 30 mg, 34 mg, 40 mg</td>
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<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</td>
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<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</td>
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<td>nitroglycerin in 5% dextrose intravenous solution</td>
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<td>NITROGLYCERIN INTRAVENOUS SOLUTION</td>
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<td>nitroglycerin oral capsule, extended release</td>
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<tr>
<td>nitroglycerin sublingual tablet</td>
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<td>nitroglycerin transdermal patch 24 hour</td>
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<td>nitroglycerin translingual spray non-aerosol</td>
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<td>NITROMIST TRANSLINGUAL AEROSOL SPRAY</td>
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<td>procainamidine injection solution</td>
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<td>PROCARDIA ORAL CAPSULE</td>
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<td>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG</td>
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<td>propafenone oral capsule, extended release 12 hr</td>
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<td>quinidine sulfate oral tablet</td>
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<td>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR</td>
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<td>ranolazine oral tablet extended release 12 hr</td>
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<td>RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR</td>
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<td>SULAR ORAL TABLET EXTENDED RELEASE 17 MG, 8.5 MG</td>
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<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG</td>
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<td>TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG</td>
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<td>TIKOSYN ORAL CAPSULE</td>
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<td>verapamil intravenous syringe</td>
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<tr>
<td>alprostadil injection solution</td>
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<td>ALTACE ORAL CAPSULE</td>
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<td>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG</td>
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<td>amlodipine-olmesartan oral tablet 5-20 mg</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 7/1/19
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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<td>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</td>
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<td>BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG</td>
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<td>CRESCORT ORAL TABLET 40 MG</td>
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<td>esmolol in nac (iso-osm) intravenous parenteral solution</td>
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<th>Drug Name</th>
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<td>ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</td>
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<th>Drug Name</th>
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<td>NIACOR ORAL TABLET</td>
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<td>NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>NIPRIDE RTU INTRAVENOUS SOLUTION</td>
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<td>NITROPRESS INTRAVENOUS SOLUTION</td>
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<tr>
<td>olmesartan oral tablet 40 mg, 5 mg</td>
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<tr>
<td>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg</td>
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<td>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg</td>
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<td>DO</td>
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<td>olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg</td>
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<td>OPSUMIT ORAL TABLET</td>
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<td>ORENITRAM ORAL TABLET EXTENDED RELEASE</td>
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<td>PA; QL; LD; SP</td>
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<tr>
<td>papaverine injection solution</td>
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<tr>
<td>perindopril erbumine oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 100 MG/250 ML (400 MCG/ML), 20 MG/250 ML (80 MCG/ML), 200 MG/250 ML (800 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML), 80 MG/250 ML (320 MCG/ML)</td>
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<td>PRALUENT PEN INJECTION SOLUTION</td>
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<td>PRAVACHOL ORAL TABLET 20 MG</td>
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<td>ST; DO; QL</td>
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<td>PRAVACHOL ORAL TABLET 40 MG, 80 MG</td>
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<td>ST; QL</td>
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<td>pravastatin oral tablet 40 mg, 80 mg</td>
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<td>prazosin oral capsule</td>
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<td>PRESTALIA ORAL TABLET 14-10 MG</td>
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<td>PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG</td>
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<td>Prevalite oral powder</td>
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<td>Prevalite oral powder in packet</td>
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<td>PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG</td>
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<td>Propranolol intravenous solution</td>
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<td>Propranolol oral capsule, extended release 24 hr</td>
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<td>Propranolol oral solution</td>
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<td>Propranolol oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>Propranolol-hydrochlorothiazid oral tablet</td>
<td>1 or 1b*</td>
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<td>Propranolol oral capsule</td>
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<td>QBRELIS ORAL SOLUTION</td>
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<td>Questran light oral powder</td>
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<td>Questran oral powder</td>
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<td>Questran oral powder in packet</td>
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<td>Quinapril oral tablet</td>
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<td>Ramipril oral capsule</td>
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<td>REMODULIN INJECTION SOLUTION</td>
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<td>Repatha Pushtronex subcutaneous wearable injector</td>
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<td>Repatha Sureclick subcutaneous pen injector</td>
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<td>Repatha Syringe subcutaneous syringe</td>
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<td>Revatio intravenous solution</td>
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<td>Revatio oral suspension for reconstitution</td>
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<td>TENORETIC 50 ORAL TABLET</td>
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<td>TENORMIN ORAL TABLET</td>
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<td>terazosin oral capsule</td>
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<td>timolol maleate oral tablet</td>
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<td>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>TRACLEER ORAL TABLET</td>
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<td>TRACLEER ORAL TABLET FOR SUSPENSION</td>
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<td>trandolapril oral tablet</td>
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<td>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</td>
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<td>treprostinil sodium injection solution</td>
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<td>VYTORIN 10-10 ORAL TABLET</td>
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<td>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG</td>
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<td>ZOCOR ORAL TABLET 80 MG</td>
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<td>AUSTEDO 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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Effective 7/1/19
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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>ethacrynate sodium intravenous recon soln</td>
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<td>FUROSEME IN 0.9 % NACL INTRAVENOUS PIGGYBACK</td>
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<td>indapamide oral tablet</td>
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<td>mannitol 25 % intravenous solution</td>
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<td>mannitol 5 % intravenous parenteral solution</td>
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<td>MAXZIDE-25MG ORAL TABLET</td>
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<td>MICROZIDE ORAL CAPSULE</td>
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<tr>
<td>OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>osmitrol 15 % intravenous parenteral solution</td>
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<td>osmitrol 20 % intravenous parenteral solution</td>
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<td>BSS PLUS INTRAOCULAR SOLUTION</td>
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<th>Drug Name</th>
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<th>Drug Name</th>
<th>Tier</th>
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<td>carteolol ophthalmic (eye) drops</td>
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<td>GOPRELTO NASAL SOLUTION</td>
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<td>HYPOCYN TOPICAL SPRAY, NON-AEROSOL</td>
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<td>ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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**Drug Name** | **Tier** | **Notes**
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levobunolol opthalmic (eye) drops 0.5 % | 1 or 1b* | |
LIDOCAN-PHENYLEPH-BSS NO.2(PF) INTRAOCULAR SYRINGE | 3 | |
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL | 2 | |
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION | 3 | |
LOTEMAX OPHTHALMIC (EYE) OINTMENT | 3 | |
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL | 3 | |
loteprednol etabonate opthalmic (eye) drops, suspension | 1 or 1b* | |
LUCENTIS INTRAVITREAL SOLUTION | 4 | PA; QL; SP |
LUCENTIS INTRAVITREAL SYRINGE | 4 | PA; QL; SP |
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 | |
MACUGEN INTRAVITREAL SYRINGE | 4 | PA; QL; LD; SP |
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION | 3 | |
MEMBRANEBLUE INTRAOCULAR SYRINGE | 3 | |
metipranolol opthalmic (eye) drops | 1 or 1b* | |
MIOCHOL-E INTRAOCULAR KIT | 3 | |
MIOSTAT INTRAOCULAR SOLUTION | 3 | |
MITOSOL OPHTHALMIC (EYE) KIT | 3 | |
mometasone nasal spray, non-aerosol | 3 | ST; QL |

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<td>PAREMYD OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>PATANASE NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>phenylephrine hcl ophthalmic (eye) drops</td>
<td>1 or 1b*</td>
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<tr>
<td>PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND VISCOS</td>
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<td>PHOTREXA VISCOS OPHTHALMIC (EYE) DROPS, VISCOS</td>
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<tr>
<td>pilocarpine hcl ophthalmic (eye) drops</td>
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<td>PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<td>PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<tr>
<td>PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<tr>
<td>prednisolone acetate ophthalmic (eye) drops, suspension</td>
<td>1 or 1b*</td>
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<td>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC (EYE) DROPS</td>
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<td>PROLENSA OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>proparacaine ophthalmic (eye) drops</td>
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<td>PROVISC INTRAOCULAR SYRINGE</td>
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<td>QNASL NASAL HFA AEROSOL INHALER</td>
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<tr>
<td>RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS</td>
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<td>PA; QL</td>
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<td>RESTASIS OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>PA; QL</td>
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<td>RETISERT INTRAOCULAR IMPLANT</td>
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<td>PA; QL; SP</td>
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<tr>
<td>RHOPRESSA OPHTHALMIC (EYE) DROPS</td>
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<td>ROCKLATAN OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION</td>
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<td>SINUVA SINUS IMPLANT</td>
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<tr>
<td>timolol maleate ophthalmic (eye) drops</td>
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<td>TETRACAIN HCL (PF) OPHTHALMIC (EYE) DROPS</td>
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<tr>
<td>TICASPRAY NASAL KIT, SPRAY SUSPENSION AND SPRAY</td>
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<th>Drug Name</th>
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<tr>
<td>timolol maleate ophthalmic (eye) drops, once daily</td>
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<tr>
<td>timolol maleate ophthalmic (eye) gel forming solution</td>
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<td>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>TIMOPTIC OPHTHALMIC (EYE) DROPS</td>
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<td>TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION</td>
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<td>TRAVATAN Z OPHTHALMIC (EYE) DROPS</td>
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<td>TRIESENCE (PF) INTRAOCULAR SUSPENSION</td>
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<td>tropicamide ophthalmic (eye) drops</td>
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<td>TRUSOPT OPHTHALMIC (EYE) DROPS</td>
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<td>TYZINE NASAL DROPS 0.1 %</td>
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<td>VISIONBLUE INTRAOCULAR SYRINGE</td>
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<td>VYZULTA OPHTHALMIC (EYE) DROPS</td>
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<td>XELPROS OPHTHALMIC (EYE) DROPS, EMULSION</td>
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<td>XIIDRA OPHTHALMIC (EYE) DROPPERETTE</td>
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<td>YUTIQ INTRAVITREAL IMPLANT</td>
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<td>AMINOSYN M 3.5% INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>AMINOSYN-PF 10% INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>AMINOSYN-PF 7% (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>AMINOSYN-RF 5.2% INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>ARGinine-Lysine IN 0.9% Nacl INTRAVENOUS SOLUTION</td>
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<tr>
<td>AURYXIA ORAL TABLET</td>
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<tr>
<td>bd posiflush normal saline 0.9 injection syringe</td>
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<tr>
<td>bd pre-filled normal saline injection syringe</td>
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<tr>
<td>bd pre-filled saline blunt can injection syringe</td>
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<tr>
<td>calcium acetate oral capsule</td>
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<tr>
<td>calcium acetate oral tablet 667 mg</td>
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<tr>
<td>calcium chloride intravenous solution</td>
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<tr>
<td>calcium chloride intravenous syringe</td>
<td>1 or 1b*</td>
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<td>CALCIum GLUC IN Nacl, iso-osm INTRAVENOUS SOLUTION</td>
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<tr>
<td>CALCIum GLUCONATE IN 0.9% Nacl INTRAVENOUS SYRINGE</td>
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<td>CALCIum GLUCONATE IN D5w INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 4 GRAM/250 ML</td>
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<tr>
<td>CALCIum GLUCONATE IN WATER INTRAVENOUS SYRINGE</td>
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<tr>
<td>calcium gluconate intravenous solution</td>
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<tr>
<td>chromium chloride intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>CITRANATAL BLOOM ORAL TABLET</td>
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<tr>
<td>CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX 5%/D25w SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX 4.25%/D10w SULF FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX 4.25%/D5w SULF FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX 4.25%-D25w SULF-FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX 5%-D20w(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</td>
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</table>

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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<th>Drug Name</th>
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<tr>
<td>CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>copper chloride intravenous solution</td>
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<tr>
<td>cysteine (l-cysteine) intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>d10 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d5 % and 0.9 % sodium chloride intravenous parenteral solution</td>
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<tr>
<td>d5 %-0.45 % sodium chloride intravenous parenteral solution</td>
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<td>DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
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<td>dentagel dental gel</td>
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<td>DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>dextrose 10 % in water (d10w) intravenous parenteral solution</td>
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<td><strong>DEXTROSE 20 % IN WATER (D20W) INTRAVENOUS PARENTERAL SOLUTION</strong></td>
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<td>dextrose 25 % in water (d25w) intravenous syringe</td>
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<td>dextrose 30 % in water (d30w) intravenous parenteral solution</td>
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<td><strong>DEXTROSE 40 % IN WATER (D40W) INTRAVENOUS PARENTERAL SOLUTION</strong></td>
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<tr>
<td>dextrose 5 % in ringer's intravenous parenteral solution</td>
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<td><strong>DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION</strong></td>
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<tr>
<td>dextrose 5 % in water (d5w) intravenous piggyback</td>
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<tr>
<td>dextrose 5 %-lactated ringer's intravenous parenteral solution</td>
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<tr>
<td>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</td>
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<td><strong>DEXTROSE 5%-0.3 % SOD.CHLORIDE INTRAVENOUS PARENTERAL SOLUTION</strong></td>
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<td>dextrose 50 % in water (d50w) intravenous parenteral solution</td>
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<td>dextrose 50 % in water (d50w) intravenous syringe</td>
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<td>dextrose 70 % in water (d70w) intravenous parenteral solution</td>
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<td><strong>DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION</strong></td>
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<td><strong>DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION</strong></td>
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<td><strong>DIANEAL PD-2/1.5 % DEXTROSE INTRAPERITONEAL SOLUTION</strong></td>
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<td><strong>DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION</strong></td>
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<td>effer-k oral tablet, effervescent 25 meq</td>
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<td><strong>FLUORIDEX DAILY DEFENSE DENTAL PASTE</strong></td>
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<td><strong>FOSRENOL ORAL POWDER IN PACKET</strong></td>
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<td><strong>FOSRENOL ORAL TABLET, CHEWABLE</strong></td>
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<td>FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>GLUCAGEN HYPOKIT INJECTION RECON SOLN</td>
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<td>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN</td>
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<td>GLYCOPHOS INTRAVENOUS SOLUTION</td>
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<td>HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>HYPERLYTE CR INTRAVENOUS SOLUTION</td>
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<td>INFED INJECTION SOLUTION</td>
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<td>IODOPEN INTRAVENOUS SOLUTION</td>
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<td>IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>KABIVEN INTRAVENOUS EMULSION</td>
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<tr>
<td>klor-con 10 oral tablet extended release</td>
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<tr>
<td>klor-con 8 oral tablet extended release</td>
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<tr>
<td>klor-con m10 oral tablet,er particles/crystals</td>
<td>1 or 1a*</td>
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<tr>
<td>klor-con m15 oral tablet,er particles/crystals</td>
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<tr>
<td>klor-con m20 oral tablet,er particles/crystals</td>
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<tr>
<td>klor-con oral packet</td>
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<tr>
<td>klor-con sprinkle oral capsule, extended release 8 meq</td>
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<tr>
<td>klor-con/ef oral tablet, effervescent</td>
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<td>K-TAB ORAL TABLET EXTENDED RELEASE</td>
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<td>lactated ringers intravenous parenteral solution</td>
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<td>lanthanum oral tablet, chewable</td>
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<td>LIQUIVIDA HYDRATION KIT INTRAVENOUS KIT</td>
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<td>LOKELMA ORAL POWDER IN PACKET</td>
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<tr>
<td>lugols oral solution</td>
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<tr>
<td>magnesium chloride injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>MAGNESIUM SULFATE IN 0.9 %NACL PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/150 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 6 GRAM/100 ML (60 MG/ML), 6 GRAM/150 ML (40 MG/ML), 6 GRAM/50 ML</td>
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<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS SOLUTION 20 GRAM/290 ML (69 MG/ML), 40 GRAM/1,000ML (40 MG/ML), 40 GRAM/500 ML (80 MG/ML)</td>
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<td>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML</td>
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<tr>
<td>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 10 GRAM/100 ML, 20 GRAM/1,000 ML, 20 GRAM/290 ML (69 MG/ML), 20 GRAM/500 ML, 40 GRAM/1,000 ML, 40 GRAM/500 ML, 50 GRAM/500 ML</td>
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<td>MAGNESIUM SULFATE IN LR INTRAVENOUS SOLUTION</td>
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<td>MAGNESIUM SULFATE IN WATER INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK</td>
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<tr>
<td>magnesium sulfate injection solution</td>
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<tr>
<td>magnesium sulfate injection syringe</td>
<td>1 or 1b*</td>
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<tr>
<td>manganese chloride intravenous solution</td>
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<td>manganese sulfate intravenous solution</td>
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<tr>
<td>monoject 0.9% sodium chloride injection syringe</td>
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<td>monoject prefill advanced ns injection syringe</td>
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<td>PHOSLYRA ORAL SOLUTION</td>
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<td>PHOXILLUM B22K HEMODIALYSIS SOLUTION</td>
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<td>PHOXILLUM BK HEMODIALYSIS SOLUTION</td>
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<td>PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>PLENAMEINE INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>Potassium acetate intravenous solution 2 meq/ml</td>
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<tr>
<td>Potassium chloride-d5-0.45%nacl intravenous parenteral solution</td>
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<td>POTASSIUM CHLORIDE IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/250 ML (80 MEQ/L)</td>
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<tr>
<td>Potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</td>
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<tr>
<td>POTASSIUM CHLORIDE IN 0.9% NACL INTRAVENOUS PARENTERAL PIGGYBACK</td>
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<tr>
<td>Potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</td>
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<tr>
<td>POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>POTASSIUM PHOS IN 0.9% NACL INTRAVENOUS PIGGYBACK</td>
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<tr>
<td>POTASSIUM PHOS IN 0.9% NACL INTRAVENOUS SOLUTION 10 MMOL/250 ML, 15 MMOL/250 ML, 30 MMOL/250 ML, 30 MMOL/500 ML</td>
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<td>PREMASOL 10% INTRAVENOUS PARENTERAL SOLUTION</td>
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<tr>
<td>PREMASOL 6% INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE</td>
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<td>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE</td>
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<td>PREVIDENT DENTAL GEL</td>
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<tr>
<td>PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L - MG 1.5 MEQ/L</td>
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<tr>
<td>PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) - MG (1.5 MEQ/L), K (2 MEQ/L) - CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)</td>
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<td>PRISMASOL BK HEMODIALYSIS SOLUTION</td>
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<td>PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>PROGLYCEM ORAL SUSPENSION</td>
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<td>PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML</td>
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<td>RENAGEL ORAL TABLET 800 MG</td>
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<td>ST; QL</td>
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<td>ringer's intravenous parenteral solution</td>
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<td>SACCHARIN POWDER</td>
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<tr>
<td>sevelamer carbonate oral tablet</td>
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<tr>
<td>sevelamer hcl oral tablet</td>
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<td>sf dental gel</td>
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<td>SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</td>
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<td>sodium acetate intravenous solution 4 meq/ml</td>
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<td>SODIUM BICARBONATE IN D5W INTRAVENOUS SOLUTION 150 MEQ/1,000 ML</td>
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<td>sodium bicarbonate intravenous solution</td>
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<tr>
<td>sodium chloride 0.45% intravenous parenteral solution</td>
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<tr>
<td>sodium chloride 0.45% intravenous piggyback</td>
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<tr>
<td>sodium chloride 0.9% (flush) injection syringe</td>
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<td>SODIUM CHLORIDE 0.9% (FLUSH) INJECTION SYRINGE, WITH SWAB CAP</td>
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<tr>
<td>sodium chloride 0.9% injection solution</td>
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<th>Drug Name</th>
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<td>sodium chloride 0.9 % intravenous parenteral</td>
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<td>solution</td>
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<td>sodium chloride 0.9 % intravenous piggyback</td>
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<td>sodium chloride 3 % intravenous parenteral</td>
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<tr>
<td>solution</td>
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<td>sodium chloride 5 % intravenous parenteral</td>
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<td>solution</td>
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<tr>
<td>sodium chloride injection syringe</td>
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<tr>
<td>sodium chloride intravenous parenteral solution</td>
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<tr>
<td>sodium ferric gluconate-sucrose intravenous</td>
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<td>solution</td>
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<td>SODIUM LACTATE INTRAVENOUS SOLUTION</td>
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<td>SODIUM PHOSPHATE IN 0.9 % NACl INTRAVENOUS</td>
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<tr>
<td>SOLUTION 15 MMOL/100 ML, 15 MMOL/250 ML, 30</td>
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<td>MMOL/250 ML, 40 MMOL/250 ML, 7.5 MMOL/100 ML</td>
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<td>SODIUM PHOSPHATE IN D5W INTRAVENOUS SOLUTION</td>
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<td>sodium phosphate intravenous solution</td>
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<td>sodium polystyrene sulfonate oral powder</td>
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<td>sodium polystyrene sulfonate oral suspension</td>
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<td>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</td>
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<td>SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50</td>
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<td>GRAM/200 ML</td>
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<td>sps (with sorbitol) oral suspension</td>
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<td>sps (with sorbitol) rectal enema</td>
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<td>SSKI ORAL SOLUTION</td>
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<td>SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP</td>
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<td>TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION</td>
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<td>ULTRABAG/DIANEAL PD-2/1.5% DEX</td>
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<td>INTRAPERITONEAL SOLUTION</td>
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<td>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</td>
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<td>VELTASSA ORAL POWDER IN PACKET</td>
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<td>VENOGER INTRAVENOUS SOLUTION</td>
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<td>zinc sulfate intravenous solution</td>
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<td>GASTROINTESTINAL</td>
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<td>ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC)</td>
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<td>ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE</td>
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<td>ANASPAZ ORAL TABLET, DISINTEGRATING</td>
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<td>ATROPINE INJECTION SOLUTION 0.4 MG/ML</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>diphenoxylate-atropine oral liquid</td>
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<td>FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE</td>
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<td>famotidine intravenous solution</td>
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<td>metoclopramide hcl oral tablet</td>
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<td>METOCLOPRAMIDE HCL ORAL TABLET,DISINTEGRATING 10 MG</td>
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<th>Drug Name</th>
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<td>phenergan rectal suppository</td>
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<tr>
<td>phenobarb-hyoscy-atropine-atropine oral elixir</td>
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</table>

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<tr>
<th>Drug Name</th>
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<td>Prochlorperazine rectal suppository</td>
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<td>Promethazine rectal suppository</td>
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<td>PROTONIX INTRAVENOUS RECON SOLN</td>
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<tr>
<td>PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET</td>
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<td>Ranitidine hcl injection solution</td>
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<td>Ranitidine hcl oral syrup</td>
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<td>Sodium benzoate-sod phenylacet intravenous solution</td>
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<td>Sodium phenylbutyrate oral powder</td>
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<td>Sucralfate oral tablet</td>
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* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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<td>trilyte with flavor packets oral recon soln</td>
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<td>ACTHAR H.P. INJECTION GEL</td>
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<tr>
<th>Drug Name</th>
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<td>DDAVP NASAL SOLUTION</td>
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<td>MENOPUR SUBCUTANEOUS RECON SOLN</td>
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<td>methergine oral tablet</td>
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<td>METHYLERGONOVINE INJECTION SOLUTION</td>
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<td>methylprednisolone acetate injection suspension</td>
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<td>mimvey oral tablet</td>
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<td>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</td>
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<td>NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT</td>
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<td>10 UNIT/1,000 ML, 10 UNIT/500 ML, 15 UNIT/250 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML, 40 UNIT/1,000 ML, 40 UNIT/500 ML</td>
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<td>PITOCIN INJECTION SOLUTION</td>
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<td>prednisolone sodium phosphate oral solution 10 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
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<td>prednisone oral tablet</td>
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<td>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram/actuation, 20.25 mg/1.25 gram (1.62 %)</td>
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<tr>
<td>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram/actuation, 20.25 mg/1.25 gram (1.62 %)</td>
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<td>TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/1.25 GRAM (1 %)</td>
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<td>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</td>
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<td>testosterone transdermal solution in metered pump w/app</td>
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<td>TRIAMCINOL AC (PF) IN 0.9% NACL INJECTION SUSPENSION</td>
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<td>TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION</td>
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<td>triamcinolone acetonide injection suspension</td>
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<td>TRIAMCINOLONE DIA(PF)-0.9% NACL INJECTION SUSPENSION</td>
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<td>mycophenolate mofetil oral capsule</td>
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<td>mycophenolate mofetil oral suspension for reconstitution</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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**PSYCHOTHERAPEUTIC DRUGS**

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<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<td>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</td>
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<td>doxepin oral concentrate</td>
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<td>droperidol injection solution</td>
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<th>Drug Name</th>
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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>SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)</td>
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<td>TOFRANIL ORAL TABLET</td>
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<td>trifluoperazine oral tablet</td>
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<tr>
<td>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</td>
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<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</td>
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<td>LORAZEPAM IN DEXTROSE 5% INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)</td>
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<td>acetic acid irrigation 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>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG</td>
<td>3</td>
<td>PA; QL</td>
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<tr>
<td>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</td>
<td>1 or 1b*</td>
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<tr>
<td>MEPSEVII INTRAVENOUS SOLUTION</td>
<td>4</td>
<td>PA; QL; LD; SP</td>
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<tr>
<td>mesna intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<tr>
<td>MESNEX INTRAVENOUS SOLUTION</td>
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<td>PA; QL</td>
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<tr>
<td>MESNEX ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>METHASTRON INTRAVENOUS SOLUTION</td>
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<tr>
<td>METHOCEL E 4 M POWDER</td>
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<tr>
<td>methylene blue (antidote) intravenous solution</td>
<td>1 or 1b*</td>
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<tr>
<td>MIFEPREX ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mifepristone oral tablet</td>
<td>1 or 1b*</td>
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<tr>
<td>miglustat oral capsule</td>
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<tr>
<td>MUGARD MUCOUS MEMBRANE SOLUTION</td>
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<tr>
<td>MURI-LUBE OIL</td>
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<tr>
<td>MUSE INTRAURETHRAL SUPPOSITORY</td>
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<td>PA; QL</td>
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<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<tr>
<td>NAGLAZYME INTRAVENOUS SOLUTION</td>
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<tr>
<td>nebulusal inhalation solution for nebulization 3 %</td>
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<tr>
<td>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %</td>
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<td>NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET</td>
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<tr>
<td>NEXAVIR INJECTION SOLUTION</td>
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<tr>
<td>NITHIODOTE INTRAVENOUS SOLUTION</td>
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<tr>
<td>NITYR ORAL TABLET</td>
<td>4</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>NUMOISYN MUCOUS MEMBRANE LIQUID</td>
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<tr>
<td>NUMOISYN MUCOUS MEMBRANE LOZENGE</td>
<td>3</td>
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<tr>
<td>NUSURGEPAK SURGICAL PREP TOPICAL KIT</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>ONPATTO INTRAVENOUS SOLUTION</td>
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<td>PA; QL</td>
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<tr>
<td>oralone dental paste</td>
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<tr>
<td>ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH</td>
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<tr>
<td>ORFADIN ORAL CAPSULE</td>
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<td>PA; QL; LD</td>
</tr>
<tr>
<td>ORFADIN ORAL SUSPENSION</td>
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<tr>
<td>ORKAMBI ORAL GRANULES IN PACKET</td>
<td>4</td>
<td>PA; QL; SP</td>
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<tr>
<td>ORKAMBI ORAL TABLET</td>
<td>4</td>
<td>PA; QL; LD; SP</td>
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<tr>
<td>OSPHERA ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>oxybutynin chloride oral syrup</td>
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</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
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<tr>
<td>oxybutynin chloride oral tablet extended release 24hr</td>
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<tr>
<td>OXYTROL TRANSDERMAL PATCH SEMIWEEKLY</td>
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<td>ST; QL</td>
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<tr>
<td>pamidronate intravenous recon soln</td>
<td>4</td>
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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>pamidronate intravenous solution</td>
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<td>SP</td>
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<tr>
<td>PANHEMATIN INTRAVENOUS RECON SOLN 350 MG</td>
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<tr>
<td>PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION</td>
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<tr>
<td>PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION</td>
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<tr>
<td>PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION</td>
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<tr>
<td>paricalcitol intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<tr>
<td>paricalcitol oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<tr>
<td>paroex oral rinse mucous membrane mouthwash</td>
<td>1 or 1a*</td>
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<tr>
<td>paroxetine mesylate(menop.sym) oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>PARSABIV INTRAVENOUS SOLUTION</td>
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<tr>
<td>PENTETATE CALCIUM TRISODIUM INTRAVENOUS SOLUTION</td>
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<tr>
<td>PENTETATE ZINC TRISODIUM INTRAVENOUS SOLUTION</td>
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<tr>
<td>PERIDEX MUCOUS MEMBRANE MOUTHWASH</td>
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<tr>
<td>periogard mucous membrane mouthwash</td>
<td>1 or 1a*</td>
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<tr>
<td>PH 12 DILUENT FOR FLOLAN INTRAVENOUS SOLUTION</td>
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<td>LD</td>
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<td>PRALIDOXIME INTRAMUSCULAR PEN INJECTOR</td>
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<tr>
<td>PROBUPHINE SUBDERMAL IMPLANT</td>
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<td>PA; QL</td>
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<tr>
<td>PROCYSBI ORAL CAPSULE, DELAYED REL SPINKLE</td>
<td>4</td>
<td>ST; QL; LD; SP</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>RUCONEST INTRAVENOUS RECON SOLN</td>
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<td>SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET</td>
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<tr>
<td>SAVELLA ORAL TABLET</td>
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<tr>
<td>SAVELLA ORAL TABLETS, DOSE PACK</td>
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<tr>
<td>SCLEROSOL INTRAPLEURAL AEROSOL POWDER</td>
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<tr>
<td>SENSIPAR ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>sildenafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>silodosin oral capsule</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chlor 0.9% bacteriostat injection solution</td>
<td>1 or 1b*</td>
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<tr>
<td>sodium chloride inhalation solution for nebulization</td>
<td>1 or 1b*</td>
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<td>SODIUM NITRITE INTRAVENOUS SOLUTION</td>
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<td>SODIUM SUCCINATE POWDER</td>
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<tr>
<td>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</td>
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<tr>
<td>solifenacin oral tablet</td>
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<tr>
<td>SOMAVERST SUBCUTANEOUS RECON SOLN 10 MG</td>
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<td>SOMAVERST SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG</td>
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<td>PA; QL; LD; SP</td>
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<td>SORBITOL SOLUTION 70%</td>
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<tr>
<td>STAXYN ORAL TABLET, DISINTEGRATING</td>
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<td>PA; QL</td>
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<tr>
<td>STENDRA ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>STERILE TALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION</td>
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<tr>
<td>sterile water for injection injection solution</td>
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</table>

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<th>Drug Name</th>
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<tr>
<td>TYBOST ORAL TABLET</td>
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<tr>
<td>TYSABRI INTRAVENOUS SOLUTION</td>
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<td>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR</td>
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</tr>
<tr>
<td>vardenafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>vardenafil oral tablet, disintegrating</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
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<tr>
<td>VESICARE ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
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<tr>
<td>VIAGRA ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>VIMIZIM INTRAVENOUS SOLUTION</td>
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<td>PA; QL; LD; SP</td>
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<td>VISTOGARD ORAL GRANULES IN PACKET</td>
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<td>PA; QL; LD</td>
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<td>VISUDYNE INTRAVENOUS RECON SOLN</td>
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<td>SP</td>
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<td>VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON</td>
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<tr>
<td>VORAXAZE INTRAVENOUS RECON SOLN</td>
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<tr>
<td>VPRIV INTRAVENOUS RECON SOLN</td>
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<td>PA; QL; SP</td>
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<tr>
<td>VYNDAGEL ORAL CAPSULE</td>
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<tr>
<td>water for inject, bacteriostat injection solution</td>
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<tr>
<td>water for inject, sterile injection solution</td>
<td>1 or 1b*</td>
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</tr>
<tr>
<td>water for injection, sterile intravenous parenteral solution</td>
<td>1 or 1b*</td>
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<td>XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL, SPRAY</td>
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<tr>
<td>XGEVA SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>XIAFLEX INJECTION RECON SOLN</td>
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<tr>
<td>XOFIGO INTRAVENOUS SOLUTION</td>
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<td>PA; QL</td>
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<td>YELLOW JACKET VENOM INJECTION RECON SOLN</td>
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<td>ZAVESCA ORAL CAPSULE</td>
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<td>ZEMAIRA INTRAVENOUS RECON SOLN</td>
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<td>ZEMPLAR INTRAVENOUS SOLUTION</td>
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<td>PA; QL</td>
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<tr>
<td>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</td>
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<td>PA; QL</td>
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<tr>
<td>ZINECARD (AS HCL) INTRAVENOUS RECON SOLN</td>
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<td>SP</td>
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<tr>
<td>zoledronic acid intravenous recon soln</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
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<tr>
<td>zoledronic acid intravenous solution</td>
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<tr>
<td>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</td>
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<tr>
<td>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</td>
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<td>ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK</td>
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<td>ZUBSOLV SUBLINGUAL TABLET</td>
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<td>AQUASOL A INTRAMUSCULAR SOLUTION</td>
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<td>ASCOR INTRAVENOUS SOLUTION</td>
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<tr>
<td>ascorbic acid (vitamin c) injection solution</td>
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<tr>
<td>calcitriol intravenous solution 1 mcg/ml</td>
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<tr>
<td>calcitriol oral capsule</td>
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<tr>
<td>calcitriol oral solution</td>
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<td>PA; QL</td>
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<tr>
<td>cyanocobalamin (vitamin b-12) injection solution</td>
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<td>DRISDOL ORAL CAPSULE</td>
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<tr>
<td>ergocalciferol (vitamin d2) oral capsule 50,000 unit</td>
<td>1 or 1a*</td>
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</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Tier</th>
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<tr>
<td>folic acid injection solution</td>
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<tr>
<td>folic acid oral tablet 1 mg</td>
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<tr>
<td>hydroxocobalamin intramuscular solution</td>
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<td>INFUVITE ADULT INTRAVENOUS SOLUTION</td>
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<tr>
<td>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</td>
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<tr>
<td>M.V.I. ADULT INTRAVENOUS SOLUTION</td>
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<td>M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN</td>
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<tr>
<td>M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION</td>
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<td>MEPHYTON ORAL TABLET</td>
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<tr>
<td>NASCOBAL NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>niacin oral tablet 500 mg</td>
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<td>PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE</td>
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<tr>
<td>phytonadione (vitamin k1) oral tablet 5 mg</td>
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<tr>
<td>pyridoxine (vitamin b6) injection solution</td>
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<td>ROCALTROL ORAL CAPSULE</td>
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<tr>
<td>thiamine hcl (vitamin b1) injection solution</td>
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<td>vitamin d2 oral capsule</td>
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<td>vitamin k injection solution</td>
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<tr>
<td>vitamin k1 injection solution</td>
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Most plans include our home delivery program at no extra cost to you. Find out more by going online to anthem.com or call 866-297-1011.

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 Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m. ET.