The following information applies to plans offered through the NY State of Health: The Official Health Plan Marketplace – for individuals through the Individual Marketplace. This information also applies to Independent Health plans offered to individuals directly, not through the marketplace. Check your summary of benefits to ensure this formulary (Drug Formulary II) is associated with your plan prior to using your prescription drug benefit.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit independenthealth.com.

Independent Health members benefit when their health care providers use the formulary because all medications included are selected due to their effectiveness and safety. Use of a formulary also ensures that premiums are kept to a minimum. The cost of each medication on the formulary is balanced with its effectiveness, which means that medications are not included on the formulary just because they are inexpensive; effectiveness is more important that the price of the medication. If a medication is not capable of achieving the desired effect, then the price of treating an illness or condition increases because other therapies must be used. Likewise, there are expensive medications that have not been proven to be any more effective than less costly alternatives.

Since 1996, all prescriptions for Independent Health members have been written from the formulary in order to qualify for coverage. When health care providers write a prescription for Independent Health members, they consult the formulary and select the medication needed. Occasionally, members need a medication that is not on the formulary. In cases when it is medically necessary for a patient to have a medication that is not included on the formulary, health care providers are encouraged to request a medical exception from Independent Health’s Medical Director. The health care provider will need to complete a medical exception form and fax it to Independent Health’s Prior Authorization Department, who will review the details of the case.

Independent Health’s three-tiered formulary lets you decide among preferred generic, preferred brand-name and non-preferred brand/generic medications with three different copayment/coinsurance levels:

- The lowest copayment is charged in Tier 1. This tier contains preferred generic medications, certain over-the-counter (OTC) medications and select brand-name medications.
- A higher copayment/coinsurance is charged for those medications in Tier 2. This tier contains non-preferred generic medications and preferred brand-name medications.
- The highest copayment/coinsurance is charged for those medications in Tier 3. This tier contains non-preferred brand-name medications and certain specified medications.
- Brand-name medications with a generic equivalent are considered non-formulary (not covered). To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/coinsurance level.

All medications listed on the formulary will be available to you and you will be responsible for payment of the copayment/coinsurance as referenced in this document. You will note on the list that a medication’s copayment/coinsurance is assigned to a tier. How this affects your copayment/coinsurance depends upon what
prescription plan you have. Independent Health reserves the right to modify the copay/tier of a particular medication as necessary. For example, when a generic equivalent becomes available for a covered brand-name medication, the brand-name medication becomes non-formulary (not covered) and will be covered only if approved through the medical exception process. Independent Health reserves the right to change the duration of an approved prior authorization through the medical exception process, including but not limited to the termination of a previously approved authorization. Approval of a prior authorization request does not itself guarantee payment; payment is made based on plan/benefit design. The generic equivalent medication will be covered in Tier 1 or Tier 2. Because of this, the actual copayment/coinsurance paid may not match the copayment/coinsurance tier levels as published in this document. To determine which prescription plan you have, please refer to your contract. If you have further questions, you may contact Independent Health’s Member Services Department.

Because there are thousands of medications in the marketplace, not all Tier 3 non-preferred medications can be listed here. Independent Health makes every attempt to provide you with as accurate a listing of medications as possible, however the list of medications and availability of generics can change frequently. Since this list was created, some medications may have been added, while others may have been deleted. For an updated version of the formulary please visit our website at independenthealth.com.

**Prior-Authorization**

Independent Health requires you to get prior authorization for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health’s Medical Director. Medications that require prior authorization are listed with a “PA” in the formulary.

**Step Therapy**

In some cases, Independent Health requires you to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective. Medications that require step therapy are listed with a “ST” in the formulary.

**Quantity Limitations**

Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a “QL” in the formulary.

**Specialty Medications**

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you’re taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an “SP” on the
formulary. Reliance Rx can be reached at 1-800-809-4763.

**Age Restriction**
Some prescription medications are restricted by age due to safety reasons or Food and Medication Administration (FDA) recommended labeling. Medications with an age limit are listed with an “AL” in the formulary.

**Maximum Daily Dose (MDD)**
Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Medication Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

**Maintenance Medications**
Independent Health allows up to a 90-day supply of certain medications to be filled. Medications eligible to be filled for a maintenance supply are indicated on the formulary. Medications eligible for up to a 90-day supply are listed with an “MO” on the formulary.

**Over-the-Counter (OTC) Medications**
Certain medications listed in the formulary are available over the counter. A prescription is required for coverage of the OTC products.

**Sedative/Hypnotic Medications**
Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

**Tablet Splitting**
Tablet splitting is the act of physically cutting a higher strength tablet in half to achieve your prescribed dosage. This provides an identical dose while increasing the number of total doses available. For example, by splitting pills in two, 30 tablets can be transformed into a 60-day supply for the same copayment/coinsurance. Not all medications are good candidates for tablet splitting. We recommend that you speak with your health care provider or pharmacist to see if your medication meets splitting requirements. Please note this is a voluntary program. Tablet splitting is not mandated by your plan. Medications eligible for tablet splitting are listed with an “HT” on the formulary.

**Compounded Prescription Medications**
Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Coverage is provided in accordance with our Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food Medication and Cosmetic Act.

**Diabetic Supplies/Medications**
Products listed in this section are a covered benefit based on your plan. Products not listed require prior authorization. Copayments vary by plan.

OneTouch glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require prior authorization.

One Touch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. You can obtain a meter by calling LifeScan, Inc. at 1-888-377-5227, offer code 289IHA001. Please have your ID number available when you call.

Diabetic test strips are limited to a maximum of 100 per fill/30 days.

**Antibiotic Medications**
Antibiotics are generally limited to a 10-day supply with one refill within 15 days after the original fill.

**Affordable Care Act (ACA) Preventive Services**
Medications listed on the formulary that are covered as preventive services under the Affordable Care Act may be covered. Certain restrictions may apply.
Lost/Stolen/Damaged Medications
Replacement of any lost, stolen or damaged medications is the responsibility of the member.

Emergency Room Prescriptions
Emergency Room prescriptions are limited to a 10-day supply.

Dental Formulary
Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Unless otherwise specified, all products are limited to a 10-day supply with one refill. Drugs included in our Dental Formulary are listed with a “DF” on the formulary. Drugs without a “DF” will not be covered when written by a dental provider.

Additional Formulary Information
• Appetite suppressants/weight-loss medications are excluded from coverage.
• Medications used for cosmetic purposes are excluded from coverage.
• Medical devices (which may or may not require a prescription) are excluded from coverage.
• Medical foods other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
• Drugs used for the treatment of impotence (ED Drugs) are limited to male patients only. Duplicate therapy with other ED medications is not allowed.
• Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
• Contraceptives (for members with contraceptive coverage): All tier 1 generic drugs are covered at a $0 copayment. Brand-name drugs without a generic equivalent are covered at a $0 copayment. Brand-name drugs with a generic equivalent are covered at the copayment based on your plan design. Cervical caps, diaphragms, female condoms, and spermicides are covered at a $0 copayment. Both prescription and over-the-counter (OTC) products are covered only when prescribed by a licensed health care provider and require a valid prescription.
• Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the members Health Contract.
• Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.
• Generic substitution is used only as required by state pharmacy laws. Therapeutic interchange is not utilized.

Key
AL – Age Limit
DF – Dental Formulary
HT – Tablet Splitting
MO – 90-day supply
PA – Prior Authorization Required
QL – Quantity Limits Apply
RF – Restricted to Females
RM – Restricted to Males
SP – Specialty Pharmacy
ST – Step Therapy
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**Androgens-Anabolic**

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Effective 10.01.2016
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**Anticoagulants**

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**Anticonvulsants**

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**Antidepressants**

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- atovaquone-proguanil hcl 1
- chloroquine phosphate oral 1
- COARTEN 2
- DARAOLMI 2
- hydroxychloroquine sulfate oral 1
- mefloquine hcl 2
- primaquine phosphate oral 2
- quinine sulfate oral 1

*Antimyasthenic Agents*  
- guanidine hcl oral 2
- MESTINON ORAL SYRUP 2
- pyridostigmine bromide er 2
- pyridostigmine bromide oral 1

*Antimyasthenic/Cholinergic Agents*  
- guanidine hcl oral 2
- MESTINON ORAL SYRUP 2
- pyridostigmine bromide er 2
- pyridostigmine bromide oral 1

*Antimycobacterial Agents*  
- cycloserine oral 2
- ethambutol hcl oral 1
- isoniazid oral 1
- pyrazinamide oral 2
- rifabutin 2
- RIFAMATE 2
- rifampin oral 1
- RIFATER 2

*Antineoplastic - Bcl-2 Inhibitors***  
- VENCLEXTA 3
- VENCLEXTA STARTING PACK 3

*Antineoplastics And Adjunctive Therapies*  
- ACTIMMUNE 3
- AFINITOR 2
- AFINITOR DISPERZ 2
- ALECENSA 3
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**Cardiotonics**

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**Cardiovascular Agents - Misc.**

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### *Cyclin-Dependent Kinases (Cdk) Inhibitors***

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Effective 10.01.2016
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<tr>
<td>fluorouracil external cream 0.5 %</td>
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<td>HALOG</td>
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<td>hydrocortisone external ointment 2.5 %</td>
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<td>iodoquinol-hydrocortisone-aloe</td>
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<td>JUBLIA</td>
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<td>ketoconazole external shampoo</td>
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<td>KETODAN EXTERNAL FOAM</td>
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<td>lidocaine external ointment</td>
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<tr>
<td>lidocaine external patch 5 %</td>
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<td>lidocaine hcl external gel 2 %</td>
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<td>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG</td>
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<td>naftifine hcl</td>
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Effective 10.01.2016
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<td>REGRANEX</td>
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<tr>
<td>RETIN-A MICRO PUMP</td>
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<td>EXTERNAL GEL 0.08 %</td>
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<td>SANTYL</td>
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<td>selenium sulfide external lotion</td>
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<td>selenium sulf-pyrithione-urea</td>
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<td>SKLICE</td>
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<td>TAOLONEX EXTERNAL SUSPENSION</td>
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<tr>
<td>tacrolimus external</td>
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<td>TALTZ</td>
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<tr>
<td>TOLAK</td>
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<td>TOPICORT EXTERNAL CREAM 0.05 %</td>
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<td>TOPICORT EXTERNAL OINTMENT 0.05 %</td>
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<td>tretinoin external</td>
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<tr>
<td>triamcinolone acetonide external aerosol, solution</td>
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<td>triamcinolone acetonide external cream</td>
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<td>triamcinolone acetonide external lotion</td>
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<td>TRIANEX</td>
<td>3</td>
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<tr>
<td>VALCHLOR</td>
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<td>SP</td>
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<tr>
<td>VECTICAL</td>
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<td>PA</td>
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<td>XOLEGEL</td>
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<td>ZOVIRAX EXTERNAL CREAM</td>
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<td>ZYCLARA</td>
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<td>SUCLAID</td>
<td>3 PA; SP</td>
<td>Accredo Pharmacy</td>
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### *Direct-Acting P2y12 Inhibitors***

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<td>BRILINTA</td>
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### *Diuretics*

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<td>acetzolamide oral</td>
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</tr>
<tr>
<td>ALDACTAZIDE ORAL TABLET</td>
<td>2 MO</td>
<td>50-50 MG</td>
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<tr>
<td>amiloride hcl oral</td>
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<tr>
<td>amiloride-hydrochlorothiazide</td>
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<td></td>
</tr>
<tr>
<td>bumetanide oral</td>
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<tr>
<td>chlorothiazide oral</td>
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<tr>
<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
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<tr>
<td>DIURIL</td>
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<tr>
<td>DYRENNIUM</td>
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<tr>
<td>EDECRIN</td>
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<tr>
<td>ethacridine acid oral</td>
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<td>furosemide oral solution 10 mg/ml, 8 mg/ml</td>
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<td>furosemide oral tablet</td>
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<td>hydrochlorothiazide oral</td>
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<tr>
<td>indapamide oral</td>
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<tr>
<td>KEVEYS</td>
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<tr>
<td>spironolactone oral</td>
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<td>spironolactone-htcz</td>
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<td>torsemide oral</td>
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<td>triamterene-htcz oral capsule</td>
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### *Endocrine And Metabolic Agents - Misc.*

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<td>alendronate sodium oral tablet</td>
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<td>BRAVELLE</td>
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<td>BUPHENYL ORAL TABLET</td>
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<td>cabergoline</td>
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<td>calcitriol oral</td>
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<tr>
<td>CARBAGLU</td>
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<tr>
<td>cholionic gonadotropin</td>
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<td>intramuscular*</td>
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<tr>
<td>clomiphene citrate oral</td>
<td>2 RF; QL; AL</td>
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<td>CYSTADANE</td>
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<td>desmopressin ace spray refrig</td>
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<td>desmopressin acetate oral</td>
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<td>doxercalciferol</td>
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<td>etidronate disodium</td>
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<td>FORTEO SUBCUTANOUS* SOLUTION 600 MCG/2.4ML</td>
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Effective 10.01.2016
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<th>Drug Name</th>
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<th>Drug Name</th>
<th>Tier</th>
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**Estrogens**

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<td>3</td>
<td>MO; AL</td>
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<td><em>Estrogen-Selective Estrogen Receptor Modulator Comb</em>**</td>
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**Farnesoid X Receptor (Fxr) Agonists***

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**Fluoroquinolones***

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<tr>
<td>ciprofloxacin oral</td>
<td>1</td>
<td></td>
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<tr>
<td>ciprofloxacin-ciproflox hcl er</td>
<td>2</td>
<td></td>
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<tr>
<td>FACTIVE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levofloxacin oral</td>
<td>2</td>
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<tr>
<td>moxifloxacin hcl oral</td>
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<tr>
<td>ofloxacin oral tablet 400 mg</td>
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**Gastrointestinal Agents - Misc.*

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<tr>
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<tr>
<td>ASACOL HD</td>
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<td>MO</td>
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<tr>
<td>AURYXXIA</td>
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<td>MO</td>
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<tr>
<td>balsalazide disodium</td>
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<td>AL</td>
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<tr>
<td>CANASA</td>
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<tr>
<td>CHENODAL</td>
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<td>PA; SP; Centric Specialty Pharmacy</td>
</tr>
<tr>
<td>CIMZIA PREFILLED</td>
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<tr>
<td>CIMZIA STARTER KIT</td>
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<tr>
<td>CIMZIA SUBCUTANEOUS* KIT</td>
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<td>PA; SP</td>
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<tr>
<td>2 X 200 MG</td>
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<td>cromolyn sodium oral</td>
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<td>DELZICOL</td>
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<tr>
<td>DIPENTUM</td>
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<tr>
<td>enulose</td>
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<td>FOSRENOL ORAL TABLET</td>
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<td>LINZESS</td>
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Effective 10.01.2016
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<td>metoclopramide hcl oral solution</td>
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<tr>
<td>10 mg/10ml, 5 mg/5ml</td>
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<tr>
<td>metoclopramide hcl oral tablet</td>
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<tr>
<td>metoclopramide hcl oral tablet, dispersible 5 mg</td>
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<tr>
<td>MOVANTIK</td>
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<td>PENTASA</td>
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<td>MO</td>
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<tr>
<td>PHOSLYRA</td>
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<td>MO</td>
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<td>RELISTOR SUBCUTANEOUS*</td>
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<td>SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</td>
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<td>RENAGEL</td>
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<td>RENVELA</td>
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<td>SFROWASA</td>
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<td>sulfasalazine oral</td>
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<td>SULFAZINE</td>
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<td>ursodiol oral</td>
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**Genitourinary Agents - Miscellaneous**

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<td>CARDURA XL</td>
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<td>CYSTAGON</td>
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<tr>
<td>dutasteride</td>
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<tr>
<td>dutasteride-tamsulosin hcl</td>
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</tr>
<tr>
<td>ELMIRON</td>
<td>2</td>
<td>PA; PA except Urology</td>
</tr>
<tr>
<td>finasteride oral tablet 5 mg</td>
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<td>phentolamine hydrochloride oral tablet</td>
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<tr>
<td>100 mg, 200 mg</td>
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<td>potassium citrate er</td>
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<td>RAPAFLO</td>
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<td>sodium chloride irrigation solution 0.9 %</td>
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<td>tamsulosin hcl</td>
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**Gout Agents**

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<td>colchicine oral</td>
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<td>colchicine-probenecid</td>
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<td>probenecid oral</td>
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**Hematological Agents - Misc.**

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<tr>
<td>aspirin-dipyramidole er</td>
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<td>PA; MO</td>
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<tr>
<td>BRILINTA</td>
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<td>MO</td>
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<tr>
<td>cilostazol</td>
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<td>MO</td>
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<td>clopidogrel bisulfate</td>
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<td>MO</td>
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<tr>
<td>dipyridamole oral</td>
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<td>MO; AL</td>
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<tr>
<td>EFFIENT</td>
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<td>MO; AL</td>
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<tr>
<td>FIRAZYR</td>
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<td>PA; SP</td>
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<td>pentoxifylline er</td>
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**Hematopoietic Agents**

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**Hepatitis C Agent - Combinations***

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<td>HARVONI</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>TECHNIVIE</td>
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<td>PA; SP</td>
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<tr>
<td>VIEKIRA PAK</td>
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**Hereditary Orotic Aciduria Treatment - Agents**

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**Hypnotics**

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<td>ST; QL; AL</td>
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<td>QL</td>
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<td>eszopiclone</td>
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<td>PA; PA except Sleep Specialists</td>
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<tr>
<td>flurazepam hcl</td>
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</tr>
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<td>HETLIOZ</td>
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<td>PA</td>
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<td>midazolam hcl oral</td>
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<td>phenobarbital oral solution</td>
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<td>phenobarbital oral tablet</td>
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<td>AL</td>
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<td>QL</td>
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<td>QL</td>
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<td>QL</td>
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<td>zaleplon</td>
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<tr>
<td>zolpidem tartrate er</td>
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Effective 10.01.2016
<table>
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<tr>
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<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>zolpidem tartrate oral</td>
<td>1</td>
<td>QL; AL</td>
</tr>
<tr>
<td>zolpidem tartrate sublingual</td>
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<td>ST; QL; AL</td>
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**Hypophosphatasia (Hpp) Agents***

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<tr>
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<th>Notes</th>
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<tbody>
<tr>
<td>STRESNIQ</td>
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<td>PA; SP</td>
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**Ibs Agent - Mu-Opioid Receptor Agonists***

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<tr>
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<tbody>
<tr>
<td>VIBERZI</td>
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<td>PA</td>
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**Laxatives***

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<td>constulose</td>
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<tr>
<td>KRISTALOSE</td>
<td>2</td>
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<tr>
<td>lactulose oral</td>
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<td>MOVIPREP</td>
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<tr>
<td>OSMOPREP</td>
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<td></td>
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<tr>
<td>peg 3350/electrolytes</td>
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<tr>
<td>PREPOPIK</td>
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<td>PA</td>
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**Leptin Analogues***

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<tbody>
<tr>
<td>MYALEPT</td>
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**Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***

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<thead>
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<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>XIIDRA</td>
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**Macrolides***

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<tr>
<td>azithromycin oral packet</td>
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<tr>
<td>azithromycin oral suspension</td>
<td>1</td>
<td>reconstituted</td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin er</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral suspension</td>
<td>1</td>
<td>reconstituted</td>
</tr>
<tr>
<td>clarithromycin oral tablet 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral tablet 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral 500 mg</td>
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<td>DF</td>
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<tr>
<td>DIFICID</td>
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<td>PA</td>
</tr>
<tr>
<td>E.E.S. 400 ORAL TABLET</td>
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<td></td>
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<tr>
<td>E.E.S. GRANULES</td>
<td>2</td>
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<tr>
<td>ERYPED 200</td>
<td>2</td>
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<td>ERYPED 400</td>
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<td>ERY-TAB</td>
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<tr>
<td>ERYTHROCIN STEARATE</td>
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<tr>
<td>ORAL TABLET 250 MG</td>
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<tr>
<td>erythromycin base oral tablet</td>
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<td>DF</td>
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<tr>
<td>erythromycin ethylsuccinate oral tablet</td>
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<td>DF</td>
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<td>PCE</td>
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<td>ZMAX</td>
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**Medical Devices***

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<td>2</td>
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<tr>
<td>V-GO 20</td>
<td>2</td>
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<tr>
<td>V-GO 30</td>
<td>2</td>
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<tr>
<td>V-GO 40</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 60</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 65</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 70</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 75</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 80</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 85</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 90</td>
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<td>WIDE-SEAL DIAPHRAGM 95</td>
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**Migraine Products***

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<tr>
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<tr>
<td>almotriptan malate</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>ALSUMA SUBCUTANEOUS*</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>CAMBIA</td>
<td>3</td>
<td>MO; QL; AL</td>
</tr>
<tr>
<td>dihydroergotamine mesylate injection</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ERGOMAR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>frovatriptan succinate</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>naratriptan hcl</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>rizatriptan benzoate</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan nasal</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sumatriptan succinate refil</td>
<td>1</td>
<td>QL</td>
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<tr>
<td>subcutaneous*</td>
<td>1</td>
<td>QL</td>
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<tr>
<td>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</td>
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<tr>
<td>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</td>
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<td>SUMAVEL DOSEPRO</td>
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<td>QL</td>
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<tr>
<td>SUBCUTANEOUS*</td>
<td>3</td>
<td>QL</td>
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<tr>
<td>zolmitritan oral tablet</td>
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<td>QL</td>
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<tr>
<td>ZOMIG NASAL</td>
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<td>QL</td>
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**Minerals & Electrolytes***

<table>
<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>fluotab oral solution</td>
<td>1</td>
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</tr>
<tr>
<td>KLOR-CON 10</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>KLOR-CON M10</td>
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<td>MO</td>
</tr>
<tr>
<td>KLOR-CON M15</td>
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<td>MO</td>
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<td>KLOR-CON M20</td>
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<td>MO</td>
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<td>KLOR-CON ORAL TABLET</td>
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<td>MO</td>
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<tr>
<td>EXTENDEDRELEASE*</td>
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<tr>
<td>potassium chloride crys er</td>
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<td>MO</td>
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**Mixed Allergenic Extracts***

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<tbody>
<tr>
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**Mouth/Throat/Dental Agents***

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<th>Drug Name</th>
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</thead>
<tbody>
<tr>
<td>cevimeline hcl</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>chlorhexidine gluconate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clotrimazole mouth/throat</td>
<td>1</td>
<td>DF</td>
</tr>
<tr>
<td>lidocaine hcl mouth/throat</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine viscous</td>
<td>1</td>
<td>DF</td>
</tr>
<tr>
<td>nystatin mouth/throat</td>
<td>1</td>
<td>DF</td>
</tr>
<tr>
<td>pilocarpine hcl oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide</td>
<td>1</td>
<td>DF</td>
</tr>
<tr>
<td>mouth/throat</td>
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**Multivitamins***

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<thead>
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<th>Drug Name</th>
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<tr>
<td>NEPHRONEX ORAL TABLET</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
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<tbody>
<tr>
<td>prenatal 19 oral tablet 29-1 mg</td>
<td>2</td>
<td>MO; AL</td>
</tr>
<tr>
<td>prenatal 19 oral tablet 29-1 mg</td>
<td>2</td>
<td>MO; AL</td>
</tr>
<tr>
<td>prenatal 19 oral tablet chewable</td>
<td>2</td>
<td>MO; AL</td>
</tr>
<tr>
<td>prenatal oral tablet 27-1 mg</td>
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<td>MO; AL</td>
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<tr>
<td>prenatal plus</td>
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<td>MO; AL</td>
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<tr>
<td>prenatal plus iron</td>
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<td>MO; AL</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------</td>
<td>------------------------</td>
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<tr>
<td>PRENATAL-U</td>
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<td>rena-vite rx</td>
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<td>vol-care rx</td>
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<td>PA; PA except</td>
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<td>chlorzoxazone oral tablet 500 mg</td>
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<td>cyclobenzaprine hcl oral</td>
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<td>dantrolene sodium oral</td>
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<td>metaxalone</td>
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<tr>
<td>methocarbamol oral</td>
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<tr>
<td>orphenadrine citrate er</td>
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<tr>
<td>tizanidine hcl oral</td>
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<td><em>Nasal Agents - Systemic And Topical</em></td>
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<tr>
<td>azelastine hcl nasal solution 0.1</td>
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</tr>
<tr>
<td>%</td>
<td></td>
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<td>DYMISTA</td>
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<td>ST</td>
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<td>fluticasone propionate nasal</td>
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<td>OTC</td>
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<td>ipratropium bromide nasal</td>
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<tr>
<td>mometosone furoate nasal</td>
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<td>olopatadine hcl nasal</td>
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<td>ST</td>
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<td>OMNARIS</td>
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<td>ST</td>
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<tr>
<td>QNASL</td>
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<td>ST; AL</td>
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<td>ST; AL</td>
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<tr>
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<td>VERAMYST</td>
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<td>ST</td>
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<tr>
<td>ZETONNA</td>
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<td>ST</td>
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<td><em>Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb</em>**</td>
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<tr>
<td>ENTRESTO</td>
<td>3</td>
<td>PA</td>
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<td><em>Neurogenic Orthostatic Hypotension (Noh) - Agents</em>**</td>
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<tr>
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<tr>
<td>ACOVAIL</td>
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<td>PA</td>
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<td>ALOCRII</td>
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<td>PA</td>
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<td>PA</td>
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<td>2</td>
<td>PA; PA except</td>
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<td></td>
<td></td>
<td>Ophthalmology or Allergy</td>
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<td>apraclonidine hcl</td>
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<tr>
<td>AZASITE</td>
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<td>PA</td>
</tr>
<tr>
<td>azelastine hcl ophthalmic</td>
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<td>ST</td>
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<tr>
<td>AZOPT</td>
<td>3</td>
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<td>bacitra-neomycin-polyoxymxin-hc</td>
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Effective 10.01.2016
<table>
<thead>
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<th>Drug Name</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>ofloxacin ophthalmic</td>
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<td>QL</td>
<td>REPATHA SURECLICK</td>
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<td>PA; SP</td>
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<td>olopatadine hcl ophthalmic</td>
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<td>ST</td>
<td><em>Penicillins</em></td>
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<td>PATADAY</td>
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<td>ST</td>
<td>amoxicillin oral capsule</td>
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<td>DF</td>
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<tr>
<td>PHOSPHOLINE IODIDE</td>
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<td>amoxicillin oral suspension</td>
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<td>DF</td>
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<tr>
<td>pilocarpine hcl ophthalmic</td>
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<td></td>
<td>amoxicillin oral tablet</td>
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<td>DF</td>
</tr>
<tr>
<td>solution 1 %, 2 %, 4 %</td>
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<td>amoxicillin oral tablet chewable 125 mg, 250 mg</td>
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<td>DF</td>
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<td>polymyxin b-trimethoprim</td>
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<td>amoxicillin-pot clavulanate er</td>
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Effective 10.01.2016
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*Pulmonary Fibrosis Agents - Kinase Inhibitors***

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*Pulmonary Hypertension - Prostacyclin Receptor Agonist***

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*Respiratory Agents - Misc.*

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*Sglt2 Inhibitor - Dpp-4 Inhibitor Comb***

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*Sinus Node Inhibitors***

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<td>CORLANOR</td>
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*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***

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<td>INVOKAMET</td>
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*Sulfonamides*

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*Tetracyclines*

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*Thyroid Agents*

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<td>liothyronine sodium oral</td>
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