The following information applies to plans offered through large group employers. Check your summary of benefits to ensure this formulary (Drug Formulary I) is associated with the plan offered to you by your employer 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 than 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.

- 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 Drug 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 Drug 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, Drug, 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 289IHHA001. 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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<td>extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg</td>
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**Analgesics - Nonnarcotic**

- butalbital-acetaminophen 1 AL
- butalbital-apap-caffeine oral capsule 1 AL
- butalbital-apap-caffeine oral tablet 50-325-40 mg 1 AL
- butalbital-as-a-caffeine 1 AL
- butalbital-aspirin-caffeine oral capsule 1 AL
- choline-mag trisalicylate 1
- diflunisal oral 1 MO
- ESGIC ORAL CAPSULE 3 AL
- Fioricet oral capsule 3 AL
- Fiorinal 3 AL
- salsalate oral 1 MO

**Analgesics - Opioid**

- ABSTRAL 3 PA; ST
- acetaminophen-codeine #2 1 DF
- acetaminophen-codeine #3 1 DF
- acetaminophen-codeine #4 1 DF
- acetaminophen-codeine oral solution 1 DF
- aspirin-coff-dihydrocodeine 3
- buprenorphine hcl sublingual 1 PA
- butalbital-apap-cof-cod 1 AL
- butalbital-as-a-cof-codeine 1 AL
- butorphanol tartrate nasal 1 PA
- BUTRANS 2 QL
- codeine sulfate oral tablet 1 ST
- CONZIP 3 ST
- DILAUDID ORAL 3 PA
- DOLOPHINE 3
- DURAGESIC-100 3 ST
- DURAGESIC-12 3
- DURAGESIC-25 3
- DURAGESIC-50 3 ST
- DURAGESIC-75 3 ST
- EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG 2 ST
- EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG 2 ST
- fentanyl citrate buccal 3 PA; ST; PA except Oncology
- fentanyl transdermal patch 72 hr 100 mcg/hr, 50 mcg/hr, 75 mcg/hr 1
- fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr 1
- FENTORA BUCCAL TABLET 100 MG, 200 MG, 400 MG, 600 MG, 800 MG, 1000 MG, 1500 MG, 2000 MG 3 PA; ST; PA except Oncology
- hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml 1

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*Androgens-Anabolic*

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*Anorectal Agents*

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### Antiarrhythmics

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<tr>
<td>amiodarone hcl oral</td>
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<td>flecaïnine acetate</td>
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<td>mexiletine hcl oral</td>
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<tr>
<td>MULTAQ</td>
<td>3</td>
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<tr>
<td>NORPACE CR</td>
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<td>pacerone oral tablet 100 mg, 200 mg, 400 mg</td>
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<td>propafenone hcl</td>
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### Antiasthmatic And Bronchodilator Agents

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<td>ADVAIR HFA</td>
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<td>albuterol sulfate er</td>
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### Anticoagulants

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Last updated 10.01.2016
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<th>Drug Name</th>
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<td>duration of greater</td>
<td>lamotrigine oral kit 25 &amp; 50 &amp;</td>
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<td>PA; QL</td>
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<tr>
<td>fondaparinux sodium</td>
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<td></td>
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<td>(42)-100(14) mg</td>
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**Antidiabetics**

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**Antidiarrheals**

diphenoxylate-atropine            | 1    |
LOMOTIL ORAL TABLET               | 3    |
loperamide hcl oral capsule       | 3    |
MOTOFEN                          | 3    | AL                                   |

**Antidotes And Specific Antagonists**

VISTOGARD                        | 2    |

**Antidotes**

EVZIO                           | 3    | PA; QL; Specialty Pharmacy          |
EXJADE                          | 2    | PA; SP; Walgreens Specialty Pharmacy |
FERRIPROX ORAL TABLET           | 3    | PA; SP; Centric Specialty Pharmacy  |
JADENU                          | 3    | PA; AL                               |
naloxone hcl injection          | 1    | QL                                   |
naltrexone hcl oral             | 1    |
NARCAN                          | 2    | QL                                   |
VISTOGARD                       | 2    |

**Antiemetics**

ARYNZE                          | 3    | ST; QL; Hematology and Oncology; QL |
ANZEMET ORAL                    | 3    | ST; QL; Hematology and Oncology; QL |
CESAMET                        | 3    | PA                                   |
DICLEGIS                       | 2    | QL                                   |
dronabinol                      | 3    | PA                                   |
EMEND ORAL CAPSULE 125 MG, 80 & 125 MG, 80 MG | 2    | ST; ST except Hematology and Oncology; QL |
EMEND ORAL CAPSULE 40 MG        | 2    | QL                                   |
EMEND ORAL SUSPENSION RECONSTITUTED | 2    | ST; QL; AL                           |
granisetron hcl oral            | 3    | ST; QL; AL                           |
meclizine hcl oral tablet       | 1    | OTC                                  |
ondansetron                     | 1    | QL                                   |
ondansetron hcl oral solution   | 1    | QL                                   |
ondansetron hcl oral tablet     | 1    | QL                                   |
SANCUSO                        | 3    | ST; QL; AL                           |
TIGAN ORAL                     | 3    | AL                                   |
TRANSDERM-SCOP (1.5 MG)         | 3    | AL                                   |
trimethobenzamide hcl oral      | 1    | AL                                   |
VARUBI                         | 3    | PA; QL; AL                           |
ZOFRAN ORAL TABLET 8 MG         | 3    | ST; QL; AL                           |
ZUPLENZ                        | 3    | ST; QL; AL                           |

**Antifungals**

fluconazole oral suspension     | 1    | reconstituted                        |
fluconazole oral tablet 100 mg, 200 mg, 50 mg | 1    |
fluconazole oral tablet 150 mg   | 1    | QL                                   |
flucytosine oral                | 3    |                                     |
griseofulvin microsize oral     | 1    | suspension                           |
griseofulvin microsize oral tablet    | 3    |                                     |
griseofulvin ultramicrosize     | 1    |                                     |
itraconazole oral               | 1    | PA; PA except Infectious Disease     |
ketoconazole oral               | 1    | PA                                   |
NOXAFIL ORAL                    | 2    | PA; MO                               |
nystatin oral tablet            | 1    |
SPORANOX ORAL SOLUTION          | 3    | PA; PA except Infectious Disease     |
terbinafine hcl oral            | 1    | PA; PA except Infectious Disease     |
voriconazole oral               | 1    | PA; PA except Infectious Disease     |

**Antihistamines**

carbinoxamine maleate oral solution | 1    | AL                                   |
carbinoxamine maleate oral tablet | 1    | AL                                   |
CLARINEX ORAL SYRUP             | 3    | PA                                   |
cyproheptadine hcl oral         | 1    | AL                                   |
desloratadine oral tablet       | 3    | PA; AL                               |
desloratadine oral tablet       | 3    | PA; AL                               |
diphenhydramine hcl oral capsule 50 mg | 1    | OTC; AL                              |
diphenhydramine hcl oralelixir | 1    | OTC; AL                              |
levocetirizine dihydrochloride oral | 3    | PA                                   |
promethazine hcl oral           | 1    | AL                                   |
promethazine hcl suppository    | 1    | AL                                   |

**Antihyperlipidemetics**

atorvastatin calcium oral       | 1    | HT; MO                               |
cholestramine light             | 1    | MO                                   |
cholestramine oral              | 1    | MO                                   |
colestipol hcl                  | 1    | MO                                   |
CRESTOR                        | 3    | HT; MO                               |
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 1    | MO                                   |
fenofibrate oral tablet 160 mg, 54 mg | 1    | MO                                   |
fluvasatin sodium               | 3    |                                     |
gemfibrozil oral                | 1    | MO                                   |
JUXTAPID                       | 3    | PA; SP; QL                           |
KYYNAMRO SUBCUTANEOUS*          | 3    | PA; SP; QL                           |
LIVALO                         | 3    |
lovastatin                      | 1    | HT; MO                               |
omega-3-acid ethyl esters       | 1    | MO                                   |
pravastatin sodium              | 1    | HT; MO                               |
rosuvastatin calcium            | 1    | MO                                   |
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1    | HT; MO                               |

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**Anti-Infective Agents - Misc.**

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**Antimyasthenic/Cholinergic Agents**

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**Antimycobacterial Agents**

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<td>MYAMBUTOL</td>
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<td>SIRTURO</td>
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**Antineoplastic - Bcl-2 Inhibitors***

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**Antineoplastics And Adjunctive Therapies**

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<td>AFINITOR DISPERZ</td>
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<td>PA; SP</td>
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<td>CABOMETYX</td>
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Last updated 10.01.2016
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**Antivirals***

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**Cardiotonics**

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**Cardiovascular Agents - Misc.**

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**Cephalosporins**

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**Contraceptives**

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Last updated 10.01.2016
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**Diagnostic Products**

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**Digestive Aids**

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**Direct-Acting P2Y12 Inhibitors***

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**Diuretics**

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**Endocrine And Metabolic Agents - Misc.*

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<td>allopurinol oral</td>
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<td>colchicine-probenecid</td>
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<td>AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG</td>
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<td>AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG</td>
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<td>PA; PA except Neurology</td>
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<td>anagrelide hcl</td>
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<td>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</td>
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<td>PA</td>
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<td>dipyridamole oral</td>
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<tr>
<td>ARANESP (ALBUMIN FREE)</td>
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<td>PA; SP</td>
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<tr>
<td>INJECTION</td>
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Last updated 10.01.2016
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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</td>
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<td>PA; SP</td>
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<tr>
<td>BIFERARX</td>
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<td>CERDELGA</td>
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<td>PA; SP</td>
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<td>cyanocobalamin injection</td>
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<td>DROXIA</td>
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<tr>
<td>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</td>
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<td>PA; SP</td>
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<td>FERRALET 90</td>
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<td>ferraplas 90</td>
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<td>FERREX 150 FORTE PLUS</td>
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<td>folic acid oral tablet 1 mg</td>
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<td>OTC; MO</td>
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<tr>
<td>GRANIX</td>
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<td>PA; SP</td>
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<td>hematinic plus vit/minerals</td>
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<tr>
<td>HEMETAB</td>
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<td>MULTIGEN PLUS</td>
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<tr>
<td>NEULASTA SUBCUTANEOUS*</td>
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<td>NEUPOGEN INJECTION</td>
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<td>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</td>
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<td>poly-iron 150 forte</td>
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<td>polyasaccharide iron forte</td>
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<td>PROCIT</td>
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<td>PA; SP</td>
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<tr>
<td>PROMACTA</td>
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<td>PA; SP; Walgreens Specialty Pharmacy</td>
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<tr>
<td>taron forte</td>
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<tr>
<td>trigels-f forte</td>
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<td>ZARXIO</td>
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<td>PA</td>
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<tr>
<td>ZAVESCA</td>
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<td>PA; SP; Accredo Pharmacy; MO</td>
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*Hemostatics*

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<td>AMICAR ORAL SOLUTION</td>
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<td>AMICAR ORAL TABLET</td>
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<td>LYSTEDA</td>
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<td>PA; AL</td>
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<tr>
<td>tranexamic acid oral</td>
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<td>PA; AL</td>
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*Hepatitis C Agent - Combinations***

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<th>Tier</th>
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<tbody>
<tr>
<td>EPCLUSA</td>
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<tr>
<td>HARVONI</td>
<td>2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TECHNIVIE</td>
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<tr>
<td>VIEKIRA PAK</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 200-8.33-50-33.33 MG</td>
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<td>PA; SP</td>
</tr>
<tr>
<td>VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 200-8.33-50-33.33 MG</td>
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*Hereditary Orotic Aciduria Treatment - Agents**

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*Hypnotics*

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<td>BUTISOL SODIUM ORAL TABLET 30 MG</td>
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</tr>
<tr>
<td>EDLULAR</td>
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*Hypophosphatasia (Hpp) Agents***

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<td>STRENSIQ</td>
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*Ibs Agent - Mu-Opioid Receptor Agonists***

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<td>PA</td>
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*Laxatives*

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<th>Drug Name</th>
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<tr>
<td>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM GAVITYLE-G</td>
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<tr>
<td>GOLYTELY</td>
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<td></td>
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<tr>
<td>KRISTALOSE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>lactulose oral</td>
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</tr>
<tr>
<td>MOVIPREP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NULYTELY WITH FLAVOR PACKS OSMOPREP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>peg 3350/electrolytes</td>
<td>1</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl</td>
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<tr>
<td>PREPOPIK</td>
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<tr>
<td>SUPREP BOWEL PREP</td>
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*Leptin Analogues***

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

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<th>Tier</th>
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<td>XIIDRA</td>
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*Macrolides*

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<tbody>
<tr>
<td>azithromycin oral suspension reconstituted azithromycin oral tablet 250 mg, 500 mg, 600 mg clarithromycin er</td>
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<td>clarithromycin oral suspension reconstituted clarithromycin oral tablet 250 mg</td>
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<td>DF</td>
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<td>clarithromycin oral tablet 500 mg</td>
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<tr>
<td>DIFICID</td>
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<td>PA</td>
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<tr>
<td>E.E.S. 400 ORAL TABLET</td>
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<tr>
<td>E.E.S. GRANULES</td>
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*Last updated 10.01.2016*
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<td>ERY-TAB</td>
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<tr>
<td>ERYTHROCYCIN STEARATE</td>
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<td>ORAL TABLET 250 MG</td>
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<td>delayed release particles</td>
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<td>erythromycin base oral tablet</td>
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<td>erythromycin ethylsuccinate oral tablet</td>
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<td>PA</td>
</tr>
<tr>
<td><em>Mouth/Throat/Dental Agents</em></td>
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**Musculoskeletal Therapy Agents**

- baclofen oral 1 MO
- carisoprodol oral 1 AL
- carisoprodol-aspirin 1 AL
- carisoprodol-aspirin-codeine 1 AL
- chlorzoxazone oral tablet 500 mg 1 AL
- cyclobenzaprine hcl oral 1 AL
- DANTRIM ORAL CAPSULE 25 MG, 50 MG 3
- dantrone sodium oral 1 AL
- LORZONE ORAL TABLET 750 MG 3 AL
- metaxalone 3 AL
- methocarbamol oral 1 AL
- ROBAXIN ORAL 3 AL
- SOMA 3 AL
- tizanidine hcl oral capsule 3 MO
- tizanidine hcl oral tablet 1 MO

**Nasal Agents - Systemic And Topical**

- ADRENALIN NASAL 2
- azelastine hcl nasal solution 0.1 % 1
- azelastine hcl nasal solution 0.15 % 3
- BECONASE AQ 3 ST; AL
- budesonide nasal 3 ST; OTC
- DYMISTA 3 ST
- flunisolide nasal solution 25 mcg/act (0.025%) 1
- fluticasone propionate nasal 1 OTC
- ipratropium bromide nasal 1
- mometasone furoate nasal 3 ST
- olopatadine hcl nasal 3 ST
- OMNARIS 3 ST

**Ophthalmic Agents**

- ACUVAIL 2 PA; PA except Ophthalmology
- ALALWAY 1 OTC
- ALAWAY CHILDRENS 1 OTC
- ALLERGY 1
- ALOCIRIL 3 ST
- ALOMIDE 2 PA; PA except Ophthalmology
- ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 2
- ALREX 2 PA; PA except Ophthalmology or Allergy
- apraclonidine hcl 1
- atropine sulfate ophthalmic 1
- AZASITE 3 PA
- azelastine hcl ophthalmic 1 ST
- AZOPT 2
- bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm 1
- balanced salt intraocular 1
- BEPREVE 3 ST
- BETADINE OPHTHALMIC PREP 3
- betaxolol hcl ophthalmic 3
- BETIMOL OPHTHALMIC SOLUTION 0.25 % 2
- BETOPTIC-S 2
- bimatoprost ophthalmic 2 AL
- BLEPH-10 3
- BLEPHAMIDE 2
- BLEPHAMIDE S.O.P. 2
- bromhexine tartrate ophthalmic 1
- bromfenac sodium ophthalmic 1
- carteolol hcl 1
- CILOXAN OPHTHALMIC OINTMENT 3
- CIPROFLOXACIN Ophthalmic 1
- COMBIGAN 2
- COSOPT PF 3 MO
- cromolyn sodium ophthalmic 1 PA; PA except Ophthalmology
- CYSTARAN 2 PA

Last updated 10.01.2016
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**Orexin Receptor Antagonists***

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**Otic Agents**

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