Key Terms

Formulary
A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

Brand-Name Drugs
Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

Generic Drugs
Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

4-Tier Pharmacy Copayment Program (4-Tier Program)
To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the four-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of four tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, Tier 3 or Tier 4 drug (as defined below); however, there may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment. The program features a high cost tier mostly inclusive of specialty drugs included in and available through the Designated Specialty Pharmacy (SP) program. Drugs available through the SP program include but are not limited to medications used in the treatment of rare diseases, infertility, hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, and cancers treated with oral medications.

- **Tier 1**: Medications on this tier have the lowest cost sharing amount
- **Tier 2**: Medications on this tier have a higher cost sharing amount
- **Tier 3**: Medications on this tier have a higher cost sharing amount
- **Tier 4**: Medications on this tier have the highest cost sharing amount; limited to a 30-day supply

Please note that tier placement is subject to change throughout the year.

Copayment
A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

Coinsurance
Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.
Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-to-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover. In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.
**Step Therapy Prior Authorization (STPA)**

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1-the lowest step—are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

**Designated Specialty Pharmacy Program (SP)**

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

**Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)**

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.
Over-The-Counter Drugs (OTC)

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

Cancer Mandate (CM)

Oral Cancer medications may have a cost share of up to $50 or the cost of the drug, whichever is less under the Rhode Island oral cancer therapy mandate. Please check your benefit document.

Low Cost Generic (LCG)

Certain medications may be included in the Low Cost Generic program and be subject to a $5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

Women’s Health (WH)

Certain medications may be covered without copayment under Women’s Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

Affordable Care Act (ACA)

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications
Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:
Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

For no cost translation in English, call the number on your ID card.

For no cost translation in Arabic, Chinese, French, German, Greek, Haitian Creole, Italian, Japanese, Khmer, Korean, Laotian, Navajo, Persian, Polish, Portuguese, Russian, Spanish, Tagalog, and Vietnamese, please call the number on your ID card.

tuftshealthplan.com | 800.462.0224

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<td>Tier-3</td>
<td>QL (132 Tablets per 1 Fill)</td>
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<tr>
<td><em>AGENTS FOR OPIOID WITHDRAWAL</em>**</td>
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<td>LUCEMYRA ORAL TABLET</td>
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<td>QL (132 Tablets per 1 Fill)</td>
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<tr>
<td><em>ALS AGENTS - MISCELLANEOUS</em>**</td>
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<tr>
<td>RADICAVA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><em>ALTERNATIVE MEDICINES</em></td>
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<tr>
<td>coenzyme q10 oral tablet 100 mg, 200 mg, 25 mg, 50 mg</td>
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<td>PA</td>
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<td><em>AMEBICIDES</em></td>
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<td>SOLOSEC ORAL PACKET</td>
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<tr>
<td>YODOXIN ORAL TABLET</td>
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<tr>
<td><em>AMINO ACIDS</em>**</td>
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<tr>
<td>ENDARI ORAL PACKET</td>
<td>Tier 4</td>
<td>PA</td>
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<tr>
<td><em>AMINOGLYCOSES</em>**</td>
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<tr>
<td>ARIKAYCE INHALATION SUSPENSION</td>
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<tr>
<td>BETHKIS INHALATION NEBULIZATION SOLUTION</td>
<td>Tier 4</td>
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<td>neo-fradin oral solution</td>
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<tr>
<td>neomycin sulfate oral tablet</td>
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<tr>
<td>paromomycin sulfate oral capsule</td>
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<td>TOBI PODHALER INHALATION CAPSULE</td>
<td>Tier 4</td>
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<td>tobramycin inhalation nebulization solution</td>
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<td><em>AMINOMETHYLICYCLINES</em>**</td>
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<td>NUZYRA ORAL TABLET 150 MG</td>
<td>Tier-3</td>
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<tr>
<td><em>ANALGESICS - ANTI-INFLAMMATORY</em></td>
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<tr>
<td>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier 4</td>
<td>PA; QL (4 syringes per 28 days)</td>
</tr>
<tr>
<td>ACTEMRA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier 4</td>
<td>PA; QL (4 Syringes per 28 Days)</td>
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<tr>
<td>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier 4</td>
<td>PA; QL (4 VIALS per 28 Days)</td>
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<tr>
<td>celecoxib oral capsule</td>
<td>Tier-2</td>
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<tr>
<td>diclofenac potassium oral tablet</td>
<td>Tier-1</td>
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</tr>
<tr>
<td>diclofenac sodium er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
<td></td>
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<tr>
<td>diclofenac sodium oral tablet delayed release</td>
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<tr>
<td>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>Tier 4</td>
<td>PA; QL (4 Syringes per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS KIT</td>
<td>Tier 4</td>
<td>PA; QL (8 Vials per 28 Days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</td>
<td>Tier 4</td>
<td>PA; QL (8 Syringes per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</td>
<td>Tier 4</td>
<td>PA; QL (4 Syringes per 28 days)</td>
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<td>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier 4</td>
<td>PA; QL (4 Syringes per 28 days)</td>
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<tr>
<td>etodolac er oral tablet extended release 24 hour</td>
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<td></td>
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<tr>
<td>etodolac oral capsule</td>
<td>Tier-1</td>
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<tr>
<td>etodolac oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>fenoprofen calcium oral tablet</td>
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<tr>
<td>flurbiprofen oral tablet</td>
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<tr>
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<tr>
<td><strong>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT</strong></td>
<td>Tier 4</td>
<td>PA; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td>40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</td>
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<tr>
<td><strong>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier 4</td>
<td>PA; QL (2 Syringes per 28 days)</td>
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<tr>
<td><strong>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier 4</td>
<td>PA; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td><strong>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT</strong></td>
<td>Tier 4</td>
<td>PA; ¥ (1 FILL PER LIFE OF PLAN)</td>
</tr>
<tr>
<td><strong>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT</strong></td>
<td>Tier 4</td>
<td>PA; QL (2 Syringes per 28 days)</td>
</tr>
<tr>
<td><strong>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</strong></td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td><strong>ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED</strong></td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><strong>INDOCIN ORAL SUSPENSION</strong></td>
<td>Tier-3</td>
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<td><strong>INDOCIN RECTAL SUPPOSITORY</strong></td>
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<tr>
<td><strong>indomethacin er oral capsule extended release</strong></td>
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<tr>
<td><strong>indomethacin oral capsule</strong></td>
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<tr>
<td><strong>ketoprofen er oral capsule extended release 24 hour</strong></td>
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<tr>
<td><strong>ketoprofen oral capsule 25 mg</strong></td>
<td>Tier-1</td>
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<tr>
<td><strong>ketoprofen oral capsule 50 mg, 75 mg</strong></td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td><strong>ketorolac tromethamine oral tablet</strong></td>
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<tr>
<td><strong>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</strong></td>
<td>Tier 4</td>
<td>PA; QL (2 auto-injectors per 28 days)</td>
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<tr>
<td><strong>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier 4</td>
<td>PA; QL (2 syringes per 28 days)</td>
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<td><strong>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</strong></td>
<td>Tier 4</td>
<td>PA; QL (28 Syringes per 28 days)</td>
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<tr>
<td><strong>leflunomide oral tablet</strong></td>
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<td><strong>meclofenamate sodium oral capsule</strong></td>
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<td><strong>mefenamic acid oral capsule</strong></td>
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<td><strong>meloxicam oral suspension</strong></td>
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<td><strong>meloxicam oral tablet</strong></td>
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<tr>
<td><strong>nabumetone oral tablet</strong></td>
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<tr>
<td><strong>NALFON ORAL CAPSULE 200 MG</strong></td>
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<td><strong>naproxen dr oral tablet delayed release</strong></td>
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<td>naproxen oral suspension</td>
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<tr>
<td>naproxen oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>naproxen sodium er oral tablet extended release 24 hour 500 mg</td>
<td>Tier-2</td>
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<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>^ (LCG)</td>
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<tr>
<td>OLMIANT ORAL TABLET</td>
<td>Tier 4</td>
<td>PA</td>
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<tr>
<td>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; QL (4 Syringes per 28 days)</td>
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<tr>
<td>ORENCIA INTRAVENOUS SOLUTION REconstituted</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA; QL (4 Syringes per 28 days)</td>
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<tr>
<td>oxaprozin oral tablet</td>
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<td>piroxicam oral capsule</td>
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<td>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>RHEUMATREX ORAL TABLET 2.5 MG</td>
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<td>RIDAURA ORAL CAPSULE</td>
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<td>SIMPONI ARIA INTRAVENOUS SOLUTION</td>
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<td>PA; QL (1 Syringe per 28 days)</td>
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<td>sulindac oral tablet</td>
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<td>tolmetin sodium oral capsule</td>
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<td>tolmetin sodium oral tablet</td>
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<tr>
<td>XELJANZ ORAL TABLET</td>
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<td>PA; QL (60 TABLETS per 30 Days)</td>
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<tr>
<td>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>PA; QL (30 Tablets per 30 days)</td>
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*ANALGESICS - NONNARCOTIC*

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<td>BUPAP ORAL TABLET</td>
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<tr>
<td>butalbital compound/asa oral tablet</td>
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<tr>
<td>butalbital-acetaminophen oral tablet 50-325 mg</td>
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<tr>
<td>butalbital-apap-caffeine oral capsule 50-325-40 mg</td>
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<td>butalbital-apap-caffeine oral tablet</td>
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<tr>
<td>butalbital-asa-caffeine oral capsule</td>
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<td>butalbital-aspirin-caffeine oral tablet</td>
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<td>diflunisal oral tablet</td>
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<tr>
<td>ESGIC ORAL CAPSULE</td>
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<tr>
<td><strong>ANALGESICS - OPIOID</strong></td>
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<tr>
<td>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>QL (32 TABLETS per 30 Days)</td>
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<tr>
<td>acetaminophen-codeine #2 oral tablet</td>
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<td>QL (12 Tablets per 1 day)</td>
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<td>acetaminophen-codeine #3 oral tablet</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>acetaminophen-codeine #4 oral tablet</td>
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<td>QL (6 Tablets per 1 day)</td>
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<tr>
<td>acetaminophen-codeine oral solution</td>
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<td>QL (150 ML per 1 day)</td>
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<td>apap-caff-dihydrocodeine oral capsule</td>
<td>Tier-2</td>
<td>QL (10 Capsules per 1 day)</td>
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<tr>
<td>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</td>
<td>Tier-2</td>
<td>QL (10 Tablets per 1 day)</td>
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<td>BELBUCA BUCCAL FILM</td>
<td>Tier-3</td>
<td>PA; QL (60 Films per 30 days)</td>
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<td>BUNAVAIL BUCCAL FILM</td>
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<td>PA</td>
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<tr>
<td>butalbital compound/codeine oral capsule</td>
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<tr>
<td>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</td>
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<td>QL (360 Capsules per 30 days)</td>
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<tr>
<td>butalbital-as-a-caffeine oral capsule</td>
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<td>butorphanol tartrate nasal solution</td>
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<tr>
<td>codeine sulfate oral solution</td>
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<td>QL (60 ML per 1 day)</td>
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<td>codeine sulfate oral tablet 15 mg</td>
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<td>QL (24 tablets per 1 day)</td>
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<tr>
<td>codeine sulfate oral tablet 30 mg</td>
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<td>QL (12 tablets per 1 day)</td>
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<tr>
<td>codeine sulfate oral tablet 60 mg</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>EMBEDA ORAL CAPSULE EXTENDED RELEASE</td>
<td>Tier-3</td>
<td>PA; QL (60 EA per 30 days)</td>
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<td>fentanyl citrate buccal lozenge on a handle</td>
<td>Tier-1</td>
<td>QL (120 UNITS per 30 Days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr,</td>
<td>Tier-1</td>
<td>PA; QL (10 PATCHES per 30 days)</td>
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<tr>
<td>50 mcg/hr, 75 mcg/hr</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</td>
<td>Tier-2</td>
<td>PA; QL (10 patches per 30 days)</td>
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<tr>
<td>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</td>
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<td>QL (90 ML per 1 day)</td>
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<tr>
<td>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg, 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-660 mg, 10-750 mg, 7.5-750 mg</td>
<td>Tier-1</td>
<td>QL (5 Tablets per 1 day)</td>
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<tr>
<td>hydrocodone-acetaminophen oral tablet 2.5-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>hydrocodone-acetaminophen oral tablet 2.5-500 mg, 5-300 mg, 5-325 mg, 5-500 mg</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
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<tr>
<td>hydrocodone-ibuprofen oral tablet</td>
<td>Tier-1</td>
<td>QL (5 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</td>
<td>Tier-2</td>
<td>PA; QL (30 EA per 30 days)</td>
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<tr>
<td>hydromorphone hcl oral liquid</td>
<td>Tier-1</td>
<td>QL (20 ML per 1 day)</td>
</tr>
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<td>hydromorphone hcl oral tablet 2 mg</td>
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<td>QL (10 tablets per 1 day)</td>
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<td>hydromorphone hcl oral tablet 4 mg</td>
<td>Tier-1</td>
<td>QL (5 tablets per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl oral tablet 8 mg</td>
<td>Tier-1</td>
<td>QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>hydromorphone hcl oral tablet er 24 hour abuse-deterrent</td>
<td>Tier-2</td>
<td>PA; QL (30 EA per 30 days)</td>
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<tr>
<td>hydromorphone hcl oral liquid</td>
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<td>QL (20 ML per 1 day)</td>
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<tr>
<td>meperidine hcl oral solution</td>
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<td>QL (90 ML per 1 day)</td>
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<td>meperidine hcl oral tablet 100 mg</td>
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<td>QL (8 tablets per 1 day)</td>
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<td>meperidine hcl oral tablet 50 mg</td>
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<td>QL (18 tablets per 1 day)</td>
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<td>methadone hcl injection solution</td>
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<td>PA; QL (2 ML per 1 day)</td>
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<td>METHADONE HCL INTENSOL ORAL CONCENTRATE</td>
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<tr>
<td>methadone hcl oral solution 10 mg/5ml</td>
<td>Tier-1</td>
<td>PA; QL (10 ML per 1 day)</td>
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<tr>
<td>methadone hcl oral solution 5 mg/5ml</td>
<td>Tier-1</td>
<td>PA; QL (20 ML per 1 day)</td>
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<tr>
<td>methadone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>PA; QL (2 tablets per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet 5 mg</td>
<td>Tier-1</td>
<td>PA; QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>methadone hcl oral tablet soluble</td>
<td>Tier-1</td>
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<tr>
<td>METHADOSE ORAL CONCENTRATE 10 MG/ML</td>
<td>Tier-1</td>
<td>PA; QL (2 ML per 1 day)</td>
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<tr>
<td>METHADOSE ORAL TABLET 10 MG</td>
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<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
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<td>QL (4.5 ML per 1 day)</td>
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<td>morphine sulfate er beads oral capsule extended release 24 hour</td>
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<td>PA; QL (1 capsule per 1 day)</td>
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<td>morphine sulfate er oral capsule extended release 24 hour</td>
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<td>PA; QL (60 EA per 30 days)</td>
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<td>morphine sulfate er oral tablet extended release</td>
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<td>PA; QL (90 TABLETS per 30 days)</td>
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<td>morphine sulfate oral solution 10 mg/5ml</td>
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<td>morphine sulfate oral solution 20 mg/5ml</td>
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<td>QL (22.5 ML per 1 day)</td>
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<td>morphine sulfate oral tablet 15 mg</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>morphine sulfate oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository 10 mg, 5 mg</td>
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<td>QL (6 suppositories per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository 20 mg</td>
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<td>QL (4 suppositories per 1 day)</td>
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<tr>
<td>morphine sulfate rectal suppository 30 mg</td>
<td>Tier-2</td>
<td>QL (3 suppositories per 1 day)</td>
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<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
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<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>oxycodone hcl oral capsule</td>
<td>Tier-1</td>
<td>QL (12 capsules per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
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<td>QL (3 ML per 1 day)</td>
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<tr>
<td>oxycodone hcl oral solution</td>
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<tr>
<td>oxycodone hcl oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>oxycodone hcl oral tablet 5 mg</td>
<td>Tier-1</td>
<td>QL (12 tablets per 1 day)</td>
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<tr>
<td>oxycodone-acetaminophen oral capsule</td>
<td>Tier-1</td>
<td>QL (8 Capsules per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral solution</td>
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<td>QL (60 ML per 1 day)</td>
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<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 10-650 mg</td>
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<td>QL (6 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-acetaminophen oral tablet 7.5-325 mg, 7.5-500 mg</td>
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<td>QL (8 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-aspirin oral tablet 4.8355-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-ibuprofen oral tablet</td>
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<td>QL (4 Tablets per 1 day)</td>
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<tr>
<td>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</td>
<td>Tier-2</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>oxymorphone hcl er oral tablet extended release 12 hour</td>
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<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>oxymorphone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>oxymorphone hcl oral tablet 5 mg</td>
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<tr>
<td>pentazocine-acetaminophen oral tablet</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
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<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
<td>Tier-1</td>
<td>QL (4 tablets per 1 day)</td>
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<tr>
<td>PRIMLEV ORAL TABLET</td>
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<tr>
<td>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>SUBSYS SUBLINGUAL LIQUID</td>
<td>Tier-3</td>
<td>QL (30 Bottles per 30 Days)</td>
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<tr>
<td>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</td>
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<tr>
<td>tramadol hcl er oral capsule extended release 24 hour</td>
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<td>PA; QL (1 capsule per 1 day)</td>
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<tr>
<td>tramadol hcl er oral tablet extended release 24 hour</td>
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<td>PA; QL (1 tablet per 1 day)</td>
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<tr>
<td>tramadol hcl oral tablet</td>
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<td>QL (8 tablets per 1 day)</td>
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<tr>
<td>tramadol-acetaminophen oral tablet</td>
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<td>QL (8 Tablets per 1 day)</td>
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<tr>
<td>XARTEMIS XR ORAL TABLET EXTENDED RELEASE</td>
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<td>QL (120 TABLETS per 30 days)</td>
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<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</td>
<td>Tier-3</td>
<td>PA</td>
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*ANDROGENS-ANABOLIC*

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<tr>
<td>ANADROL-50 ORAL TABLET</td>
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<td>ANDROID ORAL CAPSULE</td>
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<tr>
<td>ANDROXY ORAL TABLET</td>
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<tr>
<td>danazol oral capsule</td>
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<tr>
<td>FIRST-TESTOSTERONE MC TRANSDERMAL CREAM</td>
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<tr>
<td>FIRST-TESTOSTERONE TRANSDERMAL OINTMENT</td>
<td>Tier-3</td>
</tr>
<tr>
<td>methitast oral tablet</td>
<td>Tier-3</td>
</tr>
<tr>
<td>oxandrolone oral tablet</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</td>
<td>Tier-1</td>
</tr>
<tr>
<td>testosterone enanthate injection solution</td>
<td>Tier-1</td>
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<tr>
<td>testosterone enanthate intramuscular solution</td>
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<tr>
<td>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</td>
<td>Tier-2</td>
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<td>testosterone transdermal solution</td>
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<td><strong>ANORECTAL AGENTS</strong></td>
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<td>COLOCORT RECTAL ENEMA</td>
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<td>CORTIFOAM RECTAL FOAM</td>
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<tr>
<td>hydrocortisone ace-pramoxine rectal kit</td>
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<tr>
<td>hydrocortisone rectal cream 1 %</td>
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<td>^ (LCG)</td>
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<tr>
<td>hydrocortisone rectal cream 2.5 %</td>
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<td>hydrocortisone rectal enema</td>
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<td>PROCTOCREAM HC RECTAL CREAM</td>
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<td>PROCTOFOAM HC RECTAL FOAM</td>
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<td>PROCTOZONE-HC RECTAL CREAM</td>
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<tr>
<td>RECTIV RECTAL OINTMENT</td>
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<td>QL (1 TUBE per 30 Days)</td>
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<td>UCERIS RECTAL FOAM</td>
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<td><strong>ANTHELMINTICS</strong></td>
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<td>albendazole oral tablet</td>
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<tr>
<td>benznidazole oral tablet</td>
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<td>EMVERM ORAL TABLET CHEWABLE</td>
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<tr>
<td>ivermectin oral tablet</td>
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<tr>
<td>praziquantel oral tablet</td>
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<td><strong>ANTIANGINAL AGENTS</strong></td>
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<tr>
<td>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE</td>
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<td>ISORDIL TITRADOSE ORAL TABLET 40 MG</td>
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<td>isosorbide dinitrate er oral tablet extended release</td>
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<td>isosorbide dinitrate oral tablet</td>
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<td>isosorbide dinitrate sublingual tablet sublingual</td>
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<td>isosorbide mononitrate er oral tablet extended release 24 hour</td>
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<td>isosorbide mononitrate oral tablet</td>
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<td>MINITRAN TRANSDERMAL PATCH 24 HOUR</td>
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<td>NITRO-BID TRANSDERMAL OINTMENT</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 er oral capsule extended release</td>
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<td>nitroglycerin sublingual tablet sublingual</td>
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<td>nitroglycerin transdermal patch 24 hour</td>
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<td>nitroglycerin translingual aerosol solution</td>
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<td>nitroglycerin translingual solution</td>
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<td>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<td>ranolazine er oral tablet extended release 12 hour</td>
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<td><em>ANTIANXIETY AGENTS</em></td>
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<tr>
<td>alprazolam oral tablet</td>
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<td>alprazolam oral tablet dispersible</td>
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<td>buspirone hcl oral tablet</td>
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<td>chlordiazepoxide hcl oral capsule</td>
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<td>diazepam oral solution 1 mg/ml</td>
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<td>diazepam oral tablet</td>
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<td>hydroxyzine hcl oral solution</td>
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<td>hydroxyzine hcl oral syrup</td>
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<td>hydroxyzine hcl oral tablet</td>
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<td>hydroxyzine pamoate oral capsule</td>
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<td>LORAZEPAM INTENSOL ORAL CONCENTRATE</td>
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<td>lorazepam oral concentrate</td>
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<td>meprobamate oral tablet</td>
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<td><em>ANTIARRHYTHMICS</em></td>
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<td>amiodarone hcl oral tablet 200 mg, 400 mg</td>
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<td>disopyramide phosphate oral capsule</td>
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<td>flecaainide acetate oral tablet</td>
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<td>mexiletine hcl oral capsule</td>
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<td>MULTAQ ORAL TABLET</td>
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<td>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
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<td>PACERONE ORAL TABLET 100 MG</td>
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<td>PACERONE ORAL TABLET 200 MG, 400 MG</td>
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<td>propafenone hcl er oral capsule extended release 12 hour</td>
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<td>propafenone hcl oral tablet</td>
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<td>quinidine gluconate er oral tablet extended release</td>
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<td>quinidine sulfate er oral tablet extended release</td>
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<td>quinidine sulfate oral tablet</td>
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<tr>
<td>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>ADVAIR HFA INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
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<td>albuterol sulfate er oral tablet extended release 12 hour</td>
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<tr>
<td>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</td>
<td>Tier-1</td>
<td>¥ (Generic for Proair HFA and Ventolin HFA. Generic Proventil HFA is Non-covered.); QL (6 inhalers per 90 days)</td>
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<td>albuterol sulfate inhalation nebulization solution</td>
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<td>QL (360 vials per 90 Days)</td>
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<td>albuterol sulfate oral syrup</td>
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<td>albuterol sulfate oral tablet</td>
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<td>aminophylline oral tablet</td>
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<td>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>QL (1 INHALER per 30 days)</td>
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<tr>
<td>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 Inhalers per 90 days)</td>
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<tr>
<td>ATROVENT HFA INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<td>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>QL (3 Inhalers per 90 days)</td>
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<td>BROVANA INHALATION NEBULIZATION SOLUTION</td>
<td>Tier-3</td>
<td>QL (180 vials per 90 Days)</td>
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<td>budesonide inhalation suspension</td>
<td>Tier-1</td>
<td>QL (180 VIALS per 90 Days)</td>
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<td>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</td>
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<td>QL (6 EA per 90 Days)</td>
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<td>cromolyn sodium inhalation nebulization solution</td>
<td>Tier-1</td>
<td>QL (360 Vials per 90 Days)</td>
</tr>
<tr>
<td>DALIRESP ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>ELIXOPHYLLIN ORAL ELIXIR</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
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<tr>
<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>FLOVENT HFA INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
</tr>
<tr>
<td>fluticasone-salmeterol inhalation aerosol powder breath activated</td>
<td>Tier-1</td>
<td>QL (3 inhalers per 90 days)</td>
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<tr>
<td>FORADIL AEROLIZER INHALATION CAPSULE</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>ipratropium bromide inhalation solution</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 Days)</td>
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<tr>
<td>ipratropium-albuterol inhalation solution</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 Days)</td>
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<tr>
<td>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</td>
<td>Tier-1</td>
<td>QL (270 VIALS per 90 Days)</td>
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<tr>
<td>levalbuterol tartrate hfa inhalation aerosol†</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<td>LUFYLLIN ORAL TABLET</td>
<td>Tier-3</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED</td>
<td>Tier-3</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>metaproterenol sulfate oral syrup</td>
<td>Tier-1</td>
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<tr>
<td>metaproterenol sulfate oral tablet</td>
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<tr>
<td>montelukast sodium oral tablet</td>
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<tr>
<td>montelukast sodium oral tablet chewable</td>
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<tr>
<td>PERFOROMIST INHALATION NEBULIZATION SOLUTION</td>
<td>Tier-2</td>
<td>QL (180 VIALS per 90 Days)</td>
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<tr>
<td>PROAIR HFA INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
</tr>
<tr>
<td>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 days)</td>
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<tr>
<td>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 days)</td>
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<tr>
<td>QVAR INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<tr>
<td>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</td>
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<td>QL (6 EA per 90 days)</td>
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<tr>
<td>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>SPIRIVA HANDIHALER INHALATION CAPSULE</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 Days)</td>
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<tr>
<td>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</td>
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<td>QL (3 UNITS per 90 days)</td>
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<tr>
<td>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</td>
<td>Tier-2</td>
<td>QL (6 Inhalers per 90 days)</td>
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<td>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</td>
<td>Tier-3</td>
<td>QL (3 UNITS per 90 days)</td>
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<tr>
<td>SYMBICORT INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 days)</td>
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<tr>
<td>terbutaline sulfate oral tablet</td>
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<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>Tier-2</td>
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<tr>
<td>THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</td>
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<tr>
<td>theophylline er oral tablet extended release 12 hour</td>
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<tr>
<td>theophylline er oral tablet extended release 24 hour</td>
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<tr>
<td>theophylline oral elixir</td>
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<td>theophylline oral solution</td>
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<td>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<tr>
<td>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
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<td>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>zafirlukast oral tablet</td>
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<td>zileuton er oral tablet extended release 12 hour</td>
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<td>ZYFLO ORAL TABLET</td>
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<td><em>ANTICOAGULANTS</em></td>
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<tr>
<td>BEVYXXA ORAL CAPSULE</td>
<td>Tier-3</td>
<td>¥ (Max 42 days); QL (30 capsules per 30 days)</td>
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<tr>
<td>ELIQUIS ORAL TABLET</td>
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<tr>
<td>enoxaparin sodium injection solution</td>
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<td>enoxaparin sodium subcutaneous solution</td>
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<tr>
<td>fondaparinux sodium subcutaneous solution</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</td>
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<tr>
<td>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</td>
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<tr>
<td>JANTOVEN ORAL TABLET</td>
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<td>warfarin sodium oral tablet</td>
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<tr>
<td>XARELTO ORAL TABLET</td>
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<tr>
<td>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</td>
<td>Tier-2</td>
<td>¥ (1 FILL PER LIFE OF PLAN)</td>
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*ANTICONVULSANTS*

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<tr>
<th>Drug</th>
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<tr>
<td>BANZEL ORAL SUSPENSION</td>
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<td>QL (1840 ML per 30 Days)</td>
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<td>BANZEL ORAL TABLET 200 MG</td>
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<td>QL (1440 TABLETS per 90 Days)</td>
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<td>BANZEL ORAL TABLET 400 MG</td>
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<td>QL (720 TABLETS per 90 Days)</td>
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<td>BRIVIACT ORAL SOLUTION</td>
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<td>BRIVIACT ORAL TABLET</td>
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<tr>
<td>carbamazepine er oral capsule extended release 12 hour</td>
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<td>carbamazepine er oral tablet extended release 12 hour</td>
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<td>carbamazepine oral suspension</td>
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<tr>
<td>carbamazepine oral tablet</td>
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<td>carbamazepine oral tablet chewable</td>
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<td>CELONTIN ORAL CAPSULE</td>
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<td>clobazam oral suspension</td>
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<td>clobazam oral tablet</td>
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<td>clonazepam oral tablet</td>
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<td>clonazepam oral tablet dispersible</td>
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<td>DIACOMIT ORAL CAPSULE</td>
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<tr>
<td>DIASTAT ACUDIAL RECTAL GEL</td>
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<td>QL (1 Kit per 30 Days)</td>
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<tr>
<td>DIASTAT PEDIATRIC RECTAL GEL</td>
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<td>diazepam rectal gel</td>
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<td>QL (1 Kit per 30 Days)</td>
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<td>DILANTIN ORAL CAPSULE 30 MG</td>
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<td>divalproex sodium er oral tablet extended release 24 hour</td>
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<td>divalproex sodium oral capsule sprinkle</td>
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<tr>
<td>divalproex sodium oral tablet delayed release</td>
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<td>EPIDIOLEX ORAL SOLUTION</td>
<td>Tier 4 PA</td>
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<td>EPITOL ORAL TABLET</td>
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<td>ethosuximide oral capsule</td>
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<td>ethosuximide oral solution</td>
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<td>felbamate oral suspension</td>
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<td>felbamate oral tablet</td>
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<td>FYCOMPA ORAL SUSPENSION</td>
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<td>FYCOMPA ORAL TABLET</td>
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<tr>
<td>gabapentin oral capsule</td>
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<tr>
<td>gabapentin oral solution 250 mg/5ml</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</td>
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<td>QL (90 EA per 90 days)</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 200 mg</td>
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<td>QL (270 EA per 90 days)</td>
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<td>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</td>
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<td>QL (180 EA per 90 days)</td>
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<td>lamotrigine oral tablet</td>
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<td>lamotrigine oral tablet dispersible</td>
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<td>lamotrigine starter kit-blue oral kit</td>
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<td>lamotrigine starter kit-green oral kit</td>
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<td>lamotrigine starter kit-orange oral kit</td>
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<td>levetiracetam er oral tablet extended release 24 hour</td>
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<td>LYRICA ORAL CAPSULE</td>
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<td>LYRICA ORAL SOLUTION</td>
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<td>STPA</td>
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<tr>
<td>oxcarbazepine oral suspension</td>
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<td>oxcarbazepine oral tablet</td>
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<tr>
<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</td>
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<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</td>
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<td>QL (120 TABLETS per 30 Days)</td>
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<td>PEGANONE ORAL TABLET</td>
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<td>phenytoin oral suspension 125 mg/5ml</td>
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<td>phenytoin oral tablet chewable</td>
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<td>phenytoin sodium extended oral capsule</td>
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<td>POTIGA ORAL TABLET</td>
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<td>primidone oral tablet</td>
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<td>STAVZOR ORAL CAPSULE DELAYED RELEASE</td>
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<td>SYMPAZAN ORAL FILM</td>
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<td>PA</td>
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<td>tiagabine hcl oral tablet 12 mg, 16 mg</td>
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<td>tiagabine hcl oral tablet 2 mg, 4 mg</td>
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<td>topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg</td>
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<td>topiramate oral capsule sprinkle</td>
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<td>VIMPAT ORAL SOLUTION</td>
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<td>QL (1200 ML per 30 Days)</td>
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<td>VIMPAT ORAL TABLET</td>
<td>Tier-2</td>
<td>QL (180 TABLETS per 90 days)</td>
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<tr>
<td>zonisamide oral capsule</td>
<td>Tier-1</td>
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*ANTIDEPRESSANTS*

| amitriptyline hcl oral tablet                             | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| amoxapine oral tablet                                     | Tier-1 | PA; ¥ (PA applies to members 12 and younger)          |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR             | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR         | Tier-1 |                                            |
| bupropion hcl er (sr) oral tablet extended release 12 hour | Tier-1 | PA; ¥ (PA applies to members 12 and younger)          |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | Tier-1 | PA; ¥ (PA applies to members 12 and younger)          |
| bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg | Tier-2 | PA; ¥ (PA applies to members 12 and younger)          |

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<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>citalopram hydrobromide oral solution</td>
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</tr>
<tr>
<td>citalopram hydrobromide oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<td>clomipramine hcl oral capsule</td>
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<td>desipramine hcl oral tablet</td>
<td>Tier-2</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
</tr>
<tr>
<td>desvenlafaxine er oral tablet extended release 24 hour</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>desvenlafaxine fumarate er oral tablet extended release 24 hour</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour</td>
<td>Tier-2</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>doxepin hcl oral capsule</td>
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<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>doxepin hcl oral concentrate</td>
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<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</td>
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<td>QL (60 EA per 30 Days)</td>
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<tr>
<td>duloxetine hcl oral capsule delayed release particles 30 mg</td>
<td>Tier-1</td>
<td>QL (90 EA per 30 Days)</td>
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<tr>
<td>EMSAM TRANSDERMAL PATCH 24 HOUR</td>
<td>Tier-3</td>
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<tr>
<td>fluoxetine hcl oral capsule</td>
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<td>MARPLAN ORAL TABLET</td>
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<td>mirtazapine oral tablet dispersible</td>
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<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</td>
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<td>alogliptin benzoate oral tablet</td>
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<td>LAMISIL ORAL PACKET 187.5 MG</td>
<td>Tier-3</td>
<td>¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days)</td>
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<td>ONMEL ORAL TABLET</td>
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<td>PA; QL (28 EA per 28 Days)</td>
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<tr>
<td>terbinafine hcl oral tablet</td>
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<td>¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)</td>
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<tr>
<td>voriconazole oral suspension reconstituted</td>
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<td>QL (150 ML per 14 Days)</td>
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<tr>
<td>voriconazole oral tablet 200 mg</td>
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<td>QL (28 TABLETS per 14 days)</td>
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<tr>
<td>voriconazole oral tablet 50 mg</td>
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<td>QL (56 TABLETS per 14 days)</td>
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<td><em>ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES</em>**</td>
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<td>HEMLIBRA SUBCUTANEOUS SOLUTION</td>
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<td>carbinoxamine maleate oral tablet 6 mg</td>
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<td>desloratadine oral tablet</td>
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<td>dextchlorpheniramine maleate oral syrup</td>
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<td>DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED</td>
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<td>diphenhydramine hcl oral capsule</td>
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<tr>
<td>promethazine hcl oral solution</td>
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<tr>
<td>promethazine hcl oral syrup</td>
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<td>promethazine hcl oral tablet</td>
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<td>promethazine hcl rectal suppository 12.5 mg, 25mg</td>
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<td>PROMETHEGAN RECTAL SUPPOSITORY</td>
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<td>ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<tr>
<td>atorvastatin calcium oral tablet 10 mg, 20 mg</td>
<td>Tier-1</td>
<td>^ (ACA); QL (90 EA per 90 days)</td>
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^ = Mandates May Apply
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<td>atorvastatin calcium oral tablet 40 mg, 80 mg</td>
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<td>colesevelam hcl oral packet</td>
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<td>ezetimibe oral tablet</td>
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<td>ezetimibe-simvastatin oral tablet</td>
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<td>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</td>
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<td>fenofibrate oral capsule 150 mg, 50 mg</td>
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<td>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</td>
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<td>fenofibric acid oral capsule delayed release</td>
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<td>flolipid oral suspension</td>
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<td>fluvastatin sodium er oral tablet extended release 24 hour</td>
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<td>JUXTAPID ORAL CAPSULE</td>
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<td>KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>lovastatin oral tablet</td>
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<td>niacin er (antihyperlipidemic) oral tablet extended release</td>
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<td>NIACOR ORAL TABLET</td>
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<td>omega-3-acid ethyl esters oral capsule</td>
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<td>pravastatin sodium oral tablet</td>
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<td>PREVALITE ORAL POWDER</td>
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<td>rosuvastatin calcium oral tablet 20 mg, 40 mg</td>
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<td>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</td>
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*ANTIHYPERTENSIVES*

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<tr>
<td>amlodipine besy-benazepril hcl oral capsule</td>
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<td>amlodipine-olmesartan oral tablet</td>
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<td>amlodipine-valsartan-hctz oral tablet</td>
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<td>atenolol-chlorthalidone oral tablet</td>
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<td>benazepril hcl oral tablet</td>
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<td>benazepril-hydrochlorothiazide oral tablet</td>
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<td>bisoprolol-hydrochlorothiazide oral tablet</td>
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*ANTI-INFECTIVE AGENTS - MISC.*

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<td>XIFAXAN ORAL TABLET 200 MG</td>
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<td>XIFAXAN ORAL TABLET 550 MG</td>
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**ANTIMALARIALS**

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<td>COARTEM ORAL TABLET</td>
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**ANTIMYASTHENIC AGENTS**

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**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

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<td>rifampin oral capsule</td>
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<td>BOSULIF ORAL TABLET 500 MG</td>
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<td>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</td>
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<td>HEXALEN ORAL CAPSULE</td>
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<td>trihexyphenidyl hcl oral elixir</td>
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<td>betaxolol hcl oral tablet</td>
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<td>bisoprolol fumarate oral tablet</td>
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<td>carvedilol phosphate er oral capsule extended release 24 hour</td>
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<td>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>LEVATOL ORAL TABLET</td>
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<td>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</td>
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<td>pindolol oral tablet</td>
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<td><strong>BILE ACID SYNTHESIS DISORDER AGENTS</strong>*</td>
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<td>CHOLBAM ORAL CAPSULE</td>
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<td>PA</td>
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**CEPHALOSPORINS**

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*CORTICOSTEROIDS*

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<td>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</td>
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<td>prednisone (pak) oral tablet</td>
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<td>prednisone oral solution</td>
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<td>prednisone oral tablet</td>
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<td>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</td>
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<td><em>COUGH/COLD/ALLERGY</em></td>
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<td>acetylcysteine inhalation solution</td>
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<td>benzonatate oral capsule 100 mg</td>
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<td>benzonatate oral capsule 150 mg, 200 mg</td>
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<td>cheratussin dac oral solution</td>
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<td>guaiifenesin-codeine oral syrup</td>
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<td>hydrocod polst-cpm polst er oral liquid extended release</td>
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<td>hydrocodone-homatropine oral syrup</td>
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<td>iophen c-nr oral liquid</td>
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<td>mytussin dac oral solution</td>
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<td>promethazine-dm oral syrup</td>
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<td>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
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<td><strong>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</strong>*</td>
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<td>IBRANCE ORAL CAPSULE</td>
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<td>KISQALI 200 DOSE ORAL TABLET</td>
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<td><strong>CYSTIC FIBROSIS AGENT - COMBINATIONS</strong>*</td>
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<td>ORKAMBI ORAL TABLET</td>
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<td>8-MOP ORAL CAPSULE</td>
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<td>adapalene external cream</td>
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<td>AKNE-MYCIN EXTERNAL OINTMENT</td>
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<td>ala-cort external cream 1 %</td>
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<td>alclocetason dipropionate external cream</td>
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<td>ALTRENO EXTERNAL LOTION</td>
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<td>PA; ¥ (PA applies to members 26 and older)</td>
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<td>amcinonide external cream</td>
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<td>BIONECT EXTERNAL SOLUTION</td>
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<td>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</td>
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<td>clindamycin phosphate external foam</td>
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<td>CORTISPORIN EXTERNAL OINTMENT</td>
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<tr>
<td>COSENYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA; QL (2 Syringes per 28 days)</td>
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<tr>
<td>COSENYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; QL (2 Syringes per 28 days)</td>
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<td>COSENYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</td>
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<tr>
<td>diclofenac sodium transdermal gel 1 %</td>
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<td>diclofenac sodium transdermal gel 3 %</td>
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<td>SILIQ SUBCUTANEOUS SOLUTION</td>
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<td>STELARA SUBCUTANEOUS SOLUTION</td>
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<td><em>STEELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</em></td>
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<td>PA; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)</td>
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<td>TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR</td>
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<td>PA; ¥ (PA applies to members 26 and older)</td>
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<td>TAZORAC EXTERNAL CREAM 0.05 %</td>
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<td>l-methylfolate oral tablet</td>
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<td><strong>DIGESTIVE AIDS</strong></td>
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<td>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</td>
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<td>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</td>
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<td>SUCRAID ORAL SOLUTION</td>
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<td><strong>DIURETICS</strong></td>
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<td>acetazolamide er oral capsule extended release 12 hour</td>
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<td>acetazolamide oral tablet</td>
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<td>amiloride hcl oral tablet</td>
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<tr>
<td>amiloride-hydrochlorothiazide oral tablet</td>
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<td>bumetanide oral tablet</td>
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<tr>
<td>chlorothiazide oral tablet</td>
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<td>chlorthalidone oral tablet</td>
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<td>DYRENIUM ORAL CAPSULE</td>
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<td>ethacrynic acid oral tablet</td>
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<td>furosemide oral solution 10 mg/ml, 40 mg/4ml</td>
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<td>furosemide oral solution 8 mg/ml</td>
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<td>furosemide oral tablet</td>
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<td>indapamide oral tablet</td>
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<td>KEVEYIS ORAL TABLET</td>
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<td>methazolamide oral tablet</td>
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<tr>
<td>spironolactone oral tablet</td>
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<tr>
<td>spironolactone-hctz oral tablet</td>
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<td>torsemide oral tablet</td>
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<td>triamterene-hctz oral capsule</td>
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<td>triamterene-hctz oral tablet</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>BUPHENYL ORAL TABLET</td>
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<tr>
<td>cabergoline oral tablet</td>
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<td>calcitonin (salmon) nasal solution</td>
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<td>calcitriol oral capsule</td>
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<td>calcitriol oral solution</td>
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<td>CARBAGLU ORAL TABLET</td>
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<td>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</td>
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<td>clomiphene citrate oral tablet</td>
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<td>desmopressin ace spray refrig nasal solution</td>
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<td>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</td>
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<td>GALAFOLD ORAL CAPSULE</td>
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<td><em>ganirelix acetate subcutaneous solution</em></td>
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<td>PA; ¥ (Generic product only. Brand is Non-covered.)</td>
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<td>GONAL-F INJECTION SOLUTION RECONSTITUTED</td>
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<td>HP ACTHAR INJECTION GEL</td>
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<td><em>ibandronate sodium oral tablet</em></td>
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<td>INCRELEX SUBCUTANEOUS SOLUTION</td>
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<td><em>levocarnitine oral solution</em></td>
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<td>NATPARA SUBCUTANEOUS CARTRIDGE</td>
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<td>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML</td>
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<td>NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML</td>
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<td>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</td>
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<td>ORILISSA ORAL TABLET 150 MG</td>
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<td>PA; QL (30 tablets per 30 days)</td>
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<td>ORILISSA ORAL TABLET 200 MG</td>
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<td>PA; QL (60 tablets per 30 days)</td>
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<td>OSPHENA ORAL TABLET</td>
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<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</td>
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<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
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<td>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
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<td>PROLIA SUBCUTANEOUS SOLUTION</td>
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<td>raloxifene hcl oral tablet</td>
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<td>RAVICTI ORAL LIQUID</td>
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<td>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</td>
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<td>risedronate sodium oral tablet delayed release</td>
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<td>SAMSCA ORAL TABLET</td>
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<td>QL (14 TABLETS per 7 Days)</td>
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<td>SENSIPAR ORAL TABLET</td>
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<td>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</td>
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<td>SIGNIFOR SUBCUTANEOUS SOLUTION</td>
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<td>PA; QL (60 Ampules per 30 Days)</td>
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<td>SKELID ORAL TABLET</td>
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<td>sodium phenylbutyrate oral tablet</td>
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**ESTROGENS**

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<td>ANGELIQ ORAL TABLET</td>
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<td>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</td>
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<td>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</td>
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<td>ELESTRIN TRANSDERMAL GEL</td>
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<tr>
<td>estradiol oral tablet</td>
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<td>QL (1 Bottle per 1 Fill)</td>
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<td>FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG</td>
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<td>JINTELI ORAL TABLET</td>
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<td>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</td>
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<td><strong>FLUOROQUINOLONES</strong></td>
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<td>BAXDELA ORAL TABLET</td>
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<td>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</td>
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<td>calcium acetate (phos binder) oral capsule</td>
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<td>calcium acetate (phos binder) oral tablet</td>
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<tr>
<td>CIMZIA PREFILLED SUBCUTANEOUS KIT</td>
<td>Tier 4</td>
<td>PA; QL (2 Injections per 28 Days)</td>
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<tr>
<td>CIMZIA STARTER KIT SUBCUTANEOUS KIT</td>
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<td>PA; QL (2 Injections per 28 Days)</td>
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<td>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</td>
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<td>PA; QL (2 Injections per 28 days)</td>
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<td>GATTEX SUBCUTANEOUS KIT</td>
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<td>QL (30 Vials per 30 Days)</td>
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<td>LINZESS ORAL CAPSULE</td>
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<td>QL (30 CAPSULES per 30 Days)</td>
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<td>mesalamine oral capsule delayed release</td>
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<td>metoclopramide hcl oral tablet</td>
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<tr>
<td>metoclopramide hcl oral tablet dispersible 10 mg</td>
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<td>QL (120 EA per 30 days)</td>
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<tr>
<td>metoclopramide hcl oral tablet dispersible 5 mg</td>
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<td>QL (120 EA per 30 days)</td>
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<td><strong>MOVANTIK ORAL TABLET</strong></td>
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<td>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>sevelamer carbonate oral packet 0.8 gm</td>
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<td><strong>SFROWASA RECTAL ENEMA</strong></td>
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<td>sulfasalazine oral tablet delayed release</td>
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<td>SULFAZINE ORAL TABLET</td>
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<td>ursodiol oral tablet</td>
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<td>dutasteride oral capsule</td>
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<tr>
<td>dutasteride-tamsulosin hcl oral capsule</td>
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<td>finasteride oral tablet 5 mg</td>
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<td>potassium citrate er oral tablet extended release</td>
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<td>tamsulosin hcl oral capsule</td>
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<td><em>GLYCOPEPTIDES</em>**</td>
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<td>FIRST-VANCOMYCIN 25 ORAL SOLUTION</td>
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<td>FIRVANQ ORAL SOLUTION RECONSTITUTED</td>
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<td>QL (2 ML per 10 days)</td>
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<td>vancomycin hcl oral capsule</td>
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**GOUT AGENTS**

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<td>QL (180 EA per 90 days)</td>
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<td>QL (180 EA per 90 days)</td>
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<td>colchicine-probenecid oral tablet</td>
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<td>DUZALLO ORAL TABLET</td>
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<td>KRUSTEXXA INTRAVENOUS SOLUTION</td>
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<td>ZURAMPIC ORAL TABLET</td>
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**HEMATOLOGICAL AGENTS - MISC.*

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<td>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit, 750 unit</td>
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<td>adynovate intravenous solution reconstituted 3000 unit</td>
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<td>anagrelide hcl oral capsule</td>
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<td>BRILINTA ORAL TABLET</td>
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<td>FIRAZYR SUBCUTANEOUS SOLUTION</td>
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<td>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</td>
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<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>QL (10 vials per 14 Days)</td>
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<td>FERRALET 90 ORAL TABLET</td>
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<td>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>LEUKINE INJECTION SOLUTION</td>
<td>Tier 4</td>
<td>QL (6 vials per 14 Days)</td>
</tr>
<tr>
<td>MAXARON FORTE ORAL CAPSULE</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>MAXARON FORTE ORAL TABLET</td>
<td>Tier-3</td>
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<tbody>
<tr>
<td>miglustat oral capsule</td>
<td>Tier-3</td>
<td>PA</td>
</tr>
<tr>
<td>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>QL (2 Syringes per 28 days)</td>
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<tr>
<td>MULPLETA ORAL TABLET</td>
<td>Tier 4</td>
<td>PA</td>
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<tr>
<td>NASCOBAL NASAL SOLUTION</td>
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<tr>
<td>NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT</td>
<td>Tier 4</td>
<td>QL (1 Syringe per 14 days)</td>
</tr>
<tr>
<td>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier 4</td>
<td>PA; QL (1 Syringe per 14 days)</td>
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<tr>
<td>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</td>
<td>Tier 4</td>
<td>PA; QL (10 VIALS per 14 days)</td>
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<tr>
<td>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier 4</td>
<td>PA; QL (10 Syringes per 14 days)</td>
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<tr>
<td>NIVESTYM INJECTION SOLUTION</td>
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<td>PA; QL (10 syringes per 14 days)</td>
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<td>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier 4</td>
<td>PA; QL (10 syringes per 14 days)</td>
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<tr>
<td>NOVAFERRUM ORAL SOLUTION RECONSTITUTED</td>
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<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>QL (10 vials per 14 Days)</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET</td>
<td>Tier 4</td>
<td>QL (60 packets per 30 days)</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 12.5 MG, 75 MG</td>
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<td>QL (30 TABLETS per 30 days)</td>
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<tr>
<td>PROMACTA ORAL TABLET 25 MG</td>
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<td>QL (30 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 50 MG</td>
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<td>QL (60 TABLETS per 30 days)</td>
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<tr>
<td>RETACRIT INJECTION SOLUTION</td>
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<td>QL (10 vials per 14 days)</td>
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<tr>
<td>SIKLOS ORAL TABLET</td>
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<td>PA; ^ (CM)</td>
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<tr>
<td>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier 4</td>
<td>PA; QL (0.6 mL per 14 days)</td>
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<td>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</td>
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<td>QL (10 Syringes per 14 days)</td>
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**HEMOSTATICS**

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<tr>
<td>AMICAR ORAL SOLUTION</td>
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<tr>
<td>AMICAR ORAL SYRUP</td>
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<tr>
<td>aminocaproic acid oral tablet</td>
<td>Tier-2</td>
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<tr>
<td>tranexamic acid oral tablet</td>
<td>Tier-1</td>
<td>QL (30 TABLETS per 28 Days)</td>
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<thead>
<tr>
<th>Drug</th>
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<tr>
<td><strong>HEPATITIS C AGENT - COMBINATIONS</strong>*</td>
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<tr>
<td>EPCLUSA ORAL TABLET</td>
<td>Tier 4</td>
<td>PA; ¥ (Generic formulations are non-covered)</td>
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<tr>
<td>HARVONI ORAL TABLET</td>
<td>Tier 4</td>
<td>PA; ¥ (Generic formulations are non-covered)</td>
</tr>
<tr>
<td>VOSEVI ORAL TABLET</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS</strong></td>
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<tr>
<td>XURIDEN ORAL PACKET</td>
<td>Tier-2</td>
<td>PA; QL (120 Packets per 30 days)</td>
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<td><strong>HYPNOTICS</strong></td>
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<tr>
<td>chloral hydrate oral syrup</td>
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<tr>
<td>estazolam oral tablet</td>
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</tr>
<tr>
<td>eszopiclone oral tablet</td>
<td>Tier-1</td>
<td>QL (10 TABLETS per 30 days)</td>
</tr>
<tr>
<td>flurazepam hcl oral capsule</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>HETLIOZ ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; QL (30 EA per 30 days)</td>
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<tr>
<td>phenobarbital oral elixir</td>
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<tr>
<td>phenobarbital oral solution</td>
<td>Tier-1</td>
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<tr>
<td>phenobarbital oral tablet 100 mg, 60 mg</td>
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<tr>
<td>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>ROZEREM ORAL TABLET</td>
<td>Tier-3</td>
<td>STPA; QL (10 TABLETS per 30 Days)</td>
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<tr>
<td>temazepam oral capsule</td>
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<td>^ (LCG)</td>
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<tr>
<td>triazolam oral tablet</td>
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<tr>
<td>zaleplon oral capsule</td>
<td>Tier-1</td>
<td>QL (10 CAPSULES per 30 Days)</td>
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<tr>
<td>zolpidem tartrate er oral tablet extended release</td>
<td>Tier-1</td>
<td>STPA; QL (10 TABLETS per 30 Days)</td>
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<tr>
<td>zolpidem tartrate oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG); QL (10 TABLETS per 30 Days)</td>
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<tr>
<td>zolpidem tartrate sublingual tablet sublingual</td>
<td>Tier-2</td>
<td>STPA; QL (10 TABLETS per 30 days)</td>
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<tr>
<td>ZOLPIMIST ORAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Unit per 30 Days)</td>
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<td><strong>HYPOPHOSPHATASA (HPP) AGENTS</strong>*</td>
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<tr>
<td>STRENSIQ SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; QL (24 Vials per 28 days)</td>
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<tr>
<td><strong>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</strong>*</td>
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<tr>
<td>VIBERZI ORAL TABLET</td>
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<table>
<thead>
<tr>
<th>Drug</th>
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<tbody>
<tr>
<td><em>INTEGRIN RECEPTOR ANTAGONISTS</em>**</td>
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<tr>
<td>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><em>INTERLEUKIN ANTAGONISTS</em>**</td>
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<tr>
<td>STELARA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td><em>INTERLEUKIN-4 ALPHA ANTAGONISTS</em>**</td>
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<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</td>
<td>Tier 4</td>
<td>PA; QL (2 syringes per 28 days)</td>
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<td><em>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</em>**</td>
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<td>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA</td>
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<td>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>PA</td>
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<td><em>INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)</em>**</td>
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<td>CINQAIR INTRAVENOUS SOLUTION</td>
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<td><em>INTERLEUKIN-6 (IL-6) ANTAGONISTS</em>**</td>
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<tr>
<td>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA</td>
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<tr>
<td><em>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</em>**</td>
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<tr>
<td>TIBSOVO ORAL TABLET</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
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<td><em>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</em>**</td>
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<td>IDHIFA ORAL TABLET</td>
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<td>PA; ^ (CM); QL (30 Tablets per 30 days)</td>
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<td><em>LAXATIVES</em></td>
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<tr>
<td>CLENPIQ ORAL SOLUTION</td>
<td>Tier-3</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>constulose oral solution</td>
<td>Tier-1</td>
<td></td>
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<tr>
<td>GAVILYTE-C ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>GOLYTELY ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>HALFLYTELY WITH FLAVOR PACKS ORAL KIT</td>
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<tr>
<td>KRISTALOSE ORAL PACKET</td>
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<tr>
<td>lactulose oral solution</td>
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<tr>
<td>MOVIPREP ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
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<tr>
<td>OSMOPREP ORAL TABLET</td>
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<td>^ (ACA)</td>
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<tr>
<td>peg 3350/electrolytes oral solution reconstituted</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>PLENVU ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td>PREPOPIK ORAL PACKET</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
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<tr>
<td>SUPREP BOWEL PREP KIT ORAL SOLUTION</td>
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<td>^ (ACA)</td>
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<tr>
<td>TRILYTE ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
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<tr>
<td><em>LEPTIN ANALOGUES</em>**</td>
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<tr>
<td>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-3</td>
<td>PA; QL (30 Injections per 30 days)</td>
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<tr>
<td><em>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</em>**</td>
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<td>XIIDRA OPHTHALMIC SOLUTION</td>
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<td>PA</td>
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<tr>
<td><em>LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS</em>**</td>
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<tr>
<td>KANUMA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td><strong>MACROLIDES</strong></td>
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<tr>
<td>azithromycin oral packet</td>
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<tr>
<td>azithromycin oral suspension reconstituted</td>
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<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
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<tr>
<td>clarithromycin er oral tablet extended release 24 hour</td>
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<tr>
<td>clarithromycin oral suspension reconstituted</td>
<td>Tier-1</td>
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<td>clarithromycin oral tablet</td>
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<td>DIFICID ORAL TABLET</td>
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<td>PA</td>
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<td>E.E.S. 400 ORAL TABLET</td>
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<td>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</td>
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<td>ERY-TAB ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ERYTHROCIN STEARATE ORAL TABLET 250 MG</td>
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<td>erythromycin base oral capsule delayed release particles</td>
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<tr>
<td>erythromycin base oral tablet</td>
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<tr>
<td>erythromycin ethylsuccinate oral suspension reconstituted</td>
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<td>erythromycin ethylsuccinate oral tablet</td>
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<td>erythromycin stearate oral tablet 250 mg</td>
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<td>PCE ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ZMAX ORAL SUSPENSION RECONSTITUTED</td>
<td>Tier-3</td>
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**MEDICAL DEVICES**

| BD AUTOSHIELD                             | Tier-2 |           |
| BD AUTOSHIELD DUO                         | Tier-2 |           |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier-2 |           |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 30G X 1/2" 0.5 ML, U-100 1 ML | Tier-2 |           |
| BD INSULIN SYRINGE HALF-UNIT              | Tier-2 |           |
| BD INSULIN SYRINGE MICROFINE              | Tier-2 |           |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | Tier-2 |           |
| BD INSULIN SYRINGE U-40                   | Tier-2 |           |
| BD INSULIN SYRINGE ULTRAFINE              | Tier-2 |           |
| BD INTEGRA INSULIN SYRINGE                | Tier-2 |           |
| BD INTEGRA SYRINGE 25G X 1" 1 ML          | Tier-2 |           |
| BD PEN NEEDLE MINI U/F                    | Tier-2 |           |
| BD PEN NEEDLE NANO U/F                    | Tier-2 |           |

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<th>Status</th>
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<tr>
<td>BD PEN NEEDLE ORIGINAL U/F</td>
<td>Tier-2</td>
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<tr>
<td>BD PEN NEEDLE SHORT U/F</td>
<td>Tier-2</td>
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</tr>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16&quot; 0.5 ML, 31G X 5/16&quot; 0.3 ML</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>BD SAFETY-LOK INSULIN SYRINGE</td>
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<td><strong>MIGRAINE PRODUCTS</strong></td>
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<tr>
<td>almotriptan malate oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 days)</td>
</tr>
<tr>
<td>ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>STPA; QL (4 VIALS per 30 days)</td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal solution</td>
<td>Tier-3</td>
<td>QL (1 Box per 30 days)</td>
</tr>
<tr>
<td>eletriptan hydrobromide oral tablet</td>
<td>Tier-2</td>
<td>QL (6 EA per 30 days)</td>
</tr>
<tr>
<td>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL</td>
<td>Tier-3</td>
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<tr>
<td>ergotamine-caffeine oral tablet</td>
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</tr>
<tr>
<td>frovatriptan succinate oral tablet</td>
<td>Tier-2</td>
<td>QL (9 EA per 30 days)</td>
</tr>
<tr>
<td>MIGERGOT RECTAL SUPPOSITORY</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>MIGRANAL NASAL SOLUTION</td>
<td>Tier-3</td>
<td>QL (1 Box per 30 Days)</td>
</tr>
<tr>
<td>naratriptan hcl oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>ONZETRA XSAIL NASAL EXHALER POWDER</td>
<td>Tier-3</td>
<td>STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)</td>
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<td>rizatriptan benzoate oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
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<tr>
<td>rizatriptan benzoate oral tablet dispersible</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
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<tr>
<td>sumatriptan nasal solution 20 mg/act</td>
<td>Tier-1</td>
<td>QL (1 Box per 30 Days)</td>
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<tr>
<td>sumatriptan nasal solution 5 mg/act</td>
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<td>QL (2 Boxes per 30 Days)</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
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<tr>
<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
<td>Tier-1</td>
<td>QL (4 VIALS per 30 days)</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution</td>
<td>Tier-1</td>
<td>QL (4 Injections per 30 Days)</td>
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<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</td>
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<td>QL (4 INJECTIONS per 30 days)</td>
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<td>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</td>
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<td>QL (4 INJECTIONS per 30 days)</td>
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<tr>
<td>sumatriptan-naproxen sodium oral tablet</td>
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<td>PA; QL (9 EA per 30 days)</td>
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<td>zolmitriptan oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 Days)</td>
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<td>zolmitriptan oral tablet dispersible</td>
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<td>QL (6 TABLETS per 30 Days)</td>
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<tr>
<td>ZOMIG NASAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Box per 30 Days)</td>
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<td>GALZIN ORAL CAPSULE</td>
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<tr>
<td>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE</td>
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<td>LURIDE ORAL SOLUTION</td>
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<td>^ (ACA)</td>
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<tr>
<td>LURIDE ORAL TABLET CHEWABLE</td>
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<tr>
<td>potassium chloride er oral tablet extended release</td>
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<td>potassium chloride er oral capsule extended release</td>
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<td>potassium chloride er oral tablet extended release 10 meq, 8 meq</td>
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<td>sodium fluoride oral solution</td>
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<td><strong>MIXED ALLERGENIC EXTRACTS</strong>*</td>
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<td>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>PA; QL (30 EA per 30 days)</td>
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<td>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>PA; QL (30 EA per 30 days)</td>
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<tr>
<td><strong>MONOBACTAMS</strong>*</td>
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<tr>
<td>CAYSTON INHALATION SOLUTION REconstituted</td>
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<tr>
<td><strong>MOUTH/THROAT/DENTAL AGENTS</strong>*</td>
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<td>APHTHASOL MOUTH/THROAT PASTE</td>
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<tr>
<td>cevimeline hcl oral capsule</td>
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<tr>
<td>chlorhexidine gluconate mouth/throat solution</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<td>clotrimazole mouth/throat troche</td>
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<td>EPISIL MOUTH/THROAT LIQUID</td>
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<td>FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION</td>
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<td>GELCLAIR MOUTH/THROAT GEL</td>
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<td>lidocaine hcl mouth/throat solution</td>
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<td>lidocaine viscous mouth/throat solution</td>
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<td>NUMOISYN MOUTH/THROAT LIQUID</td>
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<td>nystatin mouth/throat suspension</td>
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<td>ORALONE MOUTH/THROAT PASTE</td>
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<td>PERIOGARD MOUTH/THROAT SOLUTION</td>
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<td>pilocarpine hcl oral tablet</td>
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<tr>
<td>triamcinolone acetonide mouth/throat paste</td>
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**MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***

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**MULTIVITAMINS***

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<td>CITRANATAL DHA ORAL</td>
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<tr>
<td>CITRANATAL RX ORAL TABLET</td>
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<tr>
<td>GESTICARE DHA ORAL 27-1 &amp; 250 MG</td>
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<tr>
<td>MARNATAL-F ORAL CAPSULE</td>
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<tr>
<td>mynephrocaps oral capsule</td>
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<tr>
<td>NEEVO DHA ORAL CAPSULE 27-1.13 MG</td>
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<tr>
<td>pnv-dha+docusate oral capsule</td>
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<tr>
<td>pnv-ob/dha oral</td>
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<tr>
<td>prenatal plus iron oral tablet</td>
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<tr>
<td>PREQUE 10 ORAL TABLET</td>
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<tr>
<td>SELECT-OB+DHA ORAL</td>
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<tr>
<td>VITAFOL-OB+DHA ORAL</td>
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**MUSCULAR DYSTROPHY AGENTS***

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<td>baclofen oral tablet</td>
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<td>carisoprodol oral tablet</td>
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<td>carisoprodol-aspirin oral tablet</td>
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<tr>
<td>carisoprodol-aspirin-codeine oral tablet</td>
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<td>chlorzoxazone oral tablet 500 mg</td>
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<td>cyclobenzaprine hcl oral tablet</td>
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<td>dantrolene sodium oral capsule</td>
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<td>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
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<td>metaxalone oral tablet 800 mg</td>
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<td>methocarbamol oral tablet</td>
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<td>orphenadrine citrate er oral tablet extended release 12 hour</td>
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<td>orphenadrine compound-ds oral tablet</td>
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<td>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</td>
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<td>tizanidine hcl oral capsule</td>
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<td>tizanidine hcl oral tablet</td>
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<td><strong>NASAL AGENTS - SYSTEMIC AND TOPICAL</strong></td>
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<td>azelastine hcl nasal solution 0.1 %</td>
<td>Tier-1 QL (3 EA per 90 Days)</td>
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<td>azelastine hcl nasal solution 0.15 %</td>
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<td>BACTROBAN NASAL NASAL OINTMENT</td>
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<td>budesonide nasal suspension</td>
<td>Tier-2 QL (3 EA per 90 days)</td>
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<td>flunisolide nasal solution</td>
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<td>fluticasone propionate nasal suspension</td>
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<td>ipratropium bromide nasal solution</td>
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<td>mometasone furoate nasal suspension</td>
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<td>olopatadine hcl nasal solution</td>
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<tr>
<td>triamcinolone acetonide nasal aerosol</td>
<td>Tier-2 QL (3 EA per 90 days)</td>
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<tr>
<td><strong>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</strong>*</td>
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<td>NORTHERA ORAL CAPSULE</td>
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<td>*<em>NEUROMUSCULAR AGENTS</em></td>
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<td>DYSPORT INTRAMUSCULAR SOLUTION REconstituted</td>
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<td>MYOBLOC INTRAMUSCULAR SOLUTION</td>
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<td>XEOMIN INTRAMUSCULAR SOLUTION REconstituted 100 UNIT, 50 UNIT</td>
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<td>ak-poly-bac ophthalmic ointment</td>
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<td>AZASITE OPHTHALMIC SOLUTION</td>
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<td>brimonidine tartrate ophthalmic solution 0.15 %</td>
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<td>BROMDAY OPHTHALMIC SOLUTION</td>
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<td>parcaine ophthalmic solution</td>
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<td><em>trifluridine ophthalmic solution</em></td>
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<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong>*</td>
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<td><strong>antibiotic ear otic solution</strong></td>
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<td><strong>methylergonovine maleate oral tablet</strong></td>
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<td>CYTOGAM INTRAVENOUS INJECTABLE</td>
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<td>FLEBOGAMMA DIF INTRAVENOUS SOLUTION</td>
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<td>GAMMAGARD INJECTION SOLUTION</td>
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<td>GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>GAMMAKED INJECTION SOLUTION</td>
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<td>GAMUNEX-C INJECTION SOLUTION</td>
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<td>PA; SI</td>
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<td>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</td>
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<td>OCTAGAM INTRAVENOUS SOLUTION</td>
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<td>PANZYGA INTRAVENOUS SOLUTION</td>
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<td>PA; SI</td>
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<td>PRIVIGEN INTRAVENOUS SOLUTION</td>
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<td>PA; SI</td>
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<td>SYNAGIS INTRAMUSCULAR SOLUTION</td>
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<td>PA; # (Preferred product); QL (1 System per 28 days)</td>
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<td>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>amoxicillin oral capsule</td>
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<td>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</td>
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<td>amoxicillin oral tablet</td>
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<tr>
<td>amoxicillin oral tablet chewable 125 mg</td>
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<td>amoxicillin oral tablet chewable 250 mg</td>
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<td>ampicillin oral capsule</td>
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<td>ampicillin oral suspension reconstituted</td>
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<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</td>
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<td>dicloxacillin sodium oral capsule</td>
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<tr>
<td>penicillin v potassium oral solution reconstituted</td>
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<td>^ (LCG)</td>
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<td>penicillin v potassium oral tablet</td>
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*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***

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<td>PA; ^ (CM)</td>
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<td>PA; ^ (CM)</td>
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*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***

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*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***

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<td>PA; ¥ (1 FILL PER LIFE OF PLAN)</td>
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*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***

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<tr>
<td>TAKHZYRO SUBCUTANEOUS SOLUTION</td>
<td>Tier 4</td>
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<tr>
<td><em>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</em>*</td>
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<tr>
<td>LYNPARZA ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
<td>LYNPARZA ORAL TABLET</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET</td>
<td>Tier 4</td>
<td>PA; ^ (CM); QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
<td>ZEJULA ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
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<td><em>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</em>**</td>
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<td>PA; ^ (CM)</td>
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<td>PA; ^ (CM)</td>
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<tr>
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<td>Tier 4</td>
<td>PA; ^ (CM); QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE</td>
<td>Tier 4</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
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<td>PA; ^ (CM)</td>
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<td><em>POTASSIUM REMOVING AGENTS</em>**</td>
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<tr>
<td>KIONEX ORAL SUSPENSION</td>
<td>Tier-1</td>
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<tr>
<td>LOKELMA ORAL PACKET</td>
<td>Tier-2</td>
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<tr>
<td>sodium polystyrene sulfonate oral suspension</td>
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<tr>
<td>VELTASSA ORAL PACKET</td>
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<tr>
<td><em>PROGESTINS</em></td>
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<tr>
<td>medroxyprogesterone acetate oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>megestrol acetate oral suspension 625 mg/5ml</td>
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<tr>
<td>norethindrone acetate oral tablet</td>
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<tr>
<td>progesterone micronized oral capsule</td>
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<tr>
<td><em>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</em>**</td>
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<tr>
<td>ZONTIVITY ORAL TABLET</td>
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<tr>
<td><em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em></td>
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<tr>
<td>acamprosate calcium oral tablet delayed release</td>
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<tr>
<td>AUBAGIO ORAL TABLET</td>
<td>Tier 4</td>
<td>QL (28 TABLETS per 28 Days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 12 MG</td>
<td>Tier 4</td>
<td>PA; QL (120 EA per 30 days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 6 MG, 9 MG</td>
<td>Tier 4</td>
<td>PA; QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>AVONEX INTRAMUSCULAR KIT</td>
<td>Tier 4</td>
<td>QL (4 VIALS per 28 Days)</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
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<tr>
<td>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</td>
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<td>QL (4 Pens per 28 days)</td>
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<tr>
<td>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</td>
<td>Tier 4</td>
<td>QL (4 Syringes per 28 days)</td>
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<tr>
<td>BETASERON SUBCUTANEOUS KIT</td>
<td>Tier 4</td>
<td>QL (15 Vials per 30 Days)</td>
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<tr>
<td>BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
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<tr>
<td>bupropion hcl er (smoking det) oral tablet extended release 12 hour</td>
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<tr>
<td>CHANTIX CONTINUING MONTH PAK ORAL TABLET</td>
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<td>CHANTIX ORAL TABLET</td>
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<tr>
<td>CHANTIX STARTING MONTH PAK ORAL TABLET</td>
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<tr>
<td>chlordiazepoxide-amitriptyline oral tablet</td>
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<tr>
<td>cvs nicotine polacrilex mouth/throat gum</td>
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<tr>
<td>cvs nicotine polacrilex mouth/throat lozenge</td>
<td>No Copayment</td>
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<tr>
<td>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</td>
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<tr>
<td>dalfampridine er oral tablet extended release 12 hour</td>
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<td>PA; QL (60 Tablets per 30 days)</td>
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<tr>
<td>disulfiram oral tablet</td>
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<tr>
<td>donepezil hcl oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>donepezil hcl oral tablet dispersible</td>
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<tr>
<td>eq nicotine mouth/throat gum 4 mg</td>
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<tr>
<td>eq nicotine mouth/throat lozenge</td>
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<tr>
<td>eq nicotine polacrilex mouth/throat gum</td>
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<td>eq nicotine polacrilex mouth/throat lozenge</td>
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<tr>
<td>eq nicotine step 3 transdermal patch 24 hour</td>
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<tr>
<td>eq nicotine transdermal patch 24 hour</td>
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<td>eql nicotine polacrilex mouth/throat gum</td>
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<td>eql nicotine polacrilex mouth/throat lozenge</td>
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<td>ergoloid mesylates oral tablet</td>
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<td>EXELON ORAL SOLUTION</td>
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<tr>
<td>fluoxetine hcl (pmdd) oral capsule</td>
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<td>^ (LCG)</td>
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<tr>
<td>fluoxetine hcl (pmdd) oral tablet</td>
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<th>Drug</th>
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<tbody>
<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour</td>
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<td>galantamine hydrobromide oral solution</td>
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<td>galantamine hydrobromide oral tablet</td>
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<tr>
<td>GILENYA ORAL CAPSULE 0.5 MG</td>
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<td>QL (30 EA per 30 days)</td>
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<tr>
<td>glatiramer acetate subcutaneous solution prefilled syringe</td>
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<tr>
<td>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
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<tr>
<td>gnp nicotine mini mouth/throat lozenge</td>
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<tr>
<td>gnp nicotine polacrilex mouth/throat gum</td>
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<td>gnp nicotine polacrilex mouth/throat lozenge</td>
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<tr>
<td>hm nicotine polacrilex mouth/throat gum</td>
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<tr>
<td>hm nicotine polacrilex mouth/throat lozenge</td>
<td>No Copayment</td>
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<td>HORIZANT ORAL TABLET EXTENDED RELEASE</td>
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<td>QL (60 EA per 30 days)</td>
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<td>INGREZZA ORAL CAPSULE</td>
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<td>PA; QL (30 capsules per 30 days)</td>
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<td>INGREZZA ORAL CAPSULE THERAPY PACK</td>
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<td>PA</td>
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<td>memantine hcl er oral capsule extended release 24 hour</td>
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<td>memantine hcl oral tablet</td>
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<td>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>nicotine step 3 transdermal patch 24 hour</td>
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<td>olanzapine-fluoxetine hcl oral capsule</td>
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<td>paroxetine mesylate oral capsule</td>
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<td>perphenazine-amitriptyline oral tablet</td>
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<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>PLEGRIDY STARTER PACK</td>
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<td>QL (2 Syringes per 28 days)</td>
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<td>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>REBIF TITRATION PACK</td>
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<td>REBIF SUBCUTANEOUS SOLUTION</td>
<td>Tier 4</td>
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<td>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION</td>
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<td>rivastigmine tartrate oral capsule</td>
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<td>SAVELLA ORAL TABLET</td>
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<td><em>sm nicotine polacrilex mouth/throat lozenge</em></td>
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<td><em>sm nicotine transdermal patch 24 hour</em></td>
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<td><em>sr nicotine mouth/throat gum</em></td>
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<td>QL (60 CAPSULES per 30 Days)</td>
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<td>TECFIDERA ORAL CAPSULE DELAYED RELEASE</td>
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<td>QL (60 CAPSULES per 30 Days)</td>
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<td>tgt nicotine step one transdermal patch 24 hour</td>
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<td>TYSABRI INTRAVENOUS CONCENTRATE</td>
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<td>XYREM ORAL SOLUTION</td>
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<td><em>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</em>**</td>
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<tr>
<td>OFEV ORAL CAPSULE</td>
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<td>QL (60 EA per 30 days)</td>
</tr>
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<td><em>PULMONARY FIBROSIS AGENTS</em>**</td>
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<td>ESBRIET ORAL CAPSULE</td>
<td>Tier 4</td>
<td>QL (270 EA per 30 days)</td>
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<tr>
<td>ESBRIET ORAL TABLET</td>
<td>Tier 4</td>
<td>QL (270 EA per 30 days)</td>
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<td><em>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</em>**</td>
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<td>UPTAVI ORAL TABLET</td>
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<td>PA</td>
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<tr>
<td>UPTAVI ORAL TABLET THERAPY PACK</td>
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<td><em>RESPIRATORY AGENTS - MISC.</em></td>
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<td>KALYDECO ORAL PACKET 25 MG</td>
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<tr>
<td>KALYDECO ORAL PACKET 50 MG, 75 MG</td>
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<td>PA; QL (56 EA per 28 days)</td>
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<td>KALYDECO ORAL TABLET</td>
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<td>PA; QL (60 TABLETS per 30 days)</td>
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<td><em>SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG</em>**</td>
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<td>ADDYI ORAL TABLET</td>
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<td><em>SEROTONIN MODULATORS</em>**</td>
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<td>nefazodone hcl oral tablet</td>
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<td>trazodone hcl oral tablet 300 mg</td>
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<td>TRINTELLIX ORAL TABLET</td>
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<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>VIIBRYD ORAL KIT</td>
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<td><em>SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS</em>**</td>
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<td>GLYXAMBI ORAL TABLET</td>
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<td><em>SINUS NODE INHIBITORS</em>*</td>
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<td>CORLANOR ORAL TABLET</td>
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<td><em>SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS</em>**</td>
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<td><em>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</em>**</td>
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<td>SYNJARDY ORAL TABLET</td>
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<td>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td><em>SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES</em>**</td>
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<td>triamcinolone acetonide mouth/throat paste</td>
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<td>doxycycline monohydrate oral capsule</td>
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<td>propylthiouracil oral tablet</td>
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<td>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</td>
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<td>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</td>
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<td>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</td>
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<td>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</td>
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<td>UNITHROID DIRECT ORAL TABLET</td>
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<td>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG</td>
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<td><em>TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS</em>**</td>
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<td>cimetidine hcl oral solution</td>
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<td>DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED</td>
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<td>DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE</td>
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<td>esomeprazole magnesium oral capsule delayed release 20 mg</td>
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<td>famotidine oral suspension reconstituted</td>
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<td>famotidine oral tablet 20 mg, 40 mg</td>
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<td>FIRST-LANSOPRAZOLE ORAL SUSPENSION</td>
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<td>FIRST-OMEPRAZOLE ORAL SUSPENSION</td>
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<td>NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE</td>
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<td>ranitidine hcl oral syrup</td>
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<td>sucralfate oral suspension</td>
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