Massachusetts Individual and Small Group
3-Tier Formulary

Effective: 01/01/2021
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.

3-Tier Pharmacy Copayment Program (3-Tier Program)
To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-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 three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- **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 the highest cost sharing amount

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.

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Tier 1 - Lowest Copayment  Tier 2 - Middle Copayment  Tier 3 - Highest Copayment
**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.

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**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.

Medications included in the Specialty Pharmacy Program must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For questions on special pharmacy program 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.

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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 $0 for up to a 30 day supply under the Massachusetts oral cancer therapy mandate. 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)


tuftshealthplan.com | 800.462.0224
For no cost translation in English, call the number on your ID card.

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<tr>
<th>Language</th>
<th>Translation</th>
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| Arabic        | لﻮﺼﺤﻠﻟ ىﻠﻋ ﺔﻣﺪﺧ ﺔﻤﺟﺮﺘﻟا ﺔﯿﻧﺎﺠﻤﻟا ﺔﻐﻠﻟﺎﺑ، ﺔﯿﺑﺮﻌﻟا ﻰﺟﺮﯾ لﺎﺼﺗﻻا ﻰﻠﻋ ﻘﻟا نوﺪﻤﻟا ﻰﻠﻋ ﺔﻗﺎﻄﺑ ﺔﯾﻮﮭﻟا ﺔﺻﺎﺨﻟا ﻻ ﻴﺑ ،]| Arabic
| Chinese        | 若需免費的中文版本，請撥打ID卡上的電話號碼。|
| French        | Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d’identité.|
| German        | Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.|
| Greek         | Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.|
| Haitian Creole | Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.|
| Italian       | Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.|
| Japanese      | 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。|
| Khmer (Cambodian) | កុម្មុយ្យសេរីភាសានៅមូលដ្ឋានគ្នារាងកាត់ឈ្មោះសារីពីប្រភេទសំខាន់ស្ថាក់មករឹងបើប់បញ្ហារៀបចំនៅពេលដែលអាចបញ្ហាបរិភោគឬបរិស្ថានបាន។|
| Korean        | 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.|
| Laotian       | ແនោស៊ីបឆ្លាស់ប្រឈមសេរីភាសានៅមូលដ្ឋានកំពុងការចម្លង់មករឹងបើប់បញ្ហារៀបចំនៅពេលដែលអាចបញ្ហាបរិភោគឬបរិស្ថានបាន。
| Navajo        | Doo bëzh illini da Diné k’ehji álnéchgo, hodilnih bëésh bee hani’è bee néé ho’dilzingo nantini gii bika’.
| Persian       | دینزب گنجز ناتنا ناسانش ترکا رد چردنم نفلت درامش مه یوسرافب گیگر همجرت ارد|
| Polish        | Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.|
| Portuguese    | Para tradução grátis para português, ligue para o número no seu cartão de identificação.|
| Russian       | Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.|
| Spanish       | Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.
| Tagalog       | Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.
| Vietnamese    | Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.|

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<td>benzphetamine hcl oral tablet</td>
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<tr>
<td>clonidine hcl er oral tablet extended release 12 hour</td>
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<tr>
<td>DAYTRANA TRANSDERMAL PATCH</td>
<td>Tier-3</td>
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<tr>
<td>dexamethasphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 40 mg, 5 mg</td>
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<tr>
<td>dexamethasphenidate hcl er oral capsule extended release 24 hour 20 mg, 25 mg, 35 mg</td>
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</tr>
<tr>
<td>dexamethasphenidate hcl oral tablet</td>
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</tr>
<tr>
<td>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</td>
<td>Tier-2</td>
</tr>
<tr>
<td>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</td>
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<tr>
<td>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</td>
<td>Tier-2</td>
<td>PA; ¥ (PA applies to members 25 and older ); QL (30 capsules per 30 days)</td>
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<tr>
<td>dextroamphetamine sulfate oral solution</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 25 and older )</td>
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<tr>
<td>dextroamphetamine sulfate oral tablet</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 25 and older )</td>
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<td>diethylpropion hcl oral tablet</td>
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<tr>
<td>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 25 and older ); QL (240 ML per 30 days)</td>
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<tr>
<td>guanfacine hcl er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (90 EA per 90 days)</td>
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<td>LOMAIRA ORAL TABLET</td>
<td>Tier-3</td>
<td>PA</td>
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<tr>
<td>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (30 tablets per 30 days)</td>
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<tr>
<td>methamphetamine hcl oral tablet</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (150 tablets per 30 days)</td>
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<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 10 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)</td>
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<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (30 capsules per 30 days)</td>
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<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)</td>
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<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (30 capsules per 30 days)</td>
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<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (60 capsules per 30 days)</td>
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<tr>
<td>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 54 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older ); QL (30 tablets per 30 days)</td>
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<tr>
<td>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</td>
<td>Tier-2</td>
<td>PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)</td>
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<td>methylphenidate hcl er oral tablet extended release 36 mg</td>
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<td>methylphenidate hcl er oral tablet extended release 72 mg</td>
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<td>PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)</td>
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<tr>
<td>methylphenidate hcl oral solution</td>
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<td>PA; ¥ (PA applies to members 25 and older )</td>
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<td>methylphenidate hcl oral tablet</td>
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<td>PA; ¥ (PA applies to members 25 and older )</td>
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<tr>
<td>methylphenidate hcl oral tablet chewable</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 25 and older )</td>
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<tr>
<td>modafinil oral tablet</td>
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<td>PA; QL (180 TABLETS per 90 days)</td>
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<td>phendimetrazine tartrate oral tablet</td>
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<td>phentermine hcl oral capsule</td>
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<td>phentermine hcl oral tablet</td>
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<td>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>PA</td>
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<tr>
<td>VYVANSE ORAL CAPSULE</td>
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<td>PA; STPA; ¥ (PA applies to members 25 and older ); QL (30 capsules per 30 days)</td>
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<td>VYVANSE ORAL TABLET CHEWABLE</td>
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<td>PA; STPA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)</td>
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<td>XENICAL ORAL CAPSULE</td>
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<td>PA</td>
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<td><strong>AGENTS FOR NARCOTIC WITHDRAWAL</strong>*</td>
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<td>LUCEMYRA ORAL TABLET</td>
<td>Tier-3</td>
<td>QL (132 Tablets per 1 Fill)</td>
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<td><strong>AGENTS FOR OPIOID WITHDRAWAL</strong>*</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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<td><strong>ALS AGENTS - MISCELLANEOUS</strong>*</td>
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<td>RADICAVA INTRAVENOUS SOLUTION</td>
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<td><strong>ALTERNATIVE MEDICINES</strong>*</td>
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<tr>
<td>coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg</td>
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<td>PA</td>
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<td><strong>AMEBICIDES</strong>*</td>
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<td>SOLOSEC ORAL PACKET</td>
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<td><strong>AMINO ACIDS</strong>*</td>
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<tr>
<td>ENDARI ORAL PACKET</td>
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<td>PA</td>
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<td>ARIKAYCE INHALATION SUSPENSION</td>
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<td>neomycin sulfate oral tablet</td>
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<td>paromomycin sulfate oral capsule</td>
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<td>TOBI PODHALER INHALATION CAPSULE</td>
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<td>tobramycin inhalation nebulization solution 300 mg/4ml</td>
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<td>tobramycin inhalation nebulization solution 300 mg/5ml</td>
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<td><strong>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</strong></td>
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<td>GIVLAARI SUBCUTANEOUS SOLUTION</td>
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<td>NUZYRA ORAL TABLET 150 MG</td>
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<td><strong>ANALGESICS - ANTI-INFLAMMATORY</strong></td>
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<tr>
<td>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 syringes per 28 days)</td>
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<tr>
<td>ACTEMRA INTRAVENOUS SOLUTION</td>
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<td>PA</td>
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<tr>
<td>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<tr>
<td>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 VIALS per 28 Days)</td>
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<tr>
<td>celecoxib oral capsule</td>
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<td>diclofenac potassium oral tablet</td>
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<tr>
<td>diclofenac sodium er oral tablet extended release 24 hour</td>
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<tr>
<td>diclofenac sodium oral tablet delayed release</td>
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<td>diclofenac-misoprostol oral tablet delayed release</td>
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<td>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (8 syringes per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (8 Syringes per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</td>
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<td>PA; SP; QL (8 Syringes per 28 days)</td>
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<td>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP; QL (8 syringes per 28 days)</td>
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<tr>
<td>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP; 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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<tr>
<td>etodolac oral capsule</td>
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<tr>
<td>etodolac oral tablet</td>
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<td>fenoprofen calcium oral tablet</td>
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<td>flurbiprofen oral tablet</td>
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<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT</td>
<td>Tier-2 PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td>80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</td>
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<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Syringes per 28 days)</td>
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<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT</td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT</td>
<td>Tier-2</td>
<td>PA; SP; QL (2 Syringes per 28 days)</td>
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<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
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<td>^ (LCG)</td>
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<tr>
<td>INDOCIN ORAL SUSPENSION</td>
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<td>INDOCIN RECTAL SUPPOSITORY</td>
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<td>indomethacin er oral capsule extended release</td>
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<tr>
<td>indomethacin oral capsule 25 mg, 50 mg</td>
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<td>ketorolac tromethamine oral tablet</td>
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<tr>
<td>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>PA; SP; QL (2 auto-injectors per 28 days)</td>
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<tr>
<td>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (2 syringes per 28 days)</td>
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<td>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; QL (28 Syringes per 28 days)</td>
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<tr>
<td>leflunomide oral tablet</td>
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<tr>
<td>meclofenamate sodium oral capsule</td>
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<td>mefenamic acid oral capsule</td>
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<tr>
<td>meloxicam oral tablet</td>
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<td>^ (LCG)</td>
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<td>nabumetone oral tablet</td>
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<td>naproxen dr oral tablet delayed release</td>
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<tr>
<td>naproxen oral suspension</td>
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<tr>
<td>naproxen oral tablet</td>
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<tr>
<td>naproxen sodium oral tablet 275 mg, 550 mg</td>
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<td>OLUMIANT ORAL TABLET</td>
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<td>PA; SP</td>
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<td>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<td>Medical Benefit</td>
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<td>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (4 Syringes per 28 days)</td>
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<td>oxaprozin oral tablet</td>
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<td>piroxicam capsule</td>
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<tr>
<td>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</td>
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<td>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>PA; SP; QL (30 Tablets per 30 days)</td>
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<td>SIMPONI ARIA INTRAVENOUS SOLUTION</td>
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<td>PA; SP; QL (1 Syringe per 28 days)</td>
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<td>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Syringe per 28 days)</td>
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<tr>
<td>sulindac oral tablet</td>
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<td>tolmetin sodium oral capsule</td>
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<td>tolmetin sodium oral tablet 600 mg</td>
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<td>XELJANZ ORAL TABLET</td>
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<td>PA; SP; QL (60 TABLETS per 30 days)</td>
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<td>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>PA; SP; QL (30 Tablets per 30 days)</td>
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**ANALGESICS - NONNARCOTIC**

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<td>butalbital-acetaminophen oral tablet 50-325 mg</td>
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<td>butalbital-apap-caffeine oral capsule 50-325-40 mg</td>
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<tr>
<td>butalbital-apap-caffeine oral tablet 50-325-40 mg</td>
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<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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<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>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
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<td>acetaminophen-codeine oral solution</td>
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<td>QL (150 ML per 1 day)</td>
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<tr>
<td>apap-caff-dihydrocodeine oral capsule</td>
<td>Tier-2</td>
<td>QL (10 Capsules per 1 day)</td>
</tr>
<tr>
<td>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</td>
<td>Tier-2</td>
<td>QL (10 Tablets per 1 day)</td>
</tr>
<tr>
<td>ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG</td>
<td>Tier-1</td>
<td>QL (90 EA per 30 days)</td>
</tr>
<tr>
<td>ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG</td>
<td>Tier-1</td>
<td>PA; QL (3 tablets per 1 day)</td>
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<tr>
<td>BELBUCA BUCCAL FILM</td>
<td>Tier-3</td>
<td>PA; QL (60 Films per 30 days)</td>
</tr>
<tr>
<td>BUNAVAIL BUCCAL FILM</td>
<td>Tier-3</td>
<td>PA</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 2 mg</td>
<td>Tier-1</td>
<td>QL (90 EA per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual 8 mg</td>
<td>Tier-1</td>
<td>QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl naloxone hcl sublingual film</td>
<td>Tier-2</td>
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<tr>
<td>buprenorphine hcl naloxone hcl sublingual tablet sublingual</td>
<td>Tier-1</td>
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</tr>
<tr>
<td>buprenorphine transdermal patch weekly</td>
<td>Tier-2</td>
<td>PA; QL (4 EA per 30 days)</td>
</tr>
<tr>
<td>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</td>
<td>Tier-2</td>
<td>QL (360 Capsules per 30 days)</td>
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<tr>
<td>butalbital-asa-caff-codeine oral capsule</td>
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<tr>
<td>butorphanol tartrate nasal solution</td>
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<tr>
<td>codeine sulfate oral tablet 15 mg</td>
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<td>QL (24 tablets per 1 day)</td>
</tr>
<tr>
<td>codeine sulfate oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (12 tablets per 1 day)</td>
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<tr>
<td>codeine sulfate oral tablet 60 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
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<td>QL (120 UNITS per 30 Days)</td>
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<tr>
<td>fentanyl citrate buccal tablet</td>
<td>Tier-2</td>
<td>QL (120 buccal tablets per 30 days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</td>
<td>Tier-1</td>
<td>PA; QL (10 PATCHES per 30 days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</td>
<td>Tier-1</td>
<td>QL (10 PATCHES per 30 Days)</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 37.5 mcg/hr</td>
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<tr>
<td>fentanyl transdermal patch 72 hour 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, 7.5-300 mg, 7.5-325 mg</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</td>
<td>Tier-1</td>
<td>QL (5 Tablets per 1 day)</td>
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<tr>
<td>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</td>
<td>Tier-2</td>
<td>QL (30 EA per 30 days)</td>
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<tr>
<td>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</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>hydromorphone hcl oral tablet 2 mg</td>
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<td>QL (10 tablets per 1 day)</td>
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<tr>
<td>hydromorphone hcl oral tablet 4 mg</td>
<td>Tier-1</td>
<td>QL (5 tablets per 1 day)</td>
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<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 rectal suppository</td>
<td>Tier-1</td>
<td>QL (4 EA per 1 day)</td>
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<tr>
<td>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG</td>
<td>Tier-3</td>
<td>PA; QL (2 tablets per 1 day)</td>
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<tr>
<td>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</td>
<td>Tier-3</td>
<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</td>
<td>Tier-3</td>
<td>PA; QL (60 CAPSULES per 30 days)</td>
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<tr>
<td>meperidine hcl oral solution</td>
<td>Tier-1</td>
<td>QL (90 ML per 1 day)</td>
</tr>
<tr>
<td>meperidine hcl oral tablet 100 mg</td>
<td>Tier-1</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>meperidine hcl oral tablet 50 mg</td>
<td>Tier-1</td>
<td>QL (18 tablets per 1 day)</td>
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<tr>
<td>methadone hcl injection solution</td>
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<td>PA; QL (2 ML per 1 day)</td>
</tr>
<tr>
<td>METHADONE HCL INTENSOL ORAL CONCENTRATE</td>
<td>Tier-1</td>
<td>PA; QL (2 ML per 1 day)</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>
</tr>
<tr>
<td>methadone hcl oral solution 5 mg/5ml</td>
<td>Tier-1</td>
<td>PA; QL (20 ML per 1 day)</td>
</tr>
<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>
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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>morphine sulfate (concentrate) oral solution 100 mg/5ml</td>
<td>Tier-1</td>
<td>QL (4.5 ML per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate (concentrate) oral solution 20 mg/ml</td>
<td>Tier-1</td>
<td>QL (4.5 EA per 1 day)</td>
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<tr>
<td>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</td>
<td>Tier-1</td>
<td>PA; QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</td>
<td>Tier-1</td>
<td>QL (1 capsule per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour 10 mg</td>
<td>Tier-1</td>
<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour 100 mg</td>
<td>Tier-1</td>
<td>PA; QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour 20 mg, 30 mg</td>
<td>Tier-1</td>
<td>QL (60 CAPSULES per 30 Days)</td>
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<tr>
<td>morphine sulfate er oral capsule extended release 24 hour 40 mg</td>
<td>Tier-1</td>
<td>QL (60 capsules per 30 days)</td>
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<tr>
<td>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</td>
<td>Tier-1</td>
<td>PA; QL (60 CAPSULES per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</td>
<td>Tier-1</td>
<td>PA; QL (90 TABLETS per 30 days)</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release 15 mg, 30 mg</td>
<td>Tier-1</td>
<td>QL (90 TABLETS per 30 Days)</td>
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<tr>
<td>morphine sulfate oral solution 10 mg/5ml</td>
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<td>QL (45 ML per 1 day)</td>
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<tr>
<td>morphine sulfate oral solution 20 mg/5ml</td>
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<td>QL (22.5 ML per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate oral tablet 15 mg</td>
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<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate oral tablet 30 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate rectal suppository 10 mg, 5 mg</td>
<td>Tier-1</td>
<td>QL (6 suppositories per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate rectal suppository 20 mg</td>
<td>Tier-1</td>
<td>QL (4 suppositories per 1 day)</td>
</tr>
<tr>
<td>morphine sulfate rectal suppository 30 mg</td>
<td>Tier-2</td>
<td>QL (3 suppositories per 1 day)</td>
</tr>
<tr>
<td>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>Tier-3</td>
<td>QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG</td>
<td>Tier-3</td>
<td>QL (12 tablets per 1 day)</td>
</tr>
<tr>
<td>OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG</td>
<td>Tier-3</td>
<td>QL (8 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
<td>Tier-2</td>
<td>QL (2 tablets per 1 day)</td>
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<thead>
<tr>
<th>Drug</th>
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<tbody>
<tr>
<td>oxycodone hcl oral capsule</td>
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<td>QL (12 capsules per 1 day)</td>
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<tr>
<td>oxycodone hcl oral concentrate 100 mg/5ml</td>
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<td>QL (3 ML per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral solution</td>
<td>Tier-1</td>
<td>QL (60 ML per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 10 mg</td>
<td>Tier-1</td>
<td>QL (6 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 15 mg</td>
<td>Tier-1</td>
<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone hcl oral tablet 20 mg</td>
<td>Tier-1</td>
<td>QL (3 tablets per 1 day)</td>
</tr>
<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>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg</td>
<td>Tier-1</td>
<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>
<td>Tier-1</td>
<td>QL (12 Tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 7.5-325 mg</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-aspirin oral tablet 4.8355-325 mg</td>
<td>Tier-1</td>
<td>QL (12 Tablets per 1 day)</td>
</tr>
<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg</td>
<td>Tier-1</td>
<td>QL (6 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-acetaminophen oral tablet 2.5-325 mg</td>
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<td>QL (12 Tablets per 1 day)</td>
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<td>oxycodone-acetaminophen oral tablet 7.5-325 mg</td>
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<td>oxycodone-acetaminophen oral tablet 10-325 mg</td>
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<td>oxycodone-acetaminophen oral tablet 2.5-325 mg</td>
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<td>oxycodone-acetaminophen oral tablet 7.5-325 mg</td>
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<td>QL (8 Tablets per 1 day)</td>
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<td>QL (12 Tablets per 1 day)</td>
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<tr>
<td>oxycodone-hcl oral tablet extended release 12 hour</td>
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<td>QL (2 tablets per 1 day)</td>
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<tr>
<td>oxycodone hcl oral tablet 10 mg</td>
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<td>QL (3 tablets per 1 day)</td>
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<tr>
<td>oxycodone hcl oral tablet 5 mg</td>
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<td>QL (6 tablets per 1 day)</td>
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<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
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<td>QL (4 tablets per 1 day)</td>
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<td>PRIMLEV ORAL TABLET</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 oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</td>
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<td>QL (1 tablet per 1 day)</td>
</tr>
<tr>
<td>tramadol hcl er oral capsule extended release 24 hour</td>
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<td>QL (1 capsule per 1 day)</td>
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<td>tramadol hcl er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
<td>QL (1 tablet per 1 day)</td>
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<tr>
<td>tramadol hcl oral tablet 100 mg</td>
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<td>QL (4 tablets per 1 day)</td>
</tr>
<tr>
<td>tramadol hcl oral tablet 50 mg</td>
<td>Tier-1</td>
<td>QL (8 tablets per 1 day)</td>
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<tr>
<td>tramadol-acetaminophen oral tablet</td>
<td>Tier-1</td>
<td>QL (8 Tablets per 1 day)</td>
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<tr>
<td>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</td>
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<td>QL (60 Capsules per 30 days)</td>
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<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>
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**ANDROGENS-ANABOLIC**

| ANADROL-50 ORAL TABLET                                   | Tier-3  |                                            |

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<td>JATENZO ORAL CAPSULE 158 MG, 237 MG</td>
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<td>JATENZO ORAL CAPSULE 198 MG</td>
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<td>PA; QL (4 capsules per 1 day)</td>
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<td>methitest oral tablet</td>
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<tr>
<td>oxandrolone oral tablet</td>
<td>Tier-2</td>
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<tr>
<td>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</td>
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<td>testosterone enanthate intramuscular solution</td>
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<td>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%)</td>
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<td>testosterone transdermal gel 20.25 mg/1.25 gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5 gm (1.62%)</td>
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<td>hydrocortisone rectal enema</td>
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<td>RECTIV RECTAL OINTMENT</td>
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<td>QL (1 TUBE per 30 Days)</td>
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<td>benznidazole oral tablet</td>
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<td>ISORDIL TITRADOSE ORAL TABLET 40 MG</td>
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<td>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</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-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</td>
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<td>nitroglycerin transdermal patch 24 hour</td>
<td>Tier-1</td>
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<td>nitroglycerin translingual solution</td>
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<tr>
<td>ranolazine er oral tablet extended release 12 hour</td>
<td>Tier-2</td>
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**ANTIANXIETY AGENTS**

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<tr>
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<tbody>
<tr>
<td>alprazolam oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>alprazolam oral tablet dispersible</td>
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<tr>
<td>buspirone hcl oral tablet</td>
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<tr>
<td>chlordiazepoxide hcl oral capsule</td>
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<td>^ (LCG)</td>
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<tr>
<td>clorazepate dipotassium oral tablet</td>
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<tr>
<td>diazepam oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>hydroxyzine hcl oral syrup</td>
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<tr>
<td>hydroxyzine hcl oral tablet</td>
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<tr>
<td>hydroxyzine pamoate oral capsule</td>
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<tr>
<td>LORAZEPAM INTENSOL ORAL CONCENTRATE</td>
<td>Tier-1</td>
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<tr>
<td>lorazepam oral concentrate 2 mg/ml</td>
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<tr>
<td>lorazepam oral tablet</td>
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<tr>
<td>meprobamate oral tablet</td>
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<tr>
<td>oxazepam oral capsule</td>
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**ANTIARRHYTHMICS**

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<td>disopyramide phosphate oral capsule</td>
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<td>dofetilide oral capsule</td>
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<td>flecaïnide acetate oral tablet</td>
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<tr>
<td>mexiletine hcl oral capsule</td>
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<tr>
<td>MULTAQ ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
<td>Tier-3</td>
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<tr>
<td>PACERONE ORAL TABLET 100 MG</td>
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<tr>
<td>PACERONE ORAL TABLET 200 MG, 400 MG</td>
<td>Tier-1</td>
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<tr>
<td>propafenone hcl er oral capsule extended release 12 hour</td>
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<tr>
<td>propafenone hcl oral tablet</td>
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<tr>
<td>quinidine gluconate er oral tablet extended release</td>
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<td><em>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</em></td>
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<td>quinidine sulfate oral tablet</td>
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<tr>
<td>ADFAIR HFA INHALATION AEROSOL</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
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<tr>
<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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<tr>
<td>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 Days)</td>
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<tr>
<td>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</td>
<td>Tier-1</td>
<td>QL (360 vials per 90 days)</td>
</tr>
<tr>
<td>albuterol sulfate oral syrup</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>albuterol sulfate oral tablet</td>
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<tr>
<td>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<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>
</tr>
<tr>
<td>ATROVENT HFA INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<tr>
<td>BREO 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>BROVANA INHALATION NEBULIZATION SOLUTION</td>
<td>Tier-3</td>
<td>QL (180 vials per 90 Days)</td>
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<tr>
<td>budesonide inhalation suspension</td>
<td>Tier-1</td>
<td>QL (180 VIALS per 90 Days)</td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 Days)</td>
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<tr>
<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>
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<tr>
<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 Days)</td>
</tr>
<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 Diskus per 90 days)</td>
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<tr>
<td>ipratropium bromide inhalation solution</td>
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<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>
</tr>
<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 inhalation aerosol</td>
<td>Tier-1</td>
<td>QL (6 inhalers per 90 days)</td>
</tr>
<tr>
<td>metaproterenol sulfate oral syrup</td>
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<td>^ (LCG)</td>
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<tr>
<td>montelukast sodium oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>montelukast sodium oral tablet chewable</td>
<td>Tier-1</td>
<td>^ (LCG)</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>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (6 UNITS per 90 days)</td>
</tr>
<tr>
<td>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>Tier-2</td>
<td>QL (3 UNITS per 90 days)</td>
</tr>
<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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<td>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</td>
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<td>QL (6 Inhalers per 90 days)</td>
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<td>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</td>
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<td>QL (3 UNITS per 90 days)</td>
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<td>SYMBICORT INHALATION AEROSOL</td>
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<td>QL (6 UNITS per 90 days)</td>
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<td>terbutaline sulfate oral tablet</td>
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<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<tr>
<td>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</td>
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<td>theophylline er oral tablet extended release 24 hour</td>
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<tr>
<td>theophylline oral solution</td>
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<tr>
<td>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH</td>
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<td>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td>QL (3 Diskus per 90 days)</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><strong>ANTICOAGULANTS</strong></td>
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<td>ELIQUIS ORAL TABLET</td>
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<td>enoxaparin sodium injection solution</td>
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<td>enoxaparin sodium subcutaneous solution</td>
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<td>fondaparinux sodium subcutaneous solution</td>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000</td>
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<td>UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500</td>
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<td>UNIT/0.3ML, 95000 UNIT/3.8ML</td>
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<td>heparin sodium (porcine) injection solution 1000 unit/ml, 1000 unit/ml</td>
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<td>JANTOVEN ORAL TABLET</td>
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<td>warfarin sodium oral tablet</td>
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<td>XARELTO ORAL TABLET</td>
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<td>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</td>
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<td>BANZEL ORAL SUSPENSION</td>
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<td>BANZEL ORAL TABLET 200 MG</td>
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<td>BANZEL ORAL TABLET 400 MG</td>
<td>Tier-2 QL (720 TABLETS per 90 Days)</td>
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<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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<tr>
<td>carbamazepine oral suspension</td>
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<td>carbamazepine oral tablet</td>
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<tr>
<td>carbamazepine oral tablet chewable</td>
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<td>clobazam oral suspension</td>
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<td>clonazepam oral tablet</td>
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<td>DIACOMIT ORAL CAPSULE</td>
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<td>DIACOMIT ORAL PACKET</td>
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<td>PA</td>
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<td>DIASTAT ACUDIAL RECTAL GEL</td>
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<td>QL (1 kit per 1 fill)</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 1 fill)</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 delayed release sprinkle</td>
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<td>gabapentin oral capsule</td>
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<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>
<td>Tier-2</td>
<td>QL (270 EA per 90 days)</td>
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<tr>
<td>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</td>
<td>Tier-2</td>
<td>QL (180 EA per 90 days)</td>
</tr>
<tr>
<td>lamotrigine oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>lamotrigine oral tablet chewable</td>
<td>Tier-1</td>
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<tr>
<td>lamotrigine oral tablet dispersible</td>
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<tr>
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<tbody>
<tr>
<td>lamotrigine starter kit-blue oral kit</td>
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<td>lamotrigine starter kit-green oral kit</td>
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<tr>
<td>lamotrigine starter kit-orange oral kit</td>
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<tr>
<td>levetiracetam er oral tablet extended release 24 hour</td>
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<tr>
<td>levetiracetam oral solution</td>
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<td>levetiracetam oral tablet</td>
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<tr>
<td>NAYZILAM NASAL SOLUTION</td>
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<td>PA; ¥ (PA applies to members 11 and younger); QL (1 box per 1 Fill)</td>
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<tr>
<td>oxcarbazepine oral suspension</td>
<td>Tier-1</td>
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<tr>
<td>oxcarbazepine oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</td>
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<td>QL (30 TABLETS per 30 Days)</td>
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<tr>
<td>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</td>
<td>Tier-3</td>
<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>pregabalin oral capsule</td>
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<td>primidone oral tablet</td>
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<tr>
<td>SYMPAZAN ORAL FILM</td>
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<td>PA</td>
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<tr>
<td>tiagabine hcl oral tablet 12 mg, 16 mg</td>
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<tr>
<td>tiagabine hcl oral tablet 2 mg, 4 mg</td>
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<tr>
<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>topiramate oral tablet</td>
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<tr>
<td>valproic acid oral capsule</td>
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<tr>
<td>VALTOCO 10 MG DOSE NASAL LIQUID</td>
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<td>PA; QL (2 blister packs per 1 fill)</td>
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<tr>
<td>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</td>
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<tr>
<td>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</td>
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<tr>
<td>VALTOCO 5 MG DOSE NASAL LIQUID</td>
<td>Tier-3</td>
<td>PA; QL (2 blister packs per 1 fill)</td>
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<tr>
<td>vigabatrin oral packet</td>
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<td>vigabatrin oral tablet</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>
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<td>QL (180 TABLETS per 90 days)</td>
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<td>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
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<tr>
<td>XCOPRI ORAL TABLET THERAPY PACK</td>
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<td>zonisamide oral capsule</td>
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*ANTIDEPRESSANTS*

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<td>amitriptyline hcl oral tablet</td>
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<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>amoxapine oral tablet</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>APLENZIN 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>bupropion hcl er (sr) oral tablet extended release 12 hour</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</td>
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<tr>
<td>bupropion hcl oral tablet</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>citalopram hydrobromide oral solution</td>
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<td>citalopram hydrobromide oral tablet</td>
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<tr>
<td>clomipramine hcl oral capsule</td>
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<tr>
<td>desipramine hcl oral tablet</td>
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<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<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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<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour</td>
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<td>doxepin hcl oral capsule</td>
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<td>doxepin hcl oral concentrate</td>
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<tr>
<td>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</td>
<td>Tier-3</td>
<td>STPA; QL (60 capsules per 30 days)</td>
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<tr>
<td>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</td>
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<td>STPA; QL (90 capsules per 30 days)</td>
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<tr>
<td>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</td>
<td>Tier-1</td>
<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>
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<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>escitalopram oxalate oral solution</td>
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<td>escitalopram oxalate oral tablet</td>
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<tr>
<td>fluoxetine hcl oral capsule</td>
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<td>^ (LCG)</td>
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<td>fluoxetine hcl oral solution</td>
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<td>fluoxetine hcl oral tablet</td>
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<td>fluvoxamine maleate oral tablet</td>
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<td>imipramine hcl oral tablet</td>
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<td>maprotiline hcl oral tablet</td>
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<td>MARPLAN ORAL TABLET</td>
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<td>PA; ¥ (PA applies to members 12 and younger); ^ (LCG)</td>
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<tr>
<td>PEXEVA ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</td>
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<td>sertraline hcl oral concentrate</td>
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<td>tranylcypromine sulfate oral tablet</td>
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<td>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</td>
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<td>trimipramine maleate oral capsule</td>
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<td>TRINTELLIX ORAL TABLET</td>
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<td>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</td>
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<td><em>ANTIDIABETICS</em></td>
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<td>alogliptin-metformin hcl oral tablet</td>
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<td>alogliptin-pioglitazone oral tablet</td>
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<tr>
<td>BAQSIMI ONE PACK NASAL POWDER</td>
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<td>QL (2 devices per 1 fill)</td>
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<td>BAQSIMI TWO PACK NASAL POWDER</td>
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<td>CYCLOSET ORAL TABLET</td>
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<td>diazoxide oral suspension</td>
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<td>FARXIGA ORAL TABLET</td>
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<td>glimepiride oral tablet</td>
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<td>glipizide er oral tablet extended release 24 hour</td>
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<td>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</td>
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<td>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</td>
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<td>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
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<td>HUMALO 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
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<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>JANUVIA ORAL TABLET</td>
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<td>JARDIANCE ORAL TABLET</td>
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<td>KORLYM ORAL TABLET</td>
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<td>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>PA</td>
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<td>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</td>
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<td>miglitol oral tablet</td>
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<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>pioglitazone hcl oral tablet</td>
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<td>pioglitazone hcl-glimepiride oral tablet</td>
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<td>pioglitazone hcl-metformin hcl oral tablet</td>
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<td>repaglinide oral tablet</td>
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<td>RYBELSUS ORAL TABLET</td>
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<td>TOUJE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</td>
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<td>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>MYTESI ORAL TABLET DELAYED RELEASE</td>
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<td>VISTOGARD ORAL PACKET</td>
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<td>EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML</td>
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<td>PA; ¥ (Max of 2 kits (4 units) per 30 days); QL (1 KIT per 1 Fill)</td>
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<td>FERRIPROX ORAL SOLUTION</td>
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<td>aprepitant oral capsule 80 mg</td>
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<td>EMEND ORAL SUSPENSION RECONSTITUTED</td>
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<td>QL (3 Units per 7 days)</td>
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<td>gransisetron hcl oral tablet</td>
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<td>ondansetron hcl oral solution</td>
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<td>QL (90 ML per 7 Days)</td>
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<td>ondansetron hcl oral tablet 24 mg</td>
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<td>QL (1 TABLET per 7 Days)</td>
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<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<td>ZUPLENZ ORAL FILM</td>
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<td>QL (10 FILMS per 7 Days)</td>
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<td>¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)</td>
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<td>voriconazole oral suspension reconstituted</td>
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<td>QL (56 TABLETS per 14 days)</td>
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<td><strong>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR</strong></td>
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<th>Drug</th>
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<td><strong>ANTI-INFECTIVE AGENTS - MISC.</strong>*</td>
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<tr>
<td>AEMCOLO ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ALINIA ORAL SUSPENSION RECONSTITUTED</td>
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<td>ALINIA ORAL TABLET</td>
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<td>atovaquone oral suspension</td>
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<td>clindamycin hcl oral capsule</td>
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<td>clindamycin palmitate hcl oral solution reconstituted</td>
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<td>linezolid oral tablet</td>
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<td>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</td>
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<td>sulfamethoxazole-trimethoprim oral tablet</td>
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<td>tinidazole oral tablet</td>
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<td>trimethoprim oral tablet</td>
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<tr>
<td>XIFAXAN ORAL TABLET 200 MG</td>
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<td>XIFAXAN ORAL TABLET 550 MG</td>
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<td>atovaquone-proguanil hcl oral tablet</td>
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<td>chloroquine phosphate oral tablet</td>
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<td>PA; ¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection)</td>
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<td><strong>COARTEM ORAL TABLET</strong></td>
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<td>hydroxychloroquine sulfate oral tablet</td>
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<td>KRINTAFEL ORAL TABLET</td>
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<td>pyridostigmine bromide er oral tablet extended</td>
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<td>pyridostigmine bromide oral tablet</td>
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<td>abiraterone acetate oral tablet</td>
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<td>AFINITOR DISPERZ ORAL TABLET SOLUBLE</td>
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<td>AFINITOR ORAL TABLET 10 MG</td>
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<td>ALECENSA ORAL CAPSULE</td>
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<tr>
<td>ALUNBRIG ORAL TABLET</td>
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<td>bexarotene oral capsule</td>
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<td>SP; ^ (CM)</td>
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<td>bicalutamide oral tablet</td>
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<td>^ (CM)</td>
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<tr>
<td>BOSULIF ORAL TABLET 100 MG</td>
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<td>PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)</td>
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<td>BOSULIF ORAL TABLET 400 MG</td>
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<td>BOSULIF ORAL TABLET 500 MG</td>
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<td>PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)</td>
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<td>BRAFTOVI ORAL CAPSULE 75 MG</td>
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<td>BRUKINSA ORAL CAPSULE</td>
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<td>CABOMETYX ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<td>CALQUENCE ORAL CAPSULE</td>
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<td>capecitabine oral tablet 150 mg</td>
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<td>CAPRELSA ORAL TABLET 100 MG</td>
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<td>PA; ^ (CM); QL (60 TABLETS per 30 Days)</td>
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<td>CAPRELSA ORAL TABLET 300 MG</td>
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<td>PA; ^ (CM); QL (30 TABLETS per 30 Days)</td>
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<td>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</td>
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<td>ERIVEDGE ORAL CAPSULE</td>
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<td>erlotinib hcl oral tablet 100 mg, 150 mg</td>
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<td>erlotinib hcl oral tablet 25 mg</td>
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<td>SP; ^ (CM)</td>
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<td>HYCAMTIN ORAL CAPSULE 0.25 MG</td>
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<td>^ (CM)</td>
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<td>ICLUSIG ORAL TABLET 15 MG</td>
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<td>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</td>
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<td>leucovorin calcium oral tablet</td>
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<td>^ (CM)</td>
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<td>LYSODREN ORAL TABLET</td>
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<td>MATULANE ORAL CAPSULE</td>
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<td>melphalan oral tablet</td>
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<td>NEXAVAR ORAL TABLET</td>
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<td>nilutamide oral tablet</td>
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<td>POMALYST ORAL CAPSULE</td>
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<td>PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PURIXAN ORAL SUSPENSION</td>
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<td>QINLOCK ORAL TABLET</td>
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<tr>
<td>RETEVMO ORAL CAPSULE 40 MG</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM); QL (180 capsules per 30 days)</td>
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<td>SP; ^ (CM)</td>
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<td>PA; ^ (CM)</td>
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<td>XTANDI ORAL CAPSULE</td>
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<td>PA; SP; ^ (CM); QL (120 CAPSULES per 30 Days)</td>
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<td>benztropine mesylate oral tablet 0.5 mg, 1 mg</td>
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<td>benztropine mesylate oral tablet 2 mg</td>
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<td>ropinirole hcl er oral tablet extended release 24 hour</td>
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<td>ropinirole hcl oral tablet</td>
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<td>selegiline hcl oral capsule</td>
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<td>clozapine oral tablet</td>
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<td>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</td>
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<td>prochlorperazine maleate oral tablet</td>
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<td>PREZISTA ORAL SUSPENSION</td>
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<td>RELENZA DISKHALE INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
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<td><em>ATOPIC DERMATITIS - MONOClonAL ANTIBodies</em>**</td>
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<td>Tier-2</td>
<td>PA; QL (3 pens per 90 days)</td>
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<tr>
<td>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; QL (3 pens per 90 days)</td>
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<tr>
<td>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; QL (3 syringes per 30 days)</td>
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<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; ¥ (2 auto-injectors/syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 pen per 30 days)</td>
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<td>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; ¥ (2 auto-injectors/syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 syringe per 30 days)</td>
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<td>VYEPTI INTRAVENOUS SOLUTION</td>
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<td>PA</td>
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<td><strong>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</strong>*</td>
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<td>NURTEC ORAL TABLET DISPEROSABLE</td>
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<td>PA; QL (8 tablets per 30 days)</td>
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<td><strong>CALCIUM CHANNEL BLOCKERS</strong></td>
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<tr>
<td>amlodipine besylate oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>diltiazem hcl er coated beads oral capsule extended release 24 hour</td>
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<td>diltiazem hcl er coated beads oral tablet extended release 24 hour</td>
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<tr>
<td>diltiazem hcl er oral capsule extended release 12 hour</td>
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<td>diltiazem hcl er oral capsule extended release 24 hour 120 mg</td>
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<td>dilt-xr oral capsule extended release 24 hour</td>
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<td>felodipine er oral tablet extended release 24 hour</td>
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<td>isradipine oral capsule</td>
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<td>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>nicardipine hcl oral capsule</td>
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<td>nifedipine er oral tablet extended release 24 hour</td>
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<td>nifedipine er osmotic release oral tablet extended release 24 hour</td>
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<td>nifedipine oral capsule</td>
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<td>nimodipine oral capsule</td>
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<td>nisoldipine er oral tablet extended release 24 hour</td>
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<td>NYMALIZE ORAL SOLUTION 6 MG/ML</td>
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<td>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
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<td>verapamil hcl er oral capsule extended release 24 hour</td>
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<td>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</td>
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*CARDIOTONICS*

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<td>LANOXIN ORAL TABLET 62.5 MCG</td>
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*CARDIOVASCULAR AGENTS - MISC.*

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<td>epoprostenol sodium intravenous solution reconstituted</td>
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<td>PA; SI</td>
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<td>FLOLAN INTRavenous SOLUTION REconstituted</td>
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<td>MUSE URETHRAL PELLET</td>
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<td>OPSUMIT ORAL TABLET</td>
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<td>PA; SP</td>
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<td>ORENITRAM ORAL TABLET EXTENDED RELEASE</td>
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<td>sildenafil citrate oral suspension reconstituted</td>
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<td>PA; SP</td>
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<td>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</td>
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<td>QL (4 EA per 30 days)</td>
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<td>sildenafil citrate oral tablet 20 mg</td>
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<td>tadalafil (pah) oral tablet</td>
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<td>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</td>
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<td>QL (4 Tablets per 30 days)</td>
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<td>tadalafil oral tablet 5 mg</td>
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<td>PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)</td>
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<td>TYVASO REFILL INHALATION SOLUTION</td>
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<td>QL (4 tablets per 30 days)</td>
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<td>VENTAVIS INHALATION SOLUTION</td>
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<td><em>CEPHALOSPORINS</em></td>
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<td>cefaclor er oral tablet extended release 12 hour</td>
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<td>cefadroxil oral tablet</td>
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<td>cefditoren pivoxil oral tablet</td>
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<td>cefixime oral capsule</td>
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<td>cefixime oral suspension reconstituted</td>
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<td>cefpodoxime proxetil oral suspension reconstituted</td>
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<td>cefpodoxime proxetil oral tablet</td>
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<td>cefprozil oral suspension reconstituted</td>
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<td>cefprozil oral tablet</td>
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<td>cefuroxime axetil oral tablet</td>
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<td>cephalixin oral capsule 250 mg, 500 mg</td>
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<td>cephalixin oral capsule 750 mg</td>
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<td>cephalixin oral tablet</td>
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<td>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</td>
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<td>SUPRAX ORAL TABLET CHEWABLE</td>
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**CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES***

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<td>PA; QL (1 injector per 30 days)</td>
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<td>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; QL (3 pens per 90 days)</td>
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<tr>
<td>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA; QL (3 pens per 90 days)</td>
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<td>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA; QL (3 syringes per 30 days)</td>
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<td>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>PA; ¥ ( 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 pen per 30 days)</td>
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<td>PA; ¥ (2 auto-injectors/syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 syringe per 30 days).</td>
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<td><strong>NATAZIA ORAL TABLET</strong></td>
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<td>NECON 0.5/35 (28) ORAL TABLET</td>
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<td>norethindrel ace-eth estradiol-fe oral tablet chewable</td>
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<td><em>CORTICOSTEROIDS</em></td>
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<td>budesonide er oral tablet extended release 24 hour</td>
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<td>cortisone acetate oral tablet</td>
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<td>dexamethasone oral elixir</td>
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<td>dexamethasone oral tablet</td>
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<td>dexamethasone oral tablet therapy pack</td>
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<td>EMFLAZA ORAL SUSPENSION</td>
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<td>EMFLAZA ORAL TABLET</td>
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<td>PA; QL (30 tablets per 30 days)</td>
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<td>MILLIPRED ORAL TABLET</td>
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<td>prednisolone oral syrup 15 mg/5ml</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</td>
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<td>prednisolone sodium phosphate oral tablet dispersible</td>
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<td>PREDNISONE INTENSOL ORAL CONCENTRATE</td>
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<td>prednisone oral solution</td>
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<tr>
<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>CORTISOL SYNTHESIS INHIBITORS</em>**</td>
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<td>ISTURISA ORAL TABLET</td>
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<td>PA</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>BROMFED DM ORAL SYRUP</td>
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<td>cheratussin ac oral syrup</td>
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<td>coditussin dac oral liquid</td>
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<td>QL (40 ML per 1 day)</td>
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<td>guaifenesin-codeine oral solution</td>
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<td>guaifenesin-codeine oral syrup</td>
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<td>hydrocod polst-cpm polst er oral suspension extended release</td>
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<td>hydrocodone-homatropine oral syrup</td>
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<tr>
<td>hydromet oral syrup</td>
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<td>promethazine vc/codeine oral syrup</td>
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<td>promethazine-codeine oral solution</td>
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<td>promethazine-dm oral syrup</td>
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<td>SSKI ORAL SOLUTION</td>
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<td>TUSSCAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG</td>
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<td>QL (2 capsules per 1 day)</td>
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<td>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</td>
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<td>QL (20 ML per 1 day)</td>
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<td>virtuein dac oral solution</td>
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<td>QL (40 ML per 1 day)</td>
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<td>Z-TUSS AC ORAL LIQUID</td>
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<td><em>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</em>**</td>
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<td>IBRANCE ORAL CAPSULE</td>
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<td><em>CYSTIC FIBROSIS AGENT - COMBINATIONS</em>**</td>
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<td>ORKAMBI ORAL PACKET</td>
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<td>ORKAMBI ORAL TABLET</td>
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<td>PA; QL (112 tablets per 28 days)</td>
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<td>adapalene-benzoyl peroxide external gel</td>
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<td>ala-cort external cream 1 %</td>
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<td>ALTABAX EXTERNAL OINTMENT</td>
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<td>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</td>
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<td>diclofenac sodium transdermal gel 1 %</td>
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<td>diclofenac sodium transdermal gel 3 %</td>
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<td>DIFFERIN EXTERNAL GEL 0.1 %</td>
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<td>DIFFERIN GEL 0.1 % EXTERNAL (OTC)</td>
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<td>fluocinolone acetonide scalp external oil</td>
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<td>SOOLANTRA EXTERNAL CREAM</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>spinosad external suspension</td>
<td>Tier-2</td>
<td>QL (1 Bottle per 1 Fill)</td>
</tr>
<tr>
<td>SSD EXTERNAL CREAM</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Syringe per 84 days)</td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</td>
<td>Tier-2</td>
<td>PA; SP; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)</td>
</tr>
<tr>
<td>SULFAMYLON EXTERNAL CREAM</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>tacrolimus external ointment</td>
<td>Tier-2</td>
<td>STPA</td>
</tr>
<tr>
<td>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)</td>
</tr>
<tr>
<td>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)</td>
</tr>
<tr>
<td>TARGRETIN EXTERNAL GEL</td>
<td>Tier-2</td>
<td>SP</td>
</tr>
<tr>
<td>tazarotene external cream</td>
<td>Tier-2</td>
<td>PA; ¥ (PA applies to members 26 and older)</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL CREAM 0.05 %</td>
<td>Tier-2</td>
<td>PA</td>
</tr>
<tr>
<td>TAZORAC EXTERNAL GEL</td>
<td>Tier-2</td>
<td>PA</td>
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<tr>
<td>TEXACORT EXTERNAL SOLUTION</td>
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<td>PA</td>
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<tr>
<td>THERMAZENE EXTERNAL CREAM</td>
<td>Tier-1</td>
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<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Pen per 54 days)</td>
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<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Syringes per 54 days)</td>
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<tr>
<td>tretinoin external cream</td>
<td>Tier-2</td>
<td>PA</td>
</tr>
<tr>
<td>tretinoin external gel 0.01 %, 0.025 %</td>
<td>Tier-1</td>
<td>PA</td>
</tr>
<tr>
<td>tretinoin external gel 0.05 %</td>
<td>Tier-3</td>
<td>PA</td>
</tr>
<tr>
<td>tretinoin microsphere external gel</td>
<td>Tier-3</td>
<td>PA</td>
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<tr>
<td>tretinoin microsphere pump external gel</td>
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<td>PA</td>
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<tr>
<td>triamcinolone acetonide external aerosol solution</td>
<td>Tier-2</td>
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<th>Status</th>
<th>Notes</th>
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<tr>
<td>triamcinolone acetonide external cream 0.025 %, 0.5 %</td>
<td>Tier-1</td>
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<tr>
<td>triamcinolone acetonide external lotion</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</td>
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<td></td>
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<tr>
<td>urea external cream 39 %, 40 %, 45 %</td>
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<tr>
<td>VALCHLOR EXTERNAL GEL</td>
<td>Tier-2</td>
<td>PA</td>
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<tr>
<td>XEPI EXTERNAL CREAM</td>
<td>Tier-3</td>
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<tr>
<td>ZYCLARA EXTERNAL CREAM</td>
<td>Tier-3</td>
<td>QL (1 BOX per 30 Days)</td>
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<tr>
<td>ZYCLARA PUMP EXTERNAL CREAM 2.5 %</td>
<td>Tier-3</td>
<td>QL (1 BOTTLE per 30 Days)</td>
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<td><em>DIAGNOSTIC PRODUCTS</em></td>
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<tr>
<td>ONETOUCH ULTRA IN VITRO STRIP</td>
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<tr>
<td>ONETOUCH VERIO IN VITRO STRIP</td>
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<td><em>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</em></td>
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<tr>
<td>l-methylfolate oral tablet</td>
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<tr>
<td><em>DIGESTIVE AIDS</em></td>
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<tr>
<td>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</td>
<td>Tier-2</td>
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<tr>
<td>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</td>
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<tr>
<td>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES</td>
<td>Tier-3</td>
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<tr>
<td>SUCRAID ORAL SOLUTION</td>
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<tr>
<td>VIOKACE ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</td>
<td>Tier-3</td>
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<tr>
<td><em>DIRECT-ACTING P2Y12 INHIBITORS</em>**</td>
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<td>BRILINTA ORAL TABLET</td>
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<td><em>DIURETICS</em></td>
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<tr>
<td>acetazolamide er oral capsule extended release 12 hour</td>
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<tr>
<td>acetazolamide oral tablet</td>
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<tr>
<td>amiloride hcl oral tablet</td>
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<tr>
<td>amiloride-hydrochlorothiazide oral tablet</td>
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<tr>
<th>Drug</th>
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<tbody>
<tr>
<td>bumetanide oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
<td>Tier-1</td>
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<tr>
<td>DIURIL ORAL SUSPENSION</td>
<td>Tier-3</td>
<td></td>
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<tr>
<td>ethacrynic acid oral tablet</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>furosemide oral solution 10 mg/ml</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>furosemide oral solution 8 mg/ml</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>furosemide oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>hydrochlorothiazide oral capsule</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>indapamide oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>KEVEYS ORAL TABLET</td>
<td>Tier-3</td>
<td>PA</td>
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<tr>
<td>methazolamide oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>metolazone oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>spironolactone oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>spironolactone-hctz oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>torsemide oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>triamterene oral capsule</td>
<td>Tier-2</td>
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<tr>
<td>triamterene-hctz oral capsule 37.5-25 mg</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>triamterene-hctz oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***

| SUNOSI ORAL TABLET                              | Tier-3  | PA; QL (30 tablets per 30 days) |

*ENDOCRINE AND METABOLIC AGENTS - MISC.*

| ACTHAR INJECTION GEL                            | Tier-2  | PA; SP |
| ALDURAZYME INTRAVENOUS SOLUTION                 | Medical Benefit | SI |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | Tier-1  | ^ (LCG) |
| BUPHENYL ORAL TABLET                            | Tier-3  |         |
| cabergoline oral tablet                         | Tier-1  |         |
| calcitonin (salmon) nasal solution              | Tier-1  |         |
| calcitriol oral capsule                         | Tier-1  |         |
| calcitriol oral solution                        | Tier-1  |         |
| CARBAGLU ORAL TABLET                            | Tier-2  |         |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG              | Tier-2  | PA; SP |

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td>chorionic gonadotropin intramuscular solution reconstituted</td>
<td>Tier-3</td>
<td>SP</td>
</tr>
<tr>
<td>cinacalcet hcl oral tablet</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>clomiphene citrate oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>CYSTADANE ORAL POWDER</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>desmopressin ace spray refrig nasal solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol oral capsule</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>ELAPRASE INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>SI</td>
</tr>
<tr>
<td>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>FOLLISTIM AQ SUBCUTANEOUS SOLUTION</td>
<td>Tier-3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GALAFOLD ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA</td>
</tr>
<tr>
<td>GONAL-F INJECTION SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ibandronate sodium oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>INCRELEX SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>KUVAN ORAL PACKET</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KUVAN ORAL TABLET SOLUBLE</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>levocarnitine oral solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>levocarnitine oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>SI</td>
</tr>
<tr>
<td>MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MIACALCIN INJECTION SOLUTION</td>
<td>Tier-2</td>
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<tr>
<td>NAGLAZYME INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>SI</td>
</tr>
<tr>
<td>NATPARA SUBCUTANEOUS CARTRIDGE</td>
<td>Tier-2</td>
<td>SP; QL (2 Cartridges per 28 days)</td>
</tr>
<tr>
<td>nitisinone oral capsule</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>NITYR ORAL TABLET</td>
<td>Tier-2</td>
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</tr>
<tr>
<td>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

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<th>Drug</th>
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<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</td>
<td>Tier-2</td>
<td>PA; SP</td>
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<tr>
<td>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</td>
<td>Tier-2</td>
<td>SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); ^ (CM)</td>
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<tr>
<td>ORFADIN ORAL CAPSULE 20 MG</td>
<td>Tier-2</td>
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<tr>
<td>ORFADIN ORAL SUSPENSION</td>
<td>Tier-2</td>
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<tr>
<td>ORILISSA ORAL TABLET 150 MG</td>
<td>Tier-3</td>
<td>PA; QL (30 tablets per 30 days)</td>
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<tr>
<td>ORILISSA ORAL TABLET 200 MG</td>
<td>Tier-3</td>
<td>PA; QL (60 tablets per 30 days)</td>
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<tr>
<td>OSPHENA ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td>OVIDREL SUBCUTANEOUS INJECTABLE</td>
<td>Tier-2</td>
<td>SP</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML</td>
<td>Tier-2</td>
<td>PA</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
<td>Tier-2</td>
<td>PA; QL (1 syringe per 1 day)</td>
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<td>paricalcitol oral capsule</td>
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<td>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>PA; SP</td>
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<tr>
<td>raloxifene hcl oral tablet</td>
<td>Tier-1</td>
<td>^ (ACA)</td>
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<tr>
<td>RAVICTI ORAL LIQUID</td>
<td>Tier-3</td>
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<tr>
<td>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</td>
<td>Tier-2</td>
<td>PA; SP</td>
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<td>risedronate sodium oral tablet delayed release</td>
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<tr>
<td>SAMSCA ORAL TABLET 15 MG</td>
<td>Tier-3</td>
<td>QL (14 TABLETS per 7 days)</td>
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<tr>
<td>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</td>
<td>Tier-2</td>
<td>PA; SP</td>
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<tr>
<td>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>SIGNIFOR SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; QL (60 Ampules per 30 Days)</td>
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<tr>
<td>sodium phenylbutyrate oral tablet</td>
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<td>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SP</td>
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<td>STIMATE NASAL SOLUTION</td>
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<td>SP</td>
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<tr>
<td>SYNAREL NASAL SOLUTION</td>
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<tr>
<td>teriparatide (recombinant) subcutaneous solution pen-injector</td>
<td>Tier-3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>tolvaptan oral tablet</td>
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<td>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>XGEVA SUBCUTANEOUS SOLUTION</td>
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<td>PA</td>
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<td>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SP</td>
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<td><em>ERYTHROID MATURATION AGENTS</em>**</td>
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<td>REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
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<td><em>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</em>**</td>
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<tr>
<td>ORIAHNN ORAL CAPSULE THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; QL (4 blister packs per 28 days)</td>
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<td><em>ESTROGENS</em></td>
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<tr>
<td>ALORA TRANSDERMAL PATCH TWICE WEEKLY</td>
<td>Tier-3</td>
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<td>ANGELIQ ORAL TABLET</td>
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<td>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</td>
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<tr>
<td>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</td>
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<td>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</td>
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<td>DIVIGEL TRANSDERMAL GEL</td>
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<td>ELESTRIN TRANSDERMAL GEL</td>
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<td>estradiol oral tablet</td>
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<td>estradiol transdermal patch twice weekly</td>
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<td>estradiol-norethindrone acet oral tablet</td>
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<td>ESTROGEL TRANSDERMAL GEL</td>
<td>Tier-3</td>
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<tr>
<td>EVAMIST TRANSDERMAL SOLUTION</td>
<td>Tier-3</td>
<td>QL (1 Bottle per 1 Fill)</td>
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<tr>
<td>JINTELI ORAL TABLET</td>
<td>Tier-1</td>
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<tr>
<td>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</td>
<td>Tier-3</td>
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<tr>
<td>MENOSTAR TRANSDERMAL PATCH WEEKLY</td>
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<td>MIMVEY ORAL TABLET</td>
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<tr>
<td>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</td>
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<tr>
<td>PREFEST ORAL TABLET</td>
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<td>DUAVEE ORAL TABLET</td>
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<td><em>FARNESOID X RECEPTOR (FXR) AGONISTS</em>**</td>
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<td>OCALIVA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; QL (30 Tablets per 30 days)</td>
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<td><em>FLUOROQUINOLONES</em></td>
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<tr>
<td>BAXDELA ORAL TABLET</td>
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<td>ciprofloxacin hcl oral tablet 100 mg</td>
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<td>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</td>
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<td>^ (LCG)</td>
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<tr>
<td>levofloxacin oral solution</td>
<td>Tier-1</td>
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<tr>
<td>levofloxacin oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>moxifloxacin hcl oral tablet</td>
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<tr>
<td>ofloxacin oral tablet</td>
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<tr>
<td><em>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</em>**</td>
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<td>ZULRESSO INTRAVENOUS SOLUTION</td>
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<td>AMITIZA ORAL CAPSULE</td>
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<tr>
<td>balsalazide disodium oral capsule</td>
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<tr>
<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-3</td>
<td>PA; SP; QL (2 Injections per 28 days)</td>
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<tr>
<td>CIMZIA STARTER KIT SUBCUTANEOUS KIT</td>
<td>Tier-3</td>
<td>PA; SP; QL (2 Injections per 28 days)</td>
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<tr>
<td>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</td>
<td>Tier-3</td>
<td>PA; SP; QL (2 Injections per 28 days)</td>
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<tr>
<td><strong>GATTEX SUBCUTANEOUS KIT</strong></td>
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<td>SP; QL (30 Vials per 30 Days)</td>
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<td>generlac oral solution</td>
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<td><strong>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<td>lanthanum carbonate oral tablet chewable</td>
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<tr>
<td><strong>LINZESS ORAL CAPSULE</strong></td>
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<td>QL (30 CAPSULES per 30 Days)</td>
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<tr>
<td>mesalamine er oral capsule extended release 24 hour</td>
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<tr>
<td>mesalamine oral capsule delayed release</td>
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<tr>
<td>mesalamine oral tablet delayed release</td>
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<tr>
<td>mesalamine rectal suppository</td>
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<tr>
<td>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</td>
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<tr>
<td>metoclopramide hcl oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>metoclopramide hcl oral tablet dispersible 10 mg</td>
<td>Tier-3</td>
<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><strong>PENTASA ORAL CAPSULE EXTENDED RELEASE</strong></td>
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<tr>
<td><strong>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
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<td><strong>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED</strong></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>ursodiol oral capsule</td>
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<tr>
<td>ursodiol oral tablet</td>
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<td><strong>^GENITOURINARY AGENTS - MISCELLANEOUS</strong></td>
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<td>alfuzosin hcl er oral tablet extended release 24 hour</td>
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<td><strong>CYSTAGON ORAL CAPSULE</strong></td>
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<tr>
<td>dutasteride 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>THIOLA EC ORAL TABLET DELAYED RELEASE</td>
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<td><em>GLYCOPEPTIDES</em>**</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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<td>colchicine oral capsule</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>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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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>PA</td>
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<td>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>anagrelide hcl oral capsule</td>
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<td>aspirin-dipyridamole er oral capsule extended release 12 hour</td>
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<td>clopidogrel bisulfate oral tablet 75 mg</td>
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<td>PA; SP; QL (6 ML per 30 Fills)</td>
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<td>JIVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>KOGENATE FS INTRAVENOUS KIT</td>
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<td>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<tr>
<td>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT</td>
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<td>NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>prasugrel hcl oral tablet</td>
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<td>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED</td>
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<td>PA; SI</td>
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<td>PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT</td>
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<td>PA; SI</td>
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<td>PA; SI</td>
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<td>SI</td>
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<td>PA; SI</td>
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<td>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</td>
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<td>PA; SI</td>
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<tr>
<td>XYNTHA SOLOFUSE INTRAVENOUS KIT</td>
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<td>PA; SI</td>
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*HEMATOPOIETIC AGENTS*

| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier-2 | SP; QL (4 ML per 30 days) |

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<td>Tier-2</td>
<td>SP; QL (4 ML per 30 days)</td>
</tr>
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<td>CERDELGA ORAL CAPSULE</td>
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<td>SP</td>
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<tr>
<td>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
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<tr>
<td>cyanocobalamin injection solution 1000 mcg/ml</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>cyanocobalamin injection solution 2000 mcg/ml</td>
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<tr>
<td>DOXIERELET ORAL TABLET 20 MG</td>
<td>Tier-3</td>
<td>PA; SP</td>
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<td>DROXIA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>^ (CM)</td>
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<td>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 Days)</td>
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<td>folic acid oral tablet 1 mg</td>
<td>Tier-1</td>
<td>^ (ACA)</td>
</tr>
<tr>
<td>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (1 ML per 14 days)</td>
</tr>
<tr>
<td>FUSION PLUS ORAL CAPSULE</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 vials per 14 days)</td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 Syringes per 14 days)</td>
</tr>
<tr>
<td>INTEGRA F ORAL CAPSULE</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>INTEGRA PLUS ORAL CAPSULE</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>IROSPAN 24/6 ORAL</td>
<td>Tier-3</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>MULPLETA ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NASCOBAL NASAL SOLUTION</td>
<td>Tier-2</td>
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</tr>
<tr>
<td>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (1 Syringe per 14 days)</td>
</tr>
<tr>
<td>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 VIALS per 14 days)</td>
</tr>
</tbody>
</table>

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<thead>
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<tbody>
<tr>
<td>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 Syringes per 14 days)</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 syringes per 14 days)</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 syringes per 14 days)</td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td></td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 Days)</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET</td>
<td>Tier-2</td>
<td>SP; QL (60 packets per 30 days)</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 12.5 MG, 75 MG</td>
<td>Tier-2</td>
<td>SP; QL (30 TABLETS per 30 days)</td>
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<tr>
<td>PROMACTA ORAL TABLET 25 MG</td>
<td>Tier-2</td>
<td>SP; QL (30 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 50 MG</td>
<td>Tier-2</td>
<td>SP; QL (60 TABLETS per 30 days)</td>
</tr>
<tr>
<td>RETACRIT INJECTION SOLUTION</td>
<td>Tier-2</td>
<td>SP; QL (10 vials per 14 days)</td>
</tr>
<tr>
<td>SIKLOS ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
<td>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP; QL (0.6 mL per 14 days)</td>
</tr>
<tr>
<td>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA; SI</td>
</tr>
<tr>
<td>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>SP; QL (10 Syringes per 14 days)</td>
</tr>
<tr>
<td>ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>PA; SP; QL (1 syringe per 14 days)</td>
</tr>
</tbody>
</table>

*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***

| OXBRYTA ORAL TABLET                                                   | Tier-2    | PA                                                   |

*HEMOSTATICS*

| aminocaproic acid oral solution                                      | Tier-2    |                                                       |
| aminocaproic acid oral tablet                                       | Tier-2    |                                                       |
| tranexamic acid oral tablet                                         | Tier-1    | QL (30 TABLETS per 28 Days)                          |

*HEPATITIS C AGENT - COMBINATIONS***

| EPCLUSA ORAL TABLET                                                  | Tier-2    | PA; SP; ¥ (Generic formulations are non-covered)     |
| HARVONI ORAL PACKET                                                 | Tier-2    | PA; SP; ¥ (Generic formulations are non-covered); QL (30 EA per 30 days) |

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</thead>
<tbody>
<tr>
<td>HARVONI ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ¥ (Generic formulations are non-covered)</td>
</tr>
<tr>
<td>VOSEVI ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td><em>HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XURIDEN ORAL PACKET</td>
<td>Tier-2</td>
<td>QL (120 Packets per 30 days)</td>
</tr>
<tr>
<td><em>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAKIX ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; QL (60 tablets per 30 days)</td>
</tr>
<tr>
<td><em>HYPNOTICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>estazolam oral tablet</td>
<td>Tier-1</td>
<td></td>
</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>
</tr>
<tr>
<td>HETLIOZ ORAL CAPSULE</td>
<td>Tier-3</td>
<td>PA; QL (30 EA per 30 days)</td>
</tr>
<tr>
<td>phenobarbital oral elixir</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>phenobarbital oral solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>phenobarbital oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>ramelteon oral tablet</td>
<td>Tier-2</td>
<td>STPA; QL (10 tablets per 30 days)</td>
</tr>
<tr>
<td>temazepam oral capsule</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>triazolam oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>zaleplon oral capsule</td>
<td>Tier-1</td>
<td>QL (10 CAPSULES per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate er oral tablet extended release</td>
<td>Tier-1</td>
<td>STPA; QL (10 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG); QL (10 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>zolpidem tartrate sublingual tablet sublingual</td>
<td>Tier-2</td>
<td>STPA; QL (10 TABLETS per 30 days)</td>
</tr>
<tr>
<td>ZOLPIMIST ORAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Unit per 30 Days)</td>
</tr>
<tr>
<td><em>HYPOPHOSPHATASIA (HPP) AGENTS</em>**</td>
<td></td>
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<tr>
<td>STRENSIQ SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; QL (24 VIALS per 28 days)</td>
</tr>
<tr>
<td><em>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</em>**</td>
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<tr>
<td>VIBERZI ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; QL (60 tablets per 30 days)</td>
</tr>
<tr>
<td><em>INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)</em>**</td>
<td></td>
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</tr>
<tr>
<td>TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Drug</th>
<th>Status</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>INTEGRIN RECEPTOR ANTAGONISTS</strong>*</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><strong>INTERLEUKIN ANTAGONISTS</strong>*</td>
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<tr>
<td>STELARA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</strong>*</td>
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<tr>
<td>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)</strong>*</td>
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<tr>
<td>CINQAIR INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td><strong>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</strong>*</td>
<td></td>
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<tr>
<td>TIBSOVO ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
<td><strong>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</strong>*</td>
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<tr>
<td>IDHIFA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM); QL (30 Tablets per 30 days)</td>
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<tr>
<td><strong>LAXATIVES</strong></td>
<td></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>
</tr>
<tr>
<td>constulose oral solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>GAVILYTE-G ORAL SOLUTION RECONSTITUTED</td>
<td>Tier-1</td>
<td>^ (May be covered at no copayment for members age 50 through 74)</td>
</tr>
</tbody>
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<th>Drug</th>
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<tbody>
<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>
</tr>
<tr>
<td>KRISTALOSE ORAL PACKET</td>
<td>Tier-3</td>
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<tr>
<td>lactulose oral solution</td>
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<tr>
<td>OSMOPREP ORAL TABLET</td>
<td>Tier-3</td>
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</tr>
<tr>
<td>peg-3350/electrolytes/ascorbat oral solution reconstituted</td>
<td>Tier-2</td>
<td>^ (ACA)</td>
</tr>
<tr>
<td>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</td>
<td>Tier-2</td>
<td>^ (ACA)</td>
</tr>
<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>SUPREP BOWEL PREP KIT ORAL SOLUTION</td>
<td>Tier-3</td>
<td>^ (ACA)</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td><em>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</em>**</td>
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<tr>
<td>XIIDRA OPHTHALMIC SOLUTION</td>
<td>Tier-2</td>
<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><em>MACROLIDES</em></td>
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<tr>
<td>azithromycin oral packet</td>
<td>Tier-1</td>
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<tr>
<td>azithromycin oral suspension reconstituted</td>
<td>Tier-1</td>
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<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
<td>Tier-1</td>
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</tr>
<tr>
<td>clarithromycin er oral tablet extended release 24 hour</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral suspension reconstituted</td>
<td>Tier-1</td>
<td></td>
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<tr>
<td>clarithromycin oral tablet</td>
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<tr>
<td>DIFICID ORAL TABLET</td>
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<td>PA</td>
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<tr>
<td>E.E.S. 400 ORAL TABLET</td>
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<tr>
<td>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</td>
<td>Tier-2</td>
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<tr>
<td>ERY-TAB ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>ERYTHROCIN STEARATE ORAL TABLET 250 MG</td>
<td>Tier-1</td>
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<tr>
<td>erythromycin base oral capsule delayed release particles</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>erythromycin base oral tablet</td>
<td>Tier-2</td>
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<tr>
<td>erythromycin ethylsuccinate oral suspension reconstituted</td>
<td>Tier-2</td>
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</tr>
<tr>
<td>erythromycin ethylsuccinate oral tablet</td>
<td>Tier-2</td>
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</tr>
<tr>
<td>erythromycin stearate oral tablet 250 mg</td>
<td>Tier-2</td>
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</tr>
</tbody>
</table>

**MEDICAL DEVICES**

| BD AUTOSHIELD 29G X 5MM , 29G X 8MM                     | Tier-2 |        |
| BD AUTOSHIELD DUO                                       | Tier-2 |        |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML          | Tier-2 |        |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | Tier-2 |        |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier-2 |        |
| BD INSULIN SYRINGE U/F                                  | Tier-2 |        |
| BD INSULIN SYRINGE U/F 1/2UNIT                          | Tier-2 |        |
| BD INSULIN SYRINGE U-500                                | Tier-2 |        |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML | Tier-2 |        |
| BD PEN NEEDLE MICRO U/F                                 | Tier-2 |        |
| BD PEN NEEDLE MINI U/F                                  | Tier-2 |        |
| BD PEN NEEDLE NANO 2ND GEN                              | Tier-2 |        |
| BD PEN NEEDLE NANO U/F                                  | Tier-2 |        |
| BD PEN NEEDLE ORIGINAL U/F                              | Tier-2 |        |
| BD PEN NEEDLE SHORT U/F                                 | Tier-2 |        |

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<tbody>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE</td>
<td>Tier-2</td>
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<tr>
<td>BD SAFETY-LOK INSULIN SYRINGE</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>BD VEO INSULIN SYRINGE U/F</td>
<td>Tier-2</td>
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</tr>
<tr>
<td><strong>OMNIPOD DASH 5 PACK PODS</strong></td>
<td>Tier-2</td>
<td>¥ (only Omnipod DASH Pods are covered under the pharmacy benefit); QL (10 pods per 30 days)</td>
</tr>
<tr>
<td><strong>MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)</strong>*</td>
<td></td>
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</tr>
<tr>
<td>SCENESSE SUBCUTANEOUS IMPLANT</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td><strong>MELANOCORTIN RECEPTOR AGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>Tier-3</td>
<td>PA; QL (8 pens per 30 days)</td>
</tr>
<tr>
<td><strong>MIGRAINE PRODUCTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>almotriptan malate oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS 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>
<tr>
<td>ergotamine-caffeine oral tablet</td>
<td>Tier-2</td>
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<tr>
<td>frovatriptan succinate oral tablet</td>
<td>Tier-3</td>
<td>QL (9 TABLETS per 30 days)</td>
</tr>
<tr>
<td>MIGERGOT RECTAL SUPPOSITORY</td>
<td>Tier-3</td>
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<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><strong>ONZETRA XSAIL NASAL EXHALER POWDER</strong></td>
<td>Tier-3</td>
<td>STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet dispersible</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>sumatriptan nasal solution 20 mg/act</td>
<td>Tier-2</td>
<td>QL (1 Box per 30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal solution 5 mg/act</td>
<td>Tier-2</td>
<td>QL (2 Boxes per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate oral tablet</td>
<td>Tier-1</td>
<td>QL (9 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
<td>Tier-2</td>
<td>QL (4 INJECTIONS per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</td>
<td>Tier-2</td>
<td>QL (4 Injections per 30 days)</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</td>
<td>Tier-2</td>
<td>QL (4 INJECTIONS per 30 days)</td>
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<thead>
<tr>
<th>Drug</th>
<th>Status</th>
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<tbody>
<tr>
<td>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</td>
<td>Tier-2</td>
<td>QL (4 INJECTIONS per 30 days)</td>
</tr>
<tr>
<td>sumatriptan-naproxen sodium oral tablet</td>
<td>Tier-3</td>
<td>PA; QL (9 EA per 30 days)</td>
</tr>
<tr>
<td>zolmitriptan oral tablet</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>zolmitriptan oral tablet dispersible</td>
<td>Tier-2</td>
<td>QL (6 TABLETS per 30 Days)</td>
</tr>
<tr>
<td>ZOMIG NASAL SOLUTION</td>
<td>Tier-3</td>
<td>STPA; QL (1 Box per 30 Days)</td>
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**MINERALS & ELECTROLYTES**

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<thead>
<tr>
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<tbody>
<tr>
<td>EFER-K ORAL TABLET EFFERVESCENT</td>
<td>Tier-3</td>
</tr>
<tr>
<td>GALZIN ORAL CAPSULE</td>
<td>Tier-2</td>
</tr>
<tr>
<td>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE</td>
<td>Tier-1</td>
</tr>
<tr>
<td>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE</td>
<td>Tier-1</td>
</tr>
<tr>
<td>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</td>
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</tr>
<tr>
<td>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE</td>
<td>Tier-1</td>
</tr>
<tr>
<td>KLOR-CON ORAL TABLET EXTENDED RELEASE</td>
<td>Tier-1</td>
</tr>
<tr>
<td>potassium chloride crys er oral tablet extended release</td>
<td>Tier-1</td>
</tr>
<tr>
<td>potassium chloride er oral capsule extended release</td>
<td>Tier-1</td>
</tr>
<tr>
<td>potassium chloride er oral tablet extended release 10 meq, 8 meq</td>
<td>Tier-1</td>
</tr>
<tr>
<td>potassium chloride oral packet</td>
<td>Tier-2</td>
</tr>
<tr>
<td>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</td>
<td>Tier-2</td>
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<tr>
<td>sodium fluoride oral solution</td>
<td>Tier-1</td>
</tr>
<tr>
<td>sodium fluoride oral tablet</td>
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<tr>
<td>sodium fluoride oral tablet chewable</td>
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**MIXED ALLERGENIC EXTRACTS***

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<tr>
<td>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</td>
<td>Tier-3</td>
<td>PA; QL (30 EA per 30 days)</td>
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<tr>
<td>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</td>
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<td>PA; QL (30 EA per 30 days)</td>
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**MONOBACTAMS***

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<tr>
<th>Drug</th>
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<tr>
<td>CAYSTON INHALATION SOLUTION RECONSTITUTED</td>
<td>Tier-2</td>
<td>SP</td>
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<thead>
<tr>
<th>Drug</th>
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<tbody>
<tr>
<td><em>MOUTH/THROAT/DENTAL AGENTS</em></td>
<td></td>
<td></td>
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<tr>
<td>cevimeline hcl oral capsule</td>
<td>Tier-2</td>
<td></td>
</tr>
<tr>
<td>chlorhexidine gluconate mouth/throat solution</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
</tr>
<tr>
<td>clotrimazole mouth/throat troche</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>EPISIL MOUTH/THROAT LIQUID</td>
<td>Tier-2</td>
<td>QL (4 Bottles per 30 Days)</td>
</tr>
<tr>
<td>GELCLAIR MOUTH/THROAT GEL</td>
<td>Tier-2</td>
<td></td>
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<tr>
<td>lidocaine hcl mouth/throat solution</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>NUMOISYN MOUTH/THROAT LIQUID</td>
<td>Tier-3</td>
<td></td>
</tr>
<tr>
<td>nystatin mouth/throat suspension</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>ORALONE MOUTH/THROAT PASTE</td>
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<tr>
<td>PERIOGARD MOUTH/THROAT SOLUTION</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>pilocarpine hcl oral tablet</td>
<td>Tier-1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide mouth/throat paste</td>
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<tr>
<td><em>MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS</em>**</td>
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<tr>
<td>VIMIZIM INTRAVENOUS SOLUTION</td>
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<td>Medical Benefit PA; SI</td>
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<tr>
<td><em>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</em>**</td>
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<tr>
<td>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 tablets per 30 days)</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 tablets per 30 days)</td>
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<tr>
<td>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 tablets per 30 days)</td>
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<tr>
<td>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP; QL (10 tablets per 30 days)</td>
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<tr>
<td>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK</td>
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<td>PA; SP; QL (10 tablets per 30 days)</td>
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<tr>
<td>MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK</td>
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<td>PA; SP; QL (10 tablets per 30 days)</td>
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<tr>
<td>MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK</td>
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<td>PA; SP; QL (10 tablets per 30 days)</td>
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<td><em>MULTIVITAMINS</em></td>
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<td>ATABEX EC ORAL TABLET DELAYED RELEASE</td>
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<tr>
<td>MARNATURAL-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>
<th>Drug</th>
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<tr>
<td><em>Drug Status Notes</em></td>
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<td>pnv-dha+docusate oral capsule</td>
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<td>prenatal plus iron 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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<tr>
<td>vol-tab rx oral tablet</td>
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<tr>
<td><em>MUSCULAR DYSTROPHY AGENTS</em>**</td>
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<tr>
<td>EXONDYS 51 INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>VYONDYS 53 INTRAVENOUS SOLUTION</td>
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<td>PA</td>
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<tr>
<td><em>MUSCULOSKELETAL THERAPY AGENTS</em></td>
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<tr>
<td>baclofen oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>carisoprodol oral tablet</td>
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<tr>
<td>carisoprodol-aspirin-codeine oral tablet</td>
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<tr>
<td>chlorzoxazone oral tablet</td>
<td>Tier-1</td>
<td></td>
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<tr>
<td>cyclobenzaprine hcl oral tablet</td>
<td>Tier-1</td>
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<tr>
<td>dantrolene sodium oral capsule</td>
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<tr>
<td>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>Medical Benefit</td>
<td>PA</td>
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<tr>
<td>metaxalone oral tablet 800 mg</td>
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<tr>
<td>methocarbamol oral tablet</td>
<td>Tier-1</td>
<td>^ (LCG)</td>
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<tr>
<td>orphenadrine citrate er oral tablet extended release 12 hour</td>
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<tr>
<td>OZOBAX ORAL SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>tizanidine hcl oral capsule</td>
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<td>tizanidine hcl oral tablet</td>
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<tr>
<td><em>NASAL AGENTS - SYSTEMIC AND TOPICAL</em></td>
<td></td>
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</tr>
<tr>
<td>azelastine hcl nasal solution 0.1 %</td>
<td>Tier-1</td>
<td>QL (3 EA per 90 Days)</td>
</tr>
<tr>
<td>azelastine hcl nasal solution 0.15 %</td>
<td>Tier-1</td>
<td>QL (3 EA per 90 days)</td>
</tr>
<tr>
<td>budesonide nasal suspension</td>
<td>Tier-2</td>
<td>QL (3 EA per 90 Days)</td>
</tr>
<tr>
<td>flunisolide nasal solution 25 mcg/act (0.025%)</td>
<td>Tier-1</td>
<td>QL (3 EA per 90 Days)</td>
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<tr>
<td>fluticasone propionate nasal suspension</td>
<td>Tier-1</td>
<td>QL (3 EA per 90 Days)</td>
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<tr>
<td>ipratropium bromide nasal solution</td>
<td>Tier-1</td>
<td>QL (6 EA per 90 Days)</td>
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<tr>
<td>mometasone furoate nasal suspension</td>
<td>Tier-2</td>
<td>QL (6 EA per 90 days)</td>
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<tr>
<td>olopatadine hcl nasal solution</td>
<td>Tier-2</td>
<td>QL (3 EA per 90 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide nasal aerosol</td>
<td>Tier-2</td>
<td>QL (3 EA per 90 days)</td>
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<tr>
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<tbody>
<tr>
<td><em>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</em>**</td>
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<td>ENRESTO ORAL TABLET</td>
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<tr>
<td><em>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</em>**</td>
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<tr>
<td>NORTHERA ORAL CAPSULE</td>
<td>Tier-3</td>
<td>PA</td>
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<tr>
<td><em>NEUROMUSCULAR AGENTS</em></td>
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<tr>
<td>BOTOX INJECTION SOLUTION RECONSTITUTED</td>
<td>Medical Benefit</td>
<td>PA</td>
</tr>
<tr>
<td>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
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<td>PA</td>
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<tr>
<td>MYOBLOC INTRAMUSCULAR SOLUTION</td>
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<td>riluzole oral tablet</td>
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<td>TIGLUTIK ORAL SUSPENSION</td>
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<tr>
<td>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</td>
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<tr>
<td><em>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</em>**</td>
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<tr>
<td>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK</td>
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<td>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK</td>
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<td>PA</td>
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<td><em>OPHTHALMIC AGENTS</em></td>
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<td>ACUVAIL OPHTHALMIC SOLUTION</td>
<td>Tier-2</td>
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<tr>
<td>ak-poly-bac ophthalmic ointment</td>
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<tr>
<td>ALOCRIOL OPHTHALMIC SOLUTION</td>
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<td>ALOMIDE OPHTHALMIC SOLUTION</td>
<td>Tier-3</td>
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<tr>
<td>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</td>
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<tr>
<td>ALREX OPHTHALMIC SUSPENSION</td>
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<tr>
<td>apraclonidine hcl ophthalmic solution</td>
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<tr>
<td>atropine sulfate ophthalmic solution 1 %</td>
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<tr>
<td>AZASITE OPHTHALMIC SOLUTION</td>
<td>Tier-3</td>
<td>QL (1 Bottle per 7 Days)</td>
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<tr>
<td>azelastine hcl ophthalmic solution</td>
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<tr>
<td>AZOPT OPHTHALMIC SUSPENSION</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>bacitracin ophthalmic ointment</td>
<td>Tier-1</td>
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<tr>
<td>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</td>
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<tr>
<td>bacitra-neomycin-polymyxin-hc ophthalmic ointment</td>
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<tr>
<td>BEPREVE OPHTHALMIC SOLUTION</td>
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<tr>
<td>BESIVANCE OPHTHALMIC SUSPENSION</td>
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<td>QL (1 Bottle per 5 Days)</td>
</tr>
<tr>
<td>betaxolol hcl ophthalmic solution</td>
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<tr>
<td>BETIMOL OPHTHALMIC SOLUTION</td>
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<td>BETOPTIC-S OPHTHALMIC SUSPENSION</td>
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<td>bimatoprost ophthalmic solution</td>
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<td>STPA</td>
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<tr>
<td>BLEPHAMIDE OPHTHALMIC SUSPENSION</td>
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<td>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</td>
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<tr>
<td>brimonidine tartrate ophthalmic solution 0.15 %</td>
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<tr>
<td>brimonidine tartrate ophthalmic solution 0.2 %</td>
<td>Tier-1</td>
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<tr>
<td>bromfenac sodium (once-daily) ophthalmic solution</td>
<td>Tier-2</td>
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<td>carteolol hcl ophthalmic solution</td>
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<tr>
<td>CEQUA OPHTHALMIC SOLUTION</td>
<td>Tier-3</td>
<td>PA; QL (60 mL per 30 days)</td>
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<td>CILOXAN OPHTHALMIC OINTMENT</td>
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<td>ciprofloxacin hcl ophthalmic solution</td>
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<tr>
<td>COMBIGAN OPHTHALMIC SOLUTION</td>
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<td>QL (30 ML per 90 days)</td>
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<tr>
<td>cromolyn sodium ophthalmic solution</td>
<td>Tier-1</td>
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<tr>
<td>cyclopentolate hcl ophthalmic solution 0.5 %</td>
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<tr>
<td>CYSTARAN OPHTHALMIC SOLUTION</td>
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<td>SP</td>
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<td>dexamethasone sodium phosphate ophthalmic solution</td>
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<td>CUVITRU SUBCUTANEOUS SOLUTION</td>
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<td>GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML</td>
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<td>PA; SP</td>
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<td>PA; # (Preferred product); QL (1 System per 28 days)</td>
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<tr>
<td>Repatha Subcutaneous Solution Prefilled Syringe</td>
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<td>PA; # (Preferred product); QL (2 Syringes per 28 days)</td>
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<tr>
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<td>Augmentin Oral Suspension Reconstituted 125-31.25 MG/5ML</td>
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<td>^ (LCG)</td>
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<td>Copiktra Oral Capsule</td>
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<td>PA; ^ (CM)</td>
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<td>Piqray (200 MG DAILY DOSE) Oral Tablet Therapy Pack</td>
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<td>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
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<tr>
<td>ZYDELIG ORAL TABLET</td>
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<td>PA; SP; ^ (CM)</td>
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<tr>
<td><strong>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</strong>*</td>
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<tr>
<td>EUCRISA EXTERNAL OINTMENT</td>
<td>Tier-3</td>
<td>PA</td>
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<td><strong>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</strong>*</td>
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<tr>
<td>OTEZLA ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; SP; QL (60 EA per 30 days)</td>
</tr>
<tr>
<td>OTEZLA ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP; ¥ (1 FILL PER LIFE OF PLAN)</td>
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<tr>
<td><strong>PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES</strong>*</td>
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<tr>
<td>TAKHZYRO SUBCUTANEOUS SOLUTION</td>
<td>Tier-2</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>PLEUROMUTILINS</strong>*</td>
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<tr>
<td>XENLETA INTRAVENOUS SOLUTION</td>
<td>Medical Benefit</td>
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<td>XENLETA ORAL TABLET</td>
<td>Tier-3</td>
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<tr>
<td><strong>POLY (ADP-RIbose) POLYMERASE (PARP) INHIBITORS</strong></td>
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<tr>
<td>LYNPARZA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM); QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
</tr>
<tr>
<td>ZEJULA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
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<tr>
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<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM); QL (120 EA per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; SP; ^ (CM)</td>
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<tr>
<td>ZEJULA ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; ^ (CM)</td>
</tr>
<tr>
<td><strong>POTASSIUM REMOVING AGENTS</strong>*</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>
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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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<td><strong>PROGESTINS</strong></td>
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<tr>
<td>medroxyprogesterone acetate oral tablet</td>
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<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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<td><strong>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</strong>*</td>
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<td>ZONTIVITY ORAL TABLET</td>
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<td><strong>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</strong>*</td>
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<td>acamprosate calcium oral tablet delayed release</td>
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<tr>
<td>AUBAGIO ORAL TABLET</td>
<td>Tier-2</td>
<td>SP; QL (30 tablets per 30 Days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 12 MG</td>
<td>Tier-2</td>
<td>PA; SP; QL (120 EA per 30 days)</td>
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<tr>
<td>AUSTEDO ORAL TABLET 6 MG, 9 MG</td>
<td>Tier-2</td>
<td>PA; SP; QL (60 EA per 30 days)</td>
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<tr>
<td>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</td>
<td>Tier-3</td>
<td>SP; QL (4 Pens per 28 days)</td>
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<tr>
<td>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</td>
<td>Tier-3</td>
<td>SP; QL (4 Syringes per 28 days)</td>
</tr>
<tr>
<td>BAFIERTAM ORAL CAPSULE DELAYED RELEASE</td>
<td>Tier-2</td>
<td>SP</td>
</tr>
<tr>
<td>BETASERON SUBCUTANEOUS KIT</td>
<td>Tier-2</td>
<td>SP; QL (15 Vials per 30 Days)</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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<td>CHANTIX STARTING MONTH PAK ORAL TABLET</td>
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<td>chlordiazepoxide-amitriptyline oral tablet</td>
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<tr>
<td>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</td>
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<td>SP; QL (30 Syringes per 30 days)</td>
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<tr>
<td>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</td>
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<td>SP; QL (12 Syringes per 30 days)</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>
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<tr>
<td>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</td>
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<td>No Copayment</td>
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<tr>
<td>dalfampridine er oral tablet extended release 12 hour</td>
<td>Tier-2</td>
<td>PA; SP; QL (60 Tablets per 30 days)</td>
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<td>donepezil hcl oral tablet</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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<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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<tr>
<td>eql nicotine polacrilex mouth/throat gum</td>
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<td>eql nicotine polacrilex mouth/throat lozenge</td>
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<tr>
<td>ergoloid mesylates oral tablet</td>
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<tr>
<td>fluoxetine hcl (pmdd) oral tablet</td>
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<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour</td>
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<tr>
<td>galantamine hydrobromide oral solution</td>
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<td>galantamine hydrobromide oral tablet</td>
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<td>GILENYA ORAL CAPSULE 0.5 MG</td>
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<tr>
<td>gnp nicotine mini mouth/throat lozenge</td>
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<td>hm nicotine polacrilex mouth/throat gum</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>
<td>Tier-2</td>
<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>MAYZENT ORAL TABLET 0.25 MG</td>
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<td>SP; QL (120 Tablets per 30 days)</td>
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<td>MAYZENT ORAL TABLET 2 MG</td>
<td>Tier-2</td>
<td>SP; QL (30 Tablets per 30 days)</td>
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<td>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK</td>
<td>Tier-2</td>
<td>SP; QL (120 Tablets per 30 days)</td>
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<tr>
<td>memantine hcl er oral capsule extended release 24 hour</td>
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<tr>
<td>memantine hcl oral solution 2 mg/ml</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 mini mouth/throat lozenge 2 mg</td>
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<td>nicotine step 1 transdermal patch 24 hour</td>
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<td>nicotine step 3 transdermal patch 24 hour</td>
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<td>NUEDEXTA ORAL CAPSULE</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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<tr>
<td>perphenazine-amitriptyline oral tablet</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<td>pimozide oral tablet</td>
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<tr>
<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
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<td>SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)</td>
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<tr>
<td>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>Tier-3</td>
<td>SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)</td>
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<td>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
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<td>SUBCUTANEOUS SOLUTION PREFERRED SYRINGE</td>
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<td>rivastigmine tartrate capsule</td>
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<td>SAVELLA ORAL TABLET</td>
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<td>STPA; QL (180 TABLETS per 90 Days)</td>
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<td>TECFIDERA ORAL</td>
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<td>TECFIDERA ORAL CAPSULE DELAYED RELEASE</td>
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<td>tetrabenazine oral tablet 12.5 mg</td>
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<td>tetrabenazine oral tablet 25 mg</td>
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<td>tgt nicotine step three transdermal patch 24 hour</td>
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<td>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK</td>
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<td>ESBRIET ORAL CAPSULE</td>
<td>Tier-3</td>
<td>SP; QL (270 EA per 30 days)</td>
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<tr>
<td>ESBRIET ORAL TABLET</td>
<td>Tier-3</td>
<td>SP; QL (270 EA per 30 days)</td>
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<td><strong>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</strong>*</td>
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<tr>
<td>UPTRAVI ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; SP</td>
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<tr>
<td>UPTRAVI ORAL TABLET THERAPY PACK</td>
<td>Tier-3</td>
<td>PA; SP</td>
</tr>
<tr>
<td>*<em>RESPIRATORY AGENTS - MISC.</em></td>
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<tr>
<td>KALYDECO ORAL PACKET</td>
<td>Tier-2</td>
<td>PA; QL (56 EA per 28 days)</td>
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<tr>
<td>KALYDECO ORAL TABLET</td>
<td>Tier-2</td>
<td>PA; QL (60 TABLETS per 30 Days)</td>
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<tr>
<td>PULMOZYME INHALATION SOLUTION</td>
<td>Tier-2</td>
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<tr>
<td><strong>SCLEROSTIN INHIBITORS</strong>*</td>
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<tr>
<td>EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
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<td>PA</td>
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<tr>
<td><strong>SELECTIN BLOCKERS</strong>*</td>
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<tr>
<td>ADAKVEO INTRAVENOUS SOLUTION</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</strong>*</td>
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<tr>
<td>REYVOW ORAL TABLET 100 MG</td>
<td>Tier-2</td>
<td>PA; QL (8 tablets per 30 days)</td>
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<tr>
<td>REYVOW ORAL TABLET 50 MG</td>
<td>Tier-2</td>
<td>PA; QL (4 tablets per 30 days)</td>
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<td><strong>SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG</strong>*</td>
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<td>ADDYI ORAL TABLET</td>
<td>Tier-3</td>
<td>PA</td>
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<td><strong>SEROTONIN MODULATORS</strong>*</td>
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<tr>
<td>nefazodone hcl oral tablet</td>
<td>Tier-2</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger); ^ (LCG)</td>
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<tr>
<td>trazodone hcl oral tablet 300 mg</td>
<td>Tier-1</td>
<td>PA; ¥ (PA applies to members 12 and younger)</td>
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<tr>
<td>TRINTELLIX ORAL TABLET</td>
<td>Tier-3</td>
<td>PA; STPA; ¥ (PA applies to members 12 and younger)</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>XIGDUO 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>TAVALISSE ORAL TABLET</td>
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<td><em>STEROIDS - MOUTH/THROAT/DENTAL</em>**</td>
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<td>ORALONE MOUTH/THROAT PASTE</td>
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<td>triamcinolone acetonide mouth/throat paste</td>
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<td><em>SULFONAMIDES</em></td>
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<td><em>TETRACYCLINES</em></td>
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<td>doxycycline hyclate oral capsule</td>
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<td>doxycycline hyclate oral tablet 100 mg, 20 mg</td>
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<td>doxycycline hyclate oral tablet 75 mg</td>
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<td>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</td>
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<td>minocycline hcl oral capsule</td>
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<td>minocycline hcl oral tablet</td>
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<td>tetracycline hcl oral capsule</td>
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<td>VIBRAMYCIN ORAL SYRUP</td>
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<td>ARMOUR THYROID ORAL TABLET</td>
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<td>levothyroxine sodium oral tablet</td>
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<td>LEVOXYL ORAL TABLET</td>
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<td>liothyronine sodium oral tablet</td>
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<td>methimazole oral tablet</td>
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<td>NATURE-THROID ORAL TABLET</td>
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<td>propythiouracil oral tablet</td>
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<td>SYNTHROID ORAL TABLET</td>
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<td>TIROSINT ORAL CAPSULE</td>
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<td>TIROSINT-SOL ORAL SOLUTION</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>TRANSTHYRETIN STABILIZERS</em>**</td>
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<tr>
<td>VYNDAMAX ORAL CAPSULE</td>
<td>Tier-2</td>
<td>PA; SP; QL (30 capsules per 30 days)</td>
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<tr>
<td>VYNAQEL ORAL CAPSULE</td>
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<td><em>TRYPTOPHAN HYDROXYLASE INHIBITORS</em>**</td>
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<td>XERMELO ORAL TABLET</td>
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<td>ACIPHEX ORAL TABLET DELAYED RELEASE</td>
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<td>amoxicill-clarithro-lansopraz oral</td>
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<td>chlordiazepoxide-clidinium oral capsule</td>
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<td>cimetidine hcl oral solution</td>
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<td>cimetidine oral tablet</td>
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<tr>
<td>cvs omeprazole-sod bicarbonate oral capsule</td>
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<td>¥ (All OTC versions of this product are on Tier 2); QL (90 capsules per 90 days)</td>
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<td>DEXILANT ORAL CAPSULE DELAYED RELEASE</td>
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<td>PA; QL (90 EA per 90 days)</td>
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<td>dicyclomine hcl oral capsule</td>
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<td>dicyclomine hcl oral tablet</td>
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<td>ed-spaz oral tablet dispersible</td>
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<td>esomeprazole magnesium oral capsule delayed release 20 mg</td>
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<td>esomeprazole magnesium oral packet</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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<tr>
<td>FIRST-LANSOPRAZOLE ORAL SUSPENSION</td>
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<td>QL (300 ML per 30 days)</td>
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<tr>
<td>FIRST-OMEPRAZOLE ORAL SUSPENSION</td>
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<td>QL (300 ML per 30 days)</td>
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<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
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<td>hyoscyamine sulfate er oral tablet extended release 12 hour</td>
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<td>methylscopolamine bromide oral tablet</td>
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<td>misoprostol oral tablet</td>
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<td>NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE</td>
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<td>omeprazole oral capsule delayed release</td>
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<tr>
<td>omeprazole-sodium bicarbonate oral capsule</td>
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<td>¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days)</td>
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<td>omeprazole-sodium bicarbonate oral packet</td>
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<td>PA</td>
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<td>pantoprazole sodium oral packet</td>
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<td>PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)</td>
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<td>pantoprazole sodium oral tablet delayed release</td>
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<td>PREVACID ORAL CAPSULE DELAYED RELEASE</td>
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<td>PRILOSEC ORAL PACKET</td>
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<td>PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)</td>
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<td>PYLERA ORAL CAPSULE</td>
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<td>sucralfate oral suspension</td>
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<td>ZEGERID ORAL CAPSULE</td>
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<td>MACRODANTIN ORAL CAPSULE 25 MG</td>
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<td>bethanechol chloride oral tablet</td>
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<td>darifenacin hydrobromide er oral tablet extended release 24 hour</td>
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<td>flavoxate hcl oral tablet</td>
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<td>GELNIQUE TRANSDERMAL GEL 10 %</td>
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<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
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<td>trospium chloride er oral capsule extended release 24 hour</td>
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