Your Guide to Prescription Drug Coverage
2019 PREFERRED FORMULARY DRUG LIST

This document contains information about the drugs covered in your prescription drug benefit plan.
Important Contacts

For more information about your prescription drug coverage, call the phone number listed on your BlueCross BlueShield of Tennessee Member ID card. For information about your home delivery prescription, call 1-877-673-9165.

Visit bcbst.com
• Find a pharmacy in your network
• Look up lower-cost prescription alternatives
• Compare your pricing and options

If You Want Us to Rethink Your Request
You or your doctor may ask to reconsider any of these things:
• A denial of a drug benefit
• Limits on a drug quantity
• The details needed for prior authorization
• Getting a non-covered drug approved

You’ll need written reasons from your doctor about why we should rethink your situation.

We look at all reconsiderations on a case-by-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to 1-888-343-4232. Or send a written request to:

Pharmacy Management Reconsiderations
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555

Please provide the following information with your request:
• Patient name and cardholder ID number
• Physician name and phone number
• Drug and diagnosis information
Understanding the Formulary Drug List

This formulary drug list will help you understand the drugs your plan covers. The drugs in this formulary are listed by common categories, then alphabetically. They’re placed into cost levels known as tiers. The tiers include generic, preferred brand and non-preferred brand drugs reviewed by a panel of physicians and pharmacists regularly and revised to reflect availability of new drugs and other changes in the market.

Some drugs have notes with letters next to them. The letters refer to certain pharmacy benefit programs. To make sure that prescriptions are used safely, some drugs have additional requirements you’ll need to meet before we can cover your prescription. Those drugs will have an abbreviation next to the drug name to let you and your doctor know there are additional requirements.

For more information on how to fill your prescriptions, please refer to your Evidence of Coverage or member handbook on bcbst.com or call the phone number listed on your BlueCross Member ID card.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act means drugs with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Check your Evidence of Coverage or member handbook for plan details.</td>
</tr>
<tr>
<td>AGE-A</td>
<td>Age Requirement means a person who is within a specific age group will require prior authorization for the drug to be covered. Prior authorization is required for members 17 years of age and younger. Your doctor must call Express Scripts at 1-877-916-2271 to request approval for coverage.</td>
</tr>
<tr>
<td>LD</td>
<td>Limited Distribution means drugs may only be available at certain pharmacies. For more information, please call us at the phone number listed on your Member ID card.</td>
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<tr>
<td>MME</td>
<td>Morphine Milligram Equivalent: Your plan measures how strong each medicine is compared to morphine and limits the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day. Your doctor must call Express Scripts at 1-877-916-2271 to request approval for coverage.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization may be required for certain drugs. Your doctor must call Express Scripts at 1-877-916-2271 to get approval before you may fill your prescription.</td>
</tr>
<tr>
<td>QL</td>
<td>Quantity Limit means you may have coverage for a limited amount of a specific drug.</td>
</tr>
<tr>
<td>SPRx</td>
<td>Specialty Drug includes drugs for chronic, serious diseases such as hepatitis C, multiple sclerosis, arthritis, hemophilia and other conditions. Some plans may cover specialty drugs at different benefit levels or may require the use of a network specialty pharmacy.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy is a prior authorization program that requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Your doctor must call Express Scripts at 1-877-916-2271 to request approval for coverage. Please refer to the list included on pages iv-v for drugs that require step therapy.</td>
</tr>
<tr>
<td>#</td>
<td>Some plans do not cover these drugs. Check your Evidence of Coverage guide or Member Handbook for plan details.</td>
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</tbody>
</table>
What’s a Drug Tier?

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), which your employer or health plan determines. This is how much you will pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage or member handbook for plan details.

Tier 1
- Generic Drugs
  - Generic Drugs have the same strength and active ingredients as the brand name – but typically are the most affordable and offer you the lowest available copayment or coinsurance. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand drug. To help lower your out-of-pocket costs, we encourage you to choose a generic medication whenever possible. Look for these drugs under “Tier 1” in this formulary.

Tier 2
- Preferred Brand Drugs
  - Preferred Brand Drugs will usually have a slightly higher copay or coinsurance than generic drugs, but less than a non-preferred brand drug under your plan. These drugs are designated preferred brand because they have been proven to be safe, effective, and more affordable compared to other brand or over-the-counter drugs that treat the same condition. Look for these drugs under “Tier 2” in this formulary.

Tier 3
- Non-Preferred Brand Drugs
  - Non-Preferred Brand Drugs are those that generally have generic alternatives and/or one or more preferred options within the same drug class. You will usually pay the highest copay or coinsurance for a non-preferred drug under your plan. These drugs are listed as non-preferred because they have not been found to be any more effective than available generics, preferred brands, or over-the-counter drugs. Look for these drugs under “Tier 3” in this formulary.
# Step Therapy Requirements

**Step Therapy** requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. This chart lists the drugs that require step therapy before your plan will cover the medication.

<table>
<thead>
<tr>
<th>Step Therapy Drugs</th>
<th>Step Therapy Requirements</th>
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<tbody>
<tr>
<td>Edarbi Edarbyclor</td>
<td>Trial and failure of a generic Angiotensin II Receptor Blocker (ARB), including candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan and valsartan-hydrochlorothiazide</td>
</tr>
<tr>
<td>Non-preferred diabetic test strips (e.g., Accu-Chek, Freestyle)QL</td>
<td>Trial and failure of preferred products made by Lifescan (OneTouch)QL or Ascensia (Contour)QL</td>
</tr>
<tr>
<td>Xalatan Zioptan</td>
<td>Trial and failure of latanoprost, Lumigan, or Travatan Z</td>
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<tr>
<td>Admelog Admelog SoloStar Apidra Apidra SoloStar Humalog Humalog KwikPen Humalog Junior KwikPen</td>
<td>Trial and failure of Fiasp, Fiasp FlexTouch or Novolog</td>
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<tr>
<td>Humulin</td>
<td>Trial and failure of Novolin</td>
</tr>
<tr>
<td>Proventil HFAQL</td>
<td>Trial and failure of ProAir HFAQL or ProAir RespiClickQL</td>
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<tr>
<td>Ventolin HFAQL</td>
<td></td>
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<tr>
<td>Xopenex HFAQL</td>
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</tbody>
</table>

For certain medical conditions, it is best practice to try a Tier 2 Preferred Drug before your plan will cover a Tier 3 Non-Preferred Drug.
You’ll need to try one or two Preferred Drugs before we’ll cover a Non-Preferred Drug. Below is a table of Preferred and Non-Preferred Drugs for various medical conditions. Find your condition in the first column of the chart. If there are drugs listed in the second column, your doctor must prescribe one of those to determine effectiveness prior to prescribing a drug listed in the third or fourth columns.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Preferred Drug (directed to ONE Preferred Drug)</th>
<th>Non-Preferred Drug (directed to TWO Preferred Drugs)</th>
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<tr>
<td>Rheumatoid arthritis</td>
<td>Actemra&lt;sub&gt;SC&lt;/sub&gt;, Enbrel, Humira, Xeljanz/XR</td>
<td>Cimzia, Kevzara, Kineret, Olumiant, Orencia&lt;sup&gt;SC&lt;/sup&gt;, Simponi&lt;sup&gt;SC&lt;/sup&gt;</td>
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<tr>
<td>Ankylosing spondylitis</td>
<td>Cosentyx, Enbrel, Humira</td>
<td>Cimzia, Simponi&lt;sup&gt;SC&lt;/sup&gt;</td>
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<tr>
<td>Juvenile idiopathic arthritis</td>
<td>Enbrel, Humira</td>
<td>Actemra&lt;sub&gt;SC&lt;/sub&gt;, Orencia&lt;sup&gt;SC&lt;/sup&gt;</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td>Cosentyx, Enbrel, Humira, Stelara&lt;sub&gt;SC&lt;/sub&gt;, Xeljanz/XR</td>
<td>Otezla, Cimzia, Orencia&lt;sup&gt;SC&lt;/sup&gt;, Simponi&lt;sup&gt;SC&lt;/sup&gt;, Taltz</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>Cosentyx, Humira, Otezla, Stelara&lt;sub&gt;SC&lt;/sub&gt;</td>
<td>Enbrel*, Tremfya*, Cimzia, Siliq, Taltz</td>
</tr>
<tr>
<td>Crohn’s disease</td>
<td>Humira, Stelara&lt;sub&gt;SC&lt;/sub&gt;</td>
<td>Simponi&lt;sup&gt;SC&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ulcerative colitis</td>
<td>Humira, Xeljanz</td>
<td>Cimzia</td>
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</tbody>
</table>

<sup>SC</sup> – subcutaneous

*For the treatment of Psoriasis, you must try Humira first before Enbrel or Tremfya is approved. Cosentyx, Otezla or Stelara<sub>SC</sub> don’t meet the requirement for coverage of Enbrel or Tremfya for Psoriasis.
Where to Get Your Prescriptions Filled

You’ll need to show your Member ID card when you have a prescription filled. You may have to pay part of the cost for prescription medicines and supplies. Check your Evidence of Coverage or member handbook for specifics.

Network Pharmacies

Our pharmacy networks include many retail drug store chains and independent pharmacies across the country. If your medication isn’t for managing a long-term condition, the prescription is typically written for less than a 30-day supply. (See the Retail 90 and Home Delivery Network sections for information on 90-day supplies).

It’s important that you always use an in-network pharmacy. If you don’t, you’ll have to pay all of the costs for your prescription. If you’re outside Tennessee, you can find a pharmacy in our nationwide network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

How to find a network pharmacy:

- Go to bcbst.com.
  - Sign up for BlueAccess™, our secure member portal.
  - Click on Find a Doctor.
  - Click on Pharmacy and select your Pharmacy Network.

Or

- Call Member Service at the number on the back of your Member ID card.
**Retail 90 Networks**

Through Retail 90 Networks you can get up to a 90-day (three-month) supply of your prescriptions.*

- With a three-month supply, you’re less likely to miss a dose, and you don’t have to refill as often, which can save you time and money.
- If you use a pharmacy that’s not part of your Retail 90 Network, you’re limited to a 30-day (one-month) supply.
- These networks are made up of some local pharmacies and drug store chains. Ask your pharmacy if they’re part of your Retail 90 Network.

**Home Delivery**

You can sign up for home delivery and have your prescription delivered right to your door. Home Delivery is for prescriptions with a 30-day (one-month) or a 90-day (three-month) supply.* Call **1-877-673-9165** to get started.

**With home delivery you get:**

- FREE standard shipping**
- Access to a pharmacist 24/7
- Automatic refill reminders so you’re less likely to miss a dose
- Extended payment plan available

**Specialty Pharmacies**

Some serious medical conditions need specialty drugs. They may be given at the doctor’s office or at home. Our specialty pharmacies are a special network of vendors, experienced in managing these specialty drugs and supporting you and your doctor. You and your doctor can find a list of specialty pharmacies at **bcbst.com**.

**Specialty drugs:**

- Usually require a prior authorization
- Usually are limited to a 30-day supply
- Are usually only available from specialty pharmacies in our network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

*Your doctor will need to write your prescription for a 90-day supply.

**Standard shipping costs are included.
Tips for Using Your Prescription Drug Benefits

Talk with your doctor.
Doctors are your partners, so discuss every aspect of your treatment, including the selection of drugs. The more you know, the better choices you can make.

- Ask your doctor to check the list of drugs your plan covers before prescribing a medicine.
- Give your doctor a list of all the medicines you take. Include medicines that don’t need a prescription. This helps them choose medicines that work well together.
- Advertising, social media or the internet may not be your best source of information. Discuss all your concerns with your doctor.

Ask for generic drugs.
The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and purity as brand-name drugs.

- Generic drugs work the same as brand name drugs, but cost less.
- Talk to your doctor about the different kinds of generic drugs.
- The formulary drug list has different tiers (levels) of drugs that you can use (see “What’s a Drug Tier?” on page iii).
- You pay less for generic drugs almost every time.
- Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you pay the cost difference between the generic and brand name drug. Check your Evidence of Coverage or member handbook to see if this applies to your plan.
**Talk to your pharmacist.**

Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.

- Have all of your family’s prescriptions filled at the same pharmacy.
- By knowing all your prescriptions, your pharmacist can make sure all of your drugs work well together. This can help keep you and your family safe.

**Use over-the-counter (OTC) medicines to save money.**

- OTC medicines are sold without a prescription.
- Some prescription drugs may not be covered under your plan because there is an OTC available that works just as well.
- Don’t switch from a prescription drug to an OTC without talking with your doctor.

**Be safe with your prescriptions.**

- Never share prescription drugs—even if it’s for a member of the family.
- Keep all medicines safe from children, out of sight and out of reach. Lock them away, if possible.
- Don’t stop using a prescription without talking to the doctor.
- Follow up with the doctor about any side effects.

**Some prescriptions need an approval for coverage.**

- Some prescriptions require prior authorization or step therapy.
- Some drugs have limits on the amount of them that your plan will pay for.
- Network doctors usually know this and know how to get authorizations. However, you may want to show this formulary drug list to your doctor - especially if you use an out-of-network doctor or a doctor outside Tennessee.
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<th>Requirements/Limits</th>
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<tr>
<td>fluconazole oral tablet</td>
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<td>flucytosine oral capsule</td>
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<td>griseofulvin microsize oral suspension</td>
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<td>griseofulvin microsize oral tablet</td>
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<td>intraconazole oral capsule</td>
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<td>ketoconazole oral tablet</td>
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<tr>
<td><strong>NOXAFIL ORAL SUSPENSION</strong></td>
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<td><strong>NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)</strong></td>
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<td>nystatin oral powder 150 million unit, 500 million unit</td>
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<td>nystatin oral suspension</td>
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<td>terbinafine hcl oral tablet</td>
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<tr>
<td><strong>VFEND ORAL SUSPENSION FOR RECONSTITUTION</strong></td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>voriconazole oral tablet</td>
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<td>oseltamivir oral capsule 45 mg, 75 mg</td>
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<td>FLAGYL ORAL CAPSULE</td>
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<td>Drug Name</td>
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<td>KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION</td>
<td>Tier 2</td>
<td>LD; SPRx; QL (56 ML per 30 days)</td>
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<td>Tier 1</td>
<td>QL (14 day supply per 30 days)</td>
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<td>linezolid oral tablet</td>
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<td>MALARONE PEDIATRIC ORAL TABLET</td>
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<td>SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET</td>
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<td>STROMECTOL ORAL TABLET</td>
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<td>TINDAMAX ORAL TABLET 500 MG</td>
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<td>TRECATOR ORAL TABLET</td>
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<td>XIFAXAN ORAL TABLET 200 MG</td>
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<td>XIFAXAN ORAL TABLET 550 MG</td>
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<td>ZYVOX ORAL SUSPENSION FOR RECONSTITUTION</td>
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<td>amoxicillin oral suspension for reconstitution</td>
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<td>amoxicillin oral tablet</td>
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<td>amoxicillin oral tablet,chewable 125 mg, 250 mg</td>
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<tr>
<td>amoxicillin-pot clavulanate oral suspension for reconstitution</td>
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<td>amoxicillin-pot clavulanate oral tablet</td>
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<td>amoxicillin-pot clavulanate oral tablet extended release 12 hr</td>
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<td>amoxicillin-pot clavulanate oral tablet,chewable</td>
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<td>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON</td>
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<td>CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR</td>
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<td>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</td>
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<td>ciprofloxacin oral suspension, microcapsule recon</td>
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<td>FACTIVE ORAL TABLET</td>
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<td>Drug Name</td>
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<td>Drug Name</td>
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<td><strong>Antineoplastic &amp; Immunosuppressant Drugs</strong></td>
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<td>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR</td>
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<td>Tier 3</td>
<td>QL (8 ML per 30 days)</td>
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<tr>
<td>IMITREX SUBCUTANEOUS SOLUTION</td>
<td>Tier 3</td>
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<tr>
<td>isometh-dichloral-acetaminophn oral capsule</td>
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<tr>
<td>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</td>
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<tr>
<td>marten-tab oral tablet</td>
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<td>QL (120 EA per 30 days)</td>
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<tr>
<td>migergot rectal suppository</td>
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<tr>
<td>MIGRANAL NASAL SPRAY, NON-AEROSOL</td>
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<td>QL (8 ML per 30 days)</td>
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<tr>
<td>naratriptan oral tablet</td>
<td>Tier 1</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>nodolor oral capsule</td>
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<tr>
<td>phrenilin forte (with caffeine) oral capsule</td>
<td>Tier 1</td>
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<tr>
<td>RELPAX ORAL TABLET</td>
<td>Tier 3</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>rizatriptan oral tablet</td>
<td>Tier 1</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>rizatriptan oral tablet, disintegrating</td>
<td>Tier 1</td>
<td>QL (18 EA per 30 days)</td>
</tr>
<tr>
<td>sumatriptan nasal spray, non-aerosol</td>
<td>Tier 1</td>
<td>QL (12 EA per 30 days)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>sumatriptan succinate oral tablet</td>
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<tr>
<td>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</td>
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<td>QL (12 ML per 30 days)</td>
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<tr>
<td>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</td>
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<tr>
<td>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</td>
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<td>sumatriptan succinate subcutaneous solution</td>
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<td>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</td>
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<td>SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML</td>
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<td>tencon oral tablet 50-325 mg</td>
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<td>zebutal oral capsule 50-325-40 mg</td>
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<td>zolmitriptan oral tablet</td>
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<td>zolmitriptan oral tablet,disintegrating</td>
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<td>QL (18 EA per 30 days)</td>
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<tr>
<td>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR</td>
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<td>ARICEPT ORAL TABLET</td>
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<tr>
<td>AUSTEDO ORAL TABLET</td>
<td>Tier 3</td>
<td>PA; LD; SPRx</td>
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<td>dalfampridine oral tablet extended release 12 hr</td>
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<td>PA; SPRx</td>
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<tr>
<td>donepezil oral tablet</td>
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<tr>
<td>donepezil oral tablet,disintegrating</td>
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<tr>
<td>galantamine oral capsule,ext rel. pellets 24 hr</td>
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<td>galantamine oral solution</td>
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<td>galantamine oral tablet</td>
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<tr>
<td>HORIZANT ORAL TABLET EXTENDED RELEASE</td>
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<td>KEVEYS ORAL TABLET</td>
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<td>memantine oral capsule,sprinkle,er 24 hr</td>
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<tr>
<td>RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR</td>
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<td>RAZADYNE ORAL TABLET</td>
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<td>rivastigmine tartrate oral capsule</td>
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<td>rivastigmine transdermal patch 24 hour</td>
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<td>tetrahydroencaine oral tablet</td>
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<tr>
<td>XENAZINE ORAL TABLET</td>
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**Muscle Relaxants & Antispasmodic Therapy**

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>baclofen oral tablet 10 mg, 20 mg</td>
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<tr>
<td>carisoprodol oral tablet</td>
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<tr>
<td>carisoprodol-aspirin oral capsule</td>
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<tr>
<td>carisoprodol-asa-codeine oral tablet</td>
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<td>QL (240 EA per 30 days)</td>
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<tr>
<td>chloroxazone oral tablet 250 mg</td>
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<td>QL (360 EA per 30 days)</td>
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<tr>
<td>chloroxazone oral tablet 500 mg</td>
<td>Tier 1</td>
<td>QL (180 EA per 30 days)</td>
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<tr>
<td>cyclobenzaprin oral tablet</td>
<td>Tier 1</td>
<td>QL (90 EA per 30 days)</td>
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<tr>
<td>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</td>
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<tr>
<td>dantrolene oral capsule</td>
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<td>QL (90 EA per 30 days)</td>
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<tr>
<td>FEXMID ORAL TABLET</td>
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<td>QL (90 EA per 30 days)</td>
</tr>
<tr>
<td>meprobamate oral tablet 200 mg</td>
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<td>QL (360 EA per 30 days)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tr>
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<td>MESTINON ORAL SYRUP</td>
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<td>MESTINON TIMESPAN ORAL TABLELET EXTENDED RELEASE</td>
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<td>methocarbamol oral tablet 750 mg</td>
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<td>QL (160 EA per 30 days)</td>
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<td>orphenadrine citrate oral tablet extended release</td>
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<td>QL (60 EA per 30 days)</td>
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<td>PARAON FORTE DSC ORAL TABLET</td>
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<td>pyridostigmine bromide oral tablet</td>
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<td>pyridostigmine bromide oral tablet extended release</td>
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<td>ROBAXIN ORAL TABLET</td>
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<td>ROBAXIN-750 ORAL TABLET</td>
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<td>QL (160 EA per 30 days)</td>
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<td>Soma Oral Tablet</td>
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<td>tizanidine oral capsule</td>
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**Narcotic Analgesics**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>ABSTRAL SUBLINGUAL TABLET</td>
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<tr>
<td>acetaminophen-caff-dihydrocod oral capsule</td>
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<td>PA; MME</td>
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<tr>
<td>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</td>
<td>Tier 1</td>
<td>PA; MME</td>
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<tr>
<td>acetaminophen-codeine oral tablet</td>
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<td>PA; MME</td>
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<tr>
<td>ACTIQ BUCCAL LOZENGE ON A HANDLE</td>
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<td>PA; MME</td>
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<tr>
<td>aspirin-caffeine-dihydrocodein oral capsule</td>
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<td>PA; MME</td>
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<tr>
<td>buprenorphine transdermal patch weekly</td>
<td>Tier 1</td>
<td>PA; QL (4 EA per 28 days)</td>
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<td>butorphanol tartrate nasal spray,non-aerosol</td>
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<td>PA; MME</td>
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<tr>
<td>BUTRANS TRANSDERMAL PATCH WEEKLY</td>
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<td>PA; QL (4 EA per 28 days)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td>CAPITAL WITH CODEINE ORAL SUSPENSION</td>
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<td>codeine sulfate oral tablet</td>
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<td>DEMEROL ORAL TABLET 100 MG</td>
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<td>DILAUDID ORAL LIQUID</td>
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<tr>
<td>diskets oral tablet, soluble</td>
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<td>DOLOPHINE ORAL TABLET</td>
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<td>DURAGESIC TRANSDERMAL PATCH 72 HOUR</td>
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<td>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>FENTORA BUCCAL TABLET, EFFERVESCENT</td>
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<td>HYCET ORAL SOLUTION</td>
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<td>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</td>
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<td>KADIAN ORAL CAPSULE, EXTEND.RELEASE PELLETS</td>
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<td>oxycodone-acetaminophen oral solution</td>
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<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<tr>
<td>oxycodone-aspirin oral tablet</td>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>oxymorphone oral tablet extended release 12 hr</td>
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<td>pentazocine-naloxone oral tablet</td>
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Non-Narcotic Analgesics
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<td>choline,magnesium salicylate oral liquid</td>
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<td>Drug Name</td>
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<td>ADDERALL ORAL TABLET</td>
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<tr>
<td>alprazolam oral tablet 2 mg</td>
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<td>DAYTRANA TRANSDERMAL PATCH 24 HOUR</td>
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<td>dextroamphetamine-amphetamine oral capsule, extended release 24hr</td>
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<td>duloxetine oral capsule, delayed release(dr/ec)</td>
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<td>EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR</td>
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<td>EMSAM TRANSDERMAL PATCH 24 HOUR</td>
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<td>flurazepam oral capsule</td>
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<td>fluvoxamine oral capsule, extended release 24hr</td>
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<td>fluvoxamine oral tablet</td>
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<td>guanfacine oral tablet extended release 24 hr</td>
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<td>haloperidol lactate oral concentrate</td>
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<td>imipramine pamoate oral capsule</td>
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<td>INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>lithium citrate oral solution 8 meq/5 ml</td>
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<td>LITHOBID ORAL TABLET EXTENDED RELEASE</td>
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<td>VIIBRYD ORAL TABLET</td>
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### Cardiovascular Agents

#### Coagulation Therapy

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### Cardiovascular, Hypertension & Lipids

#### Antiarrhythmic Agents

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**Lipid/Cholesterol Lowering Agents**

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<td>fluvastatin oral tablet extended release 24 hr</td>
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<td>gemfibrozil oral tablet</td>
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<td>KYNAMRO SUBCUTANEOUS SYRINGE</td>
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<td>rosvastatin oral tablet 20 mg, 40 mg</td>
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<td>simvastatin oral tablet 80 mg</td>
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<td>TRICOR ORAL TABLET</td>
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<td>ISORDIL ORAL TABLET</td>
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<td>MINITRAN TRANSDERMAL PATCH 24 HOUR</td>
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<td>nitro-bid transdermal ointment</td>
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<td><strong>NITRO-DUR TRANSDERMAL PATCH 24 HOUR</strong></td>
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<td>nitroglycerin oral capsule, extended release</td>
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<td>nitroglycerin transdermal aerosol,spray</td>
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<td><strong>Dermatologicals/Topical Therapy</strong></td>
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<td>Drug Name</td>
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<td>COAL TAR TOPICAL SOLUTION</td>
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<td>COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE</td>
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<td>hydrocortisone-pramoxine topical cream</td>
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<td>OVACE PLUS SHAMPOO TOPICAL SHAMPOO</td>
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<td>OVACE PLUS TOPICAL CLEANSER, EXTENDED RELEASE</td>
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<tr>
<td>OVACE PLUS TOPICAL CREAM</td>
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<td>OVACE PLUS TOPICAL LOTION</td>
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<td>sulfacetamide sodium topical shampoo</td>
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<td>TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR</td>
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**Therapy for Acne**

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<td>PREVIDENT 5000 DRY MOUTH DENTAL GEL</td>
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<td>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE</td>
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<td>PREVIDENT 5000 SENSITIVE DENTAL PASTE</td>
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<td>PREVIDENT DENTAL SOLUTION</td>
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<tr>
<td>SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG</td>
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<td>sf 5000 plus dental cream</td>
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<tr>
<td>sf dental gel</td>
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<tr>
<td>triamcinolone acetonide dental paste</td>
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**Miscellaneous Otic Preparations**

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>acetic acid otic (ear) solution</td>
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<td>ciprofloxacin hcl otic (ear) dropperette</td>
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<tr>
<td>DERMOTIC OIL OTIC (EAR) DROPS</td>
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<tr>
<td>flac otic oil otic (ear) drops</td>
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<td>floxin otic (ear) drops</td>
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<td>fluocinolone acetonide oil otic (ear) drops</td>
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<td>hydrocortisone-acetic acid otic (ear) drops</td>
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<td><em>ofloxacin otic (ear) drops</em></td>
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**Otic Steroid / Antibiotic**

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<td>CIPRO HC OTIC (EAR) DROPS, SUSPENSION</td>
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<td>CIPRODEX OTIC (EAR) DROPS, SUSPENSION</td>
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<td>COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION</td>
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<tr>
<td>neomycin-polymyxin-hc otic (ear) drops, suspension</td>
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<td>neomycin-polymyxin-hc otic (ear) solution</td>
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<td>OTOVEL OTIC (EAR) SOLUTION</td>
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**Endocrine/Diabetes**

**Adrenal Hormones**

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<td>ACTHAR H.P. INJECTION GEL</td>
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<td>PA; SPRx</td>
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<tr>
<td>CORTEF ORAL TABLET</td>
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<tr>
<td>cortisone oral tablet</td>
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<tr>
<td>decadron oral tablet</td>
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<tr>
<td>deltasone oral tablet 20 mg</td>
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<tr>
<td>dexamethasone intensol oral drops</td>
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<td>dexamethasone oral elixir</td>
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<td>dexamethasone oral solution</td>
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<td>dexamethasone oral tablet</td>
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<td>PA; LD; SPRx</td>
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<td>hydrocortisone oral tablet</td>
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<td>MEDROL (PAK) ORAL TABLETS, DOSE PACK</td>
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<td>millipred oral tablet</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
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<td>propylthiouracil oral tablet</td>
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**Diabetes, Supplies, & Durable Medical Equipment**

| GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN | Tier 2    |                         |

**Glucose Elevating Agents**

| GLUCAGEN HYPOKIT INJECTION RECON SOLN       | Tier 2    |                         |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN | Tier 2 |                         |

**Proglycem Oral Suspension**

| Proglycem Oral Suspension | Tier 3 |                         |

**Trueplus Glucose Oral Gel in Packet**

| Trueplus Glucose Oral Gel in Packet | Tier 3 |                         |

**Insulin Syringes/Miscellaneous Durable Medical Equipment**

<p>| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2&quot; | Tier 2 | QL (1000 EA per 30 days) |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE         | Tier 2 |                         |
| Accu-Chek Safe-T-Pro                          | Tier 2 |                         |
| Accu-Chek Softclix Lancets                   | Tier 2 |                         |
| Acti-Lance Lancets 23 Gauge                   | Tier 2 |                         |
| Advanced Travel Lancets 30 Gauge              | Tier 2 |                         |
| Advocate Lancet 30 Gauge                      | Tier 2 |                         |</p>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>ADVOCATE PEN NEEDLE 29 GAUGE X 1/2&quot;</td>
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<td>QL (1000 EA per 30 days)</td>
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<tr>
<td>ALCOHOL SWABS TOPICAL PADS, MEDICATED</td>
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<td>ALTERNATE SITE LANCET</td>
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<td>ASSURE HAEMOLANCE PLUS 1.2 MM</td>
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<td>ASSURE LANCE 25 GAUGE</td>
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<tr>
<td>BD SAFETYGLIDE NEEDLE 22 GAUGE X 1 1/2&quot;</td>
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<td>NOVA SAFETY LANCETS 28 GAUGE</td>
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<td>ON-THE-GO LANCETS</td>
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<td>PENTIPS NEEDLE 31 GAUGE X 1/4&quot;, 31 GAUGE X 5/16&quot;</td>
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<td>POLY HUB NEEDLE 18 GAUGE X 1&quot;</td>
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<td>ANDRODERM TRANSDERMAL PATCH 24 HOUR</td>
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<tr>
<td>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)</td>
<td>Tier 2</td>
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<tr>
<td>ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)</td>
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<td><em>calcitonin (salmon) nasal spray, non-aerosol</em></td>
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<td><em>calcitriol oral capsule</em></td>
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<td>Drug Name</td>
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<td>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</td>
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<td>danazol oral capsule</td>
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<td>SAMSCA ORAL TABLET</td>
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<td>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</td>
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<td>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR</td>
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<td>glipizide-metformin oral tablet</td>
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Immunology, Vaccines & Biotechnology
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**Musculoskeletal & Rheumatology**

**Gout Therapy**

| allopurinol oral tablet         | Tier 1    |                      |
| COLCRYS ORAL TABLET             | Tier 2    |                      |
| probenecid oral tablet          | Tier 1    |                      |
| probenecid-colchicine oral tablet| Tier 1    |                      |
| ULORIC ORAL TABLET              | Tier 2    |                      |
| ZYLOPRIM ORAL TABLET            | Tier 3    |                      |

**Osteoporosis Therapy**

| ACTONEL ORAL TABLET             | Tier 3    |                      |
| alendronate oral solution       | Tier 1    |                      |
| alendronate oral tablet         | Tier 1    |                      |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) | Tier 3 |               |
| BINOSTO ORAL TABLET, EFFERVESCENT | Tier 3 |                |
| BONIVA ORAL TABLET              | Tier 3    |                      |
| EVISTA ORAL TABLET              | Tier 3    |                      |
| FORTEO SUBCUTANEOUS PEN INJECTOR | Tier 3  | SPRx               |
| FOSAMAX ORAL TABLET 70 MG       | Tier 3    |                      |
| FOSAMAX PLUS D ORAL TABLET      | Tier 3    |                      |
| ibandronate oral tablet         | Tier 1    |                      |
| raloxifene oral tablet          | Tier 1    | ACA                 |
| risedronate oral tablet 150 mg, 35 mg, 5 mg | Tier 1 |                      |
| risedronate oral tablet, delayed release (dr/ec) | Tier 1 |                      |
| TYMLOS SUBCUTANEOUS PEN INJECTOR | Tier 3 |                      |

**Other Rheumatologicals**
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### Obstetrics & Gynecology

#### Estrogens & Progestins

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### Ophthalmology

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<td>PULMICORT INHALATION SUSPENSION FOR NEBULIZATION</td>
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<td>pulmosal inhalation solution for nebulization</td>
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<td>PULMOZYME INHALATION SOLUTION</td>
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<td>QVAR INHALATION AEROSOL</td>
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<td>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED</td>
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<tr>
<td>REVATIO INTRAVENOUS SOLUTION</td>
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<tr>
<td>REVATIO ORAL SUSPENSION FOR RECONSTITUTION</td>
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<tr>
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<td>RUCONEST INTRAVENOUS RECON SOLN</td>
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<td>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</td>
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<td>sildenafil (antihypertensive) intravenous solution</td>
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<td>sildenafil (antihypertensive) oral tablet</td>
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<td>PA; SPRx</td>
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<td>SINGULAIR ORAL GRANULES IN PACKET</td>
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<tr>
<td>SINGULAIR ORAL TABLET, CHEWABLE</td>
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<td>sodium chloride inhalation solution for nebulization</td>
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<td>SPIRIVA RESPIMAT INHALATION MIST</td>
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<td>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>STRIVERDI RESPIMAT INHALATION MIST</td>
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<td>SYMDEKO ORAL TABLETS, SEQUENTIAL</td>
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<td>PA; SPRx; Generic for Adcirca</td>
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<td>TAKHZYRO SUBCUTANEOUS SOLUTION</td>
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<td>terbutaline oral tablet</td>
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<td>terbutaline subcutaneous solution</td>
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<td>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR</td>
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<td>theochron oral tablet extended release 12 hr</td>
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<td>theophylline oral elixir</td>
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<td>theophylline oral solution</td>
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<tr>
<td>theophylline oral tablet extended release 24 hr</td>
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<td>TRACLEER ORAL TABLET</td>
<td>Tier 3</td>
<td>PA; LD; SPRx</td>
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<tr>
<td>TRACLEER ORAL TABLET FOR SUSPENSION</td>
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<td>PA; LD; SPRx</td>
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<td>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE</td>
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<td>TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED</td>
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<td>TYVASO INHALATION SOLUTION FOR NEBULIZATION</td>
<td>Tier 3</td>
<td>PA; LD; SPRx</td>
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<td>PA; LD; SPRx</td>
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<td>TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>PA; LD; SPRx</td>
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<tr>
<td>TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>PA; LD; SPRx</td>
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<td>UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE</td>
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<td>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION</td>
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<td>PA; LD; SPRx</td>
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<tr>
<td>VENTOLIN HFA INHALATION HFA AEROSOL INHALER</td>
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<td>ST; QL (2 EA per 30 days)</td>
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<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>YUPELRI INHALATION SOLUTION FOR NEBULIZATION</td>
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<tr>
<td>zafirlukast oral tablet</td>
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**Urologicals**

**Anticholinergics & Antispasmodics**

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<tr>
<th>Drug Name</th>
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<tr>
<td>darifenacin oral tablet extended release 24 hr</td>
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<tr>
<td>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR</td>
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<td>flavoxate oral tablet</td>
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<tr>
<td>GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)</td>
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<td>GELNIQUE TRANSDERMAL GEL IN PACKET</td>
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<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<tr>
<td>oxybutynin chloride oral syrup</td>
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<tr>
<td>oxybutynin chloride oral tablet</td>
<td>Tier 1</td>
<td></td>
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<tr>
<td>oxybutynin chloride oral tablet extended release 24hr</td>
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<tr>
<td>OXYTROL TRANSDERMAL PATCH SEMIWEEKLY</td>
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<tr>
<td>tolterodine oral capsule, extended release 24hr</td>
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<tr>
<td>tolterodine oral tablet</td>
<td>Tier 1</td>
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<tr>
<td>trospium oral capsule, extended release 24hr</td>
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<tr>
<td>trospium oral tablet</td>
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<tr>
<td>VESICARE ORAL TABLET</td>
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**Benign Prostatic Hyperplasia (BPH) Therapy**

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<td>alfuzosin oral tablet extended release 24 hr</td>
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<tr>
<td>AVODART ORAL CAPSULE</td>
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<td>CIALIS ORAL TABLET 2.5 MG</td>
<td>Tier 3</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>CIALIS ORAL TABLET 5 MG</td>
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<td>#; QL (15 EA per 60 days)</td>
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<tr>
<td>dutasteride oral capsule</td>
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<tr>
<td>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</td>
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<tr>
<td>finasteride oral tablet 5 mg</td>
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<tr>
<td>FLOMAX ORAL CAPSULE</td>
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<td>JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR</td>
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<td>PROSCAR ORAL TABLET</td>
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<tr>
<td>RAPAFLO ORAL CAPSULE</td>
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<td>silodosin oral capsule</td>
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<td>tadalafil oral tablet 2.5 mg</td>
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<td>#; Generic for Cialis; QL (15 EA per 60 days)</td>
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<td>tamsulosin oral capsule</td>
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<td>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>bethanechol chloride oral tablet</td>
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<td>Miscellaneous Urologicals</td>
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<td>alprostadil injection solution</td>
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<td>#; QL (8 EA per 30 days)</td>
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<td>CIALIS ORAL TABLET 10 MG, 20 MG</td>
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<td>#; QL (8 EA per 30 days)</td>
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<td>CYSTAGON ORAL CAPSULE</td>
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<td>K-PHOS NO 2 ORAL TABLET</td>
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<td>K-PHOS ORIGINAL ORAL TABLET, SOLUBLE</td>
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<td>potassium citrate-citric acid oral packet</td>
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<td>PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE</td>
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<td>PA; LD; SPRx</td>
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<td>VIAGRA ORAL TABLET</td>
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<td>PYRIDIUM ORAL TABLET</td>
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<tr>
<td>Vitamins, Hematinics &amp; Electrolytes</td>
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<td>Drug Name</td>
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<td><strong>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</strong></td>
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<td>lugols oral solution</td>
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<td>potassium bicarb and chloride oral tablet, effervescent</td>
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<td>potassium bicarb-citric acid oral tablet, effervescent</td>
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<td>potassium chloride oral capsule, extended release</td>
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<td>potassium chloride oral tablet, er particles/crystals</td>
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<td>strong iodine oral solution</td>
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<td>b complex-vitamin c-folic acid oral tablet</td>
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<td>b-complex with vitamin c oral tablet</td>
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<tr>
<td>calcium 600 + d(3) oral capsule</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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