The pharmacy program of Chorus Community Health Plans (CCHP) offers a variety of high-quality, effective generic and brand-name prescription drugs. This guide provides information that applies to most members. For information specific to your plan, please read your Schedule of Benefits.

When you need a prescription medication, you and your provider can choose from six different levels, or “tiers.” Each tier has a different member responsibility. This gives you and your doctor the freedom to choose the medication that is right for you. At the same time, this will help you to better budget your health care dollars.

This guide provides an overview of your pharmacy benefit with CCHP. It explains the copayment structure, the process for getting certain drugs covered, your options for filling prescriptions, important phone numbers, and more.

**Contact numbers**

**Current Chorus Community Health Plans members**
- Customer Service: 1-844-201-4672
- Pharmacy Services (for practitioners and pharmacies): 1-844-201-4677
- Hearing-impaired members: TTY: 7-1-1

**Prospective Chorus Community Health Plans members**
- Sales Team: 1-844-708-3837
- Online information is available at chorushealthplans.org/our-plans/prescription-coverage.

For the latest information on the CCHP drug formulary and other pharmacy benefits, go to chorushealthplans.org/our-plans/prescription-coverage. You may also call Customer Service at the number listed above or on the back of your member ID card.

**Read your contract carefully to determine which health care services are covered.**

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**For prospective members**

If you are thinking about joining Chorus Community Health Plans (CCHP) and would like information about applicable coinsurance or copayment amounts, go to the Summary of Benefits and Coverage (SBC) on the CCHP website at chorushealthplans.org or call the Sales Support team at 1-844-708-3837.
Understanding coverage and cost sharing

Our formulary is the list of Food and Drug Administration (FDA)-approved drugs that we cover. Our Pharmacy and Therapeutics (P&T) Committee researches and evaluates medications we may cover. Committee members include local doctors and pharmacists who meet regularly during the year to review and update the formulary. Committee members base their decisions on drugs’ safety, effectiveness, and cost.

CCHP prescription drugs are organized into six formulary tiers:

- **Tier 1** is for generic medications, which have the lowest copayment. Generic drugs offer the same level of safety and quality as their brand-name equivalents. They have the same amount of active ingredients as brand-name medications. CCHP requires you to use a generic version of the drug if one is available. This means that if you receive a brand-name drug when a generic is available, you must pay the brand copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

- **Tier 2** is for preferred-brand and generic medications. CCHP classifies these drugs as “preferred” because of their value and effectiveness.

- **Tier 3** is for non-preferred medications (brand and generic).

- **Tier 4** is for specialty medications (brand and generic), for which you will have the highest level of cost sharing. Specialty medications usually treat complex and rare conditions. These drugs are created because of advancements in drug development. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant). Many specialty drugs require close management by a physician. Physicians need to monitor these drugs due to potential side effects and the need for frequent dosage adjustments.

- **Tier 5** is for zero cost share preventive drugs. In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many preventive medications are covered at no cost to you.

- **Tier 6** is for select generic medications. Select generic medications are offered at no additional cost share to you. Many of these medications can help to improve your overall health.

About generic drugs

Not all drugs have a generic equivalent. Generally, new drugs receive patent protection. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation. Companies that make generic drugs do not have to invest large amounts of money in research, since the company making the brand-name equivalent has already done this. Also, generic companies do not need to advertise their drugs. As a result, generic drug makers can pass these savings on to you.

Generic medications have the same active ingredients as brand-name drugs, but their inactive ingredients can vary. This is why the generic drug might look different from the brand-name drug. Inactive ingredients can be dyes used to color the drug or powders used to shape the tablets. Inactive ingredients do not affect how the generic drug works.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. The generic drug must pass strict FDA measurements to ensure that it delivers the same amount of the active ingredient in the same time frame as its brand-name counterpart. The manufacturer of the generic drug must prove that it produces its product under the same strict guidelines as the brand-name drug.
Formulary overview
The most commonly prescribed CCHP drugs are listed in the formulary section of this guide. Please note there are other drugs that CCHP covers in addition to the ones listed in this guide. Formulary changes are made frequently, for the latest information on the complete CCHP formulary and other pharmacy benefits, visit our website at chorushealthplans.org/our-plans/prescription-coverage.

You may also call our Customer Service at the number listed on your member ID card or on the first page of this guide. If you are a CCHP member, refer to your Schedule of Benefits for your applicable coinsurance or copayment amounts. If you did not receive a Schedule of Benefits, contact Customer Service at the number on your member ID card. Your member ID card should also list your applicable coinsurance or copayment amounts.

Understanding this booklet
Prior Authorization (PA) – You will see the symbol PA next to certain drugs in this booklet. PA stands for Prior Authorization. If a drug requires prior authorization, the CCHP Pharmacy Services Department must authorize the use of this drug before it will be covered.

Drugs that require prior authorization are often:
• Newer drugs for which CCHP wants to track usage.
• Drugs not used as a standard first-line option in treating a medical condition.
• Drugs with potential side effects that CCHP wants to monitor for patient safety.
• Drugs categorized as specialty medications.

Compounded medications that contain included ingredients require prior authorization.

Step Therapy (ST) – You will see the symbol ST next to certain drugs in this booklet. ST stands for Step Therapy. Step therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred first course of treatment may be generic medications or drugs that are considered as the standard first-line treatment. Preferred first courses of treatment are also standard clinical practice and based on clinical practice guidelines.

Step therapy is built into the electronic system that checks your medication history. A drug with step therapy will be automatically approved if there is a record that you have already tried the preferred first course of treatment. If there is no record that you tried the preferred drug(s) in your medication history, your physician must submit relevant clinical information to the CCHP Pharmacy Services Department before it will be covered.

Quantity Limits (QL) – You will see the symbol QL next to certain drugs in this booklet. QL stands for Quantity Limits. Quantity limits are drug-specific and limit the amount of certain drugs that can be dispensed during a specified period of time. These limits are based on FDA guidelines, clinical literature, and the manufacturer’s instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs. Your provider can request an exception to the quantity limit through the UPMC Health Plan Pharmacy Services Department.

Affordable Care Act (ACA) – You will see the symbol ACA next to certain drugs in this booklet. ACA stands for Affordable Care Act. In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many select preventive medications are covered at no cost to you.

Limited Availability (LA) – You will see the symbol LA next to certain drugs in this booklet. LA stands for Limited Availability. Limited availability drugs must be obtained through our designated specialty pharmacy provider.
Therapeutic Interchange – The dispensing pharmacist filling your prescription may contact your provider for a verbal order of a therapeutic substitute for the medication they originally prescribed. The verbal order acts as a new active prescription. Therapeutic substitution of a medication may be different from generic substitution. A therapeutic substitute cannot be dispensed without a new prescription from your provider. A new prescription is not required to dispense a generic equivalent drug.

Getting your prescriptions filled

Retail
The CCHP network of retail pharmacies includes hundreds of locations — independent pharmacies as well as multistore chains — throughout the region. You can take your prescription to any pharmacy in the network. You must use 75 percent of your medication before you can get a refill. For specific pharmacy names, locations, and telephone numbers, visit chorushealthplans.org/pharmacy or call our Customer Service Team at 1-844-201-4672.

Mail order
If you take maintenance medications for a chronic condition, you can get them through a mail-order pharmacy. Maintenance medications are generally taken on a regular, long-term basis. This may include drugs to treat high blood pressure, diabetes, asthma, high cholesterol, and more.

With convenient mail-order service:

- You receive a 90-day supply of most drugs, plus refills, as prescribed by your doctor.
- You usually pay a lower out-of-pocket cost for a 90-day supply at a mail-order pharmacy than you would pay at a retail pharmacy.
- You get these drugs delivered right to your door.

Most mail-order prescriptions are written for a 90-day supply. If your doctor writes for a 30-day supply with two refills, the mail order facility may combine the prescription to make a 90-day supply. If you do not want a 90-day supply, you should indicate this on the mail-order form. For a new medication, CCHP recommends that you try a 30-day supply of the drug from a retail pharmacy. That way your doctor has a chance to make sure that it is the right dose for you and that it does not cause any side effects. Once you are confident that the medication is appropriate, ask your doctor to write a prescription for a 90-day supply of each maintenance drug that you need (plus refills if appropriate). Then order the supply through the mail-order pharmacy.

To avoid running out of your mail-order prescription, reorder your medication while you still have an adequate supply remaining, allowing a few weeks for processing and delivery. To request refills, you may order online or over the telephone. You can request a mail-order form by calling Customer Service at 1-844-201-4672 or on our website at chorushealthplans.org.

Specialty pharmacy provider
Specialty medications that require special handling, provider coordination, or patient education that cannot be provided by a retail pharmacy must be obtained through one of our designated specialty pharmacy providers. When you are prescribed a specialty medication and use a specialty pharmacy provider, you get mail-order delivery and improved access to drugs, as many retail pharmacies do not carry these types of medications.

CCHP highly recommends the use of a specialty pharmacy provider. Most specialty medications are required to be filled by a specialty pharmacy provider; however, certain specialty medications can be obtained from a retail pharmacy. You may be assessed an increased cost share for your specialty medication if you continue to obtain it from a retail pharmacy after the first fill.
Specialty pharmacy providers also improve care by providing education for our members and expanded access to health care professionals trained in the proper use of these specialty medications. A specialty pharmacy provider offers cost-effective health care and medication management and compliance programs.

**Filling your prescription when traveling**

When you travel outside of the CCHP service area, thousands of pharmacies across the country will honor your CCHP member ID card. To locate a participating pharmacy, contact our Customer Service team at the phone number listed on the back of your member ID card or on page 1 of this booklet.

To fill a prescription at a participating out-of-area pharmacy, present your CCHP member ID card. Some pharmacies may ask you to pay the full price of the medication. If that happens and your claim is approved, you will be reimbursed the amount that you paid for the medication, less your member responsibility. Please reference your Schedule of Benefits for specific copayment and coinsurance information.

You can request a “Pharmacy Program Direct Reimbursement Claim Form” by calling the Customer Service team or visiting the member materials online at chorushealthplans.org.

If you will be away from home for an extended period of time, or if you will be traveling outside of the country, you may want to use our mail-order service so that you receive a 90-day supply before you leave home.

**Filling prescription eye drops**

Your pharmacy benefits include coverage of prescription eye drops and refills of prescription eye drops, as long as the following criteria are met:

- You have used 75 percent of your medication at the time a refill is requested. This would include the number of days it would take to reach 75 percent usage based on the dosage of the medication.
- The prescription allows for a refill of the prescription eye drops.
- The requested refill does not exceed the number of refills allowed by the prescription.

**Medication supplies not covered**

- No authorizations will be provided for medications that are reported by the member, provider, or pharmacy to be lost, misplaced, stolen, destroyed, or damaged.
- Medications received at no charge to the member (workers’ compensation, medications purchased with a manufacturer’s coupon, etc.) will not be covered.
- Prescriptions that were written more than a year ago will not be covered. Your doctor will need to write a new prescription.

**Medications not covered**

The following medications are benefit exclusions and will not be covered under the pharmacy benefit:

- Antimalarial agents when used for prevention
- Antiobesity medications, including, but not limited to, appetite suppressants and lipase inhibitors
- Compounded products containing excluded ingredients (examples are compounded hormone replacement therapies and compounded narcotic analgesics)
- Drugs labeled for investigational use
- Drugs used for cosmetic purposes or hair growth
- Drugs used to treat sexual dysfunction (examples are Cialis, Levitra, Stendra, Viagra, Caverject, Muse, Intrarosa, and Osphena)
- Fertility agents
- Legend vitamins (other than prenatal, fluoride, and certain therapeutic vitamins)
• Most over the counter medications**
• Needles/syringes (other than insulin) *
• Nutrition and dietary supplements*
• Ostomy supplies*
• Therapeutic devices/appliances*
• Urine strips (Because our doctors believe blood glucose strips are more accurate than urine test strips in measuring blood glucose, urine strips are not a covered benefit.)

This is not a complete list and there may be other medications that are not covered. For more information, please contact Customer Service at the phone number on the back of your member ID card or on page 1 of this guide.

*Please note that, under certain circumstances, your medical benefits may cover the items marked with an asterisk (*). For information on these items, you can contact our Customer Service team at the number listed on the back of your member ID card. If you have not yet received an ID card, call our Customer Service number listed on page 1 of this booklet.

**Additional over the counter medications may be covered in accordance with the Patient Protection and Affordable Care Act. The Preventive Service Guide available at chorushealthplans.org/preventive-guidelines.

Drug exceptions, time frames and enrollee responsibilities
If the medication you take is not on the list of covered drugs for your benefit plan (also called a “formulary”), you can ask us to cover it. This is called a “non-formulary exception.” A request for a non-formulary exception will only be approved if there is documented evidence that the formulary alternatives are not effective in treating your condition; the formulary alternatives would cause adverse side effects; or a contraindication exists such that you cannot safely try the formulary medication.

As a first step, you can contact Customer Service for a list of similar drugs that are covered by your plan or you can go to chorushealthplans.org/formulary for this information. When you have the list, show it to your doctor and see whether he or she is able to prescribe one of the drugs on this list.

If you need to request a non-formulary exception, contact Member Services or access the exception request form which can be found with the member materials online at chorushealthplans.org. When you make this request, we may contact your prescriber or physician for information to support your request.

After CCHP receives your request, we will make our decision within 72 hours. You can request a faster (expedited) decision if you or your doctor believe that waiting up to 72 hours for a decision could seriously harm your health. If your request to expedite is granted, we must give you a decision no later than 24 hours after we received your request.

If we deny your request for a non-formulary exception, you may first request an internal review of that decision by contacting Customer Service. If the denial of the non-formulary exception request is upheld through an internal review, you may then request an external review by an Independent Review Organization (IRO). Requests for an external review can also be made by contacting Customer Service at 1-844-201-4672.
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List of Abbreviations

1: Preferred Generic Medications
2: Preferred Brand Medications and Generic Medications (Brand and Generic)
3: Non-Preferred Medications (Brand and Generic)
4: Specialty Medications (Brand and Generic)
5: $0 ACA Preventive Medications
6: $0 Select Generic Medications

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
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<th>Drug Name</th>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
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<th>Drug Name</th>
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<th>Drug Name</th>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
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<td>WELIREG ORAL TABLET</td>
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<td>XOSPATA ORAL TABLET</td>
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<tr>
<td>XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)</td>
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<td>XTANDI ORAL CAPSULE</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
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<th>Drug Name</th>
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**AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH**

**ANTICONVULSANTS**

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<tr>
<td>carbamazepine oral capsule, er multiphase 12 hr</td>
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<tr>
<td>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</td>
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</tr>
<tr>
<td>carbamazepine oral tablet</td>
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<td></td>
</tr>
<tr>
<td>carbamazepine oral tablet extended release 12 hr</td>
<td>3</td>
<td></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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<tr>
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<td>clonazepam oral tablet</td>
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<tr>
<td>clonazepam oral tablet, disintegrating</td>
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<tr>
<td>DIACOMIT ORAL CAPSULE</td>
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<td>DIACOMIT ORAL POWDER IN PACKET</td>
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<td>DILANTIN ORAL CAPSULE 30 MG</td>
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<td>divalproex oral tablet extended release 24 hr</td>
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<td>divalproex oral tablet, delayed release (dr/ec)</td>
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<td>ethosuximide oral solution</td>
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<td>felbamate oral suspension</td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements / Limits</th>
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<td>felbamate oral tablet</td>
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<td>gabapentin oral capsule</td>
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<td>QL</td>
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<tr>
<td>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</td>
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<td>QL</td>
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<td>gabapentin oral tablet 600 mg, 800 mg</td>
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<td>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>PA; QL</td>
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<td>lacosamide oral solution</td>
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<td>QL</td>
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<td>lacosamide oral tablet</td>
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<td>lamotrigine oral tablet</td>
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<td>lamotrigine oral tablet, chewable dispersible</td>
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<td>levetiracetam oral tablet extended release 24 hr</td>
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<td>methsuximide oral capsule</td>
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<td>NAYZILAM NASAL SPRAY, NON-AEROSOL</td>
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<td>phenytoin oral suspension 125 mg/5 ml</td>
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<td>pregabalin oral solution</td>
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<td>PRIMIDONE ORAL TABLET 125 MG</td>
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<td>tiagabine oral tablet</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
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<td>topiramate oral capsule, sprinkle</td>
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<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</td>
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<td>vigabatrin oral powder in packet</td>
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<th>Drug Name</th>
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<th>Requirements / Limits</th>
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<td><strong>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</strong></td>
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<tr>
<td>rizatriptan oral tablet, disintegrating</td>
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<td>sumatriptan succinate subcutaneous cartridge</td>
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<td>sumatriptan succinate subcutaneous pen injector</td>
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<td>sumatriptan succinate subcutaneous solution</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>TRUDHESA NASAL SPRAY, NON-AEROSOL</td>
<td>4</td>
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<tr>
<td>UBRRELVY ORAL TABLET</td>
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<tr>
<td>zolmitriptan nasal spray, non-aerosol 5 mg</td>
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<tr>
<td>zolmitriptan oral tablet</td>
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<tr>
<td>zolmitriptan oral tablet, disintegrating</td>
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<tr>
<td>ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG</td>
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<td><strong>MISCELLANEOUS NEUROLOGICAL THERAPY</strong></td>
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<tr>
<td>AUSTEDO ORAL TABLET</td>
<td>4</td>
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</tr>
<tr>
<td>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>PA</td>
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<td>RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION</td>
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<td>RELYVRIO ORAL POWDER IN PACKET</td>
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<td>rivastigmine tartrate oral capsule</td>
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<tr>
<td>rivastigmine transdermal patch 24 hour</td>
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<tr>
<td>SKYCLARYS ORAL CAPSULE</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
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<tr>
<th>Drug Name</th>
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<th>Requirements / Limits</th>
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<tr>
<td>TEGSEDI SUBCUTANEOUS SYRINGE</td>
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<td>tetrabenazine oral tablet</td>
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<tr>
<td>ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK</td>
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<td>baclofen oral tablet 5 mg</td>
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<td>carisoprodol oral tablet 350 mg</td>
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<td>carisoprodol-aspirin-codeine oral tablet</td>
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<td>cyclobenzaprine oral tablet 10 mg, 5 mg</td>
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<td>meprobamate oral tablet</td>
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<td>metaxalone oral tablet 800 mg</td>
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<td>pyridostigmine bromide oral syrup</td>
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<td>pyridostigmine bromide oral tablet 60 mg</td>
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<td>vanadom oral tablet</td>
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<td>ascomp with codeine oral capsule</td>
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<td>BELBUCA BUCCAL FILM</td>
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<td>buprenorphine hcl sublingual tablet</td>
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<td>buprenorphine transdermal patch weekly</td>
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<td>butalbital compound w/codeine oral capsule</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements / Limits</td>
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<tr>
<td>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</td>
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<td>butalbital-acetaminophen oral tablet 50-325 mg</td>
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<tr>
<td>butalbital-acetaminophen-caff oral capsule</td>
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<td>butalbital-acetaminophen-caff oral tablet</td>
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<tr>
<td>butalbital-aspirin-caffeine oral capsule</td>
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<td>butalbital-aspirin-caffeine oral tablet</td>
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<td>codeine sulfate oral tablet</td>
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<td>codeine-butalbital-asa-caff oral capsule</td>
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<td>endocet oral tablet</td>
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<td>PA; QL</td>
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<td>fentanyl citrate buccal lozenge on a handle</td>
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<td>FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG</td>
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<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</td>
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<tr>
<td>FENTORA BUCCAL TABLET, EFFERVESCENT</td>
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<tr>
<td>hydrocodone bitartrate oral capsule, oral only, er 12hr</td>
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<td>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>hydrocodone-ibuprofen oral tablet 7.5-200 mg</td>
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<td>hydromorphone oral tablet</td>
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<td>hydromorphone oral tablet extended release 24 hr</td>
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<td>morphine concentrate oral solution</td>
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<td>morphine oral solution</td>
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<td>morphine oral tablet</td>
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<td>PA; QL</td>
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<td>morphine oral tablet extended release</td>
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<td>morphine rectal suppository</td>
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<td>oxycodone oral capsule</td>
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<td>oxycodone oral solution</td>
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<td>oxycodone oral tablet</td>
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<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>oxymorphone oral tablet</td>
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<td>SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE</td>
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<td>tencon oral tablet</td>
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<td>XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DON'T CRUSH)</td>
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<td><strong>NON-NARCOTIC ANALGESICS</strong></td>
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<td>adult aspirin regimen oral tablet, delayed release (dr/ec)</td>
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<td>aspirin childrens oral tablet, chewable</td>
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<td>aspirin oral tablet</td>
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<td>Drug Name</td>
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<tr>
<td>st joseph aspirin oral tablet, chewable</td>
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<tr>
<th>Drug Name</th>
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<th>Requirements / Limits</th>
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<tr>
<td>tramadol oral tablet extended release 24 hr (generic Ultram ER)</td>
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<tr>
<td>tramadol-acetaminophen oral tablet</td>
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<td>tri-buffered aspirin oral tablet</td>
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<td>ZUBSOLV SUBLINGUAL TABLET</td>
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<td>alprazolam oral tablet extended release 24 hr</td>
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<tr>
<td>alprazolam oral tablet,disintegrating</td>
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<td>amitriptyline oral tablet</td>
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<td>amitriptyline-chlordiazepoxide oral tablet</td>
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<td>amphetamine sulfate oral tablet</td>
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<td>aripiprazole oral solution</td>
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<td>aripiprazole oral tablet</td>
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<td>PA &lt; 12 years of age; QL</td>
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<td>aripiprazole oral tablet,disintegrating</td>
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</tr>
<tr>
<td>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING</td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
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<tbody>
<tr>
<td>AUVELITY ORAL TABLET, IR AND ER, BIPHASIC</td>
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<td>bupropion hcl oral tablet extended release 24 hr</td>
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<tr>
<td>bupropion hcl oral tablet sustained-release 12 hr</td>
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<tr>
<td>buspirone oral tablet 10 mg, 15 mg, 5 mg</td>
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<td>buspirone oral tablet 30 mg, 7.5 mg</td>
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<td>chlorpromazine injection solution</td>
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<td>citalopram oral tablet</td>
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<td>clonidine hcl oral tablet extended release 12 hr</td>
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<td>clorazepate dipotassium oral tablet</td>
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</tr>
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<td>clozapine oral tablet</td>
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<td>DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR</td>
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<td>desvenlafaxine succinate oral tablet extended release 24 hr</td>
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<tr>
<td>dexamfetamine oral capsule, er biphasic 50-50</td>
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<td>dexamfetamine oral tablet</td>
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<tr>
<td>dextroamphetamine sulfate oral capsule, extended release</td>
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</tr>
<tr>
<td>dextroamphetamine sulfate oral capsule, 10 mg, 5 mg</td>
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<tr>
<td>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</td>
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<tr>
<td>dextroamphetamine-amphetamine oral capsule, extended release 24 hr</td>
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<td>diazepam intensol oral concentrate</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>diazepam oral solution 5 mg/5 ml (1 mg/ml)</td>
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<td>doxepin oral concentrate</td>
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<td>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</td>
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<td>escitalopram oxalate oral tablet</td>
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<td>estazolam oral tablet</td>
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<td>eszopiclone oral tablet</td>
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<td>FANAPT ORAL TABLET</td>
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<td>FANAPT ORAL TABLETS, DOSE PACK</td>
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<td>FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK</td>
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<tr>
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<tr>
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<td>PA &lt; 12 years of age</td>
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<tr>
<td>fluphenazine hcl oral elixir</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 decanoate intramuscular solution</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>INVEGA HAFYERA INTRAMUSCULAR SYRINGE</td>
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<thead>
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<th>Drug Name</th>
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<td>nortriptyline oral solution</td>
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<td>NUPLAZID ORAL CAPSULE</td>
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<td>PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING</td>
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<td>pimozide oral tablet</td>
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<td>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</td>
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<td>risperidone oral tablet</td>
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<td>risperidone oral tablet, disintegrating</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<td>RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON</td>
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<td>TRINTELLIX ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING</td>
<td>4</td>
<td>PA &lt; 12 years of age; QL</td>
</tr>
<tr>
<td>venlafaxine oral capsule, extended release 24hr</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>venlafaxine oral tablet</td>
<td>1</td>
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<tr>
<td>VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>vilazodone oral tablet</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE</td>
<td>4</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE, DOSE PACK</td>
<td>4</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VYVANSE ORAL CAPSULE</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>VYVANSE ORAL TABLET, CHEWABLE</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>WAKIX ORAL TABLET</td>
<td>4</td>
<td>PA; LA; QL</td>
</tr>
<tr>
<td>XYREM ORAL SOLUTION</td>
<td>4</td>
<td>PA; LA; QL</td>
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<tr>
<td>XYWAV ORAL SOLUTION</td>
<td>4</td>
<td>PA; LA; QL</td>
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<tr>
<td>zaleplon oral capsule</td>
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</tr>
<tr>
<td>zenzedi oral tablet 10 mg, 5 mg</td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ziprasidone hcl oral capsule</td>
<td>3</td>
<td>PA &lt; 12 years of age; QL</td>
</tr>
<tr>
<td>ziprasidone mesylate intramuscular recon soln</td>
<td>3</td>
<td>PA &lt; 12 years of age</td>
</tr>
<tr>
<td>zolpidem oral tablet</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>zolpidem oral tablet,ext release multiphase</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</td>
<td>4</td>
<td>ST &lt; 12 years of age; QL</td>
</tr>
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**CARDIOVASCULAR, HYPERTENSION & LIPIDS**

**ANTIARRHYTHMIC AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
</tr>
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<tbody>
<tr>
<td>amiodarone oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>disopyramide phosphate oral capsule</td>
<td>1</td>
</tr>
<tr>
<td>dofetilide oral capsule</td>
<td>1</td>
</tr>
<tr>
<td>flecaïnide oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>mexiletine oral capsule</td>
<td>1</td>
</tr>
<tr>
<td>MULTAQ ORAL TABLET</td>
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</tr>
<tr>
<td>pacerone oral tablet 100 mg, 200 mg, 400 mg</td>
<td>1</td>
</tr>
<tr>
<td>propafenone oral capsule,extended release 12 hr</td>
<td>3</td>
</tr>
<tr>
<td>propafenone oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>quinidine gluconate oral tablet extended release</td>
<td>3</td>
</tr>
<tr>
<td>quinidine sulfate oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>sotalol af oral tablet</td>
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<tr>
<td>sotalol oral tablet</td>
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**ANTIHYPERTENSIVE THERAPY**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
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<td>acebutolol oral capsule</td>
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</tr>
<tr>
<td>amiloride oral tablet</td>
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<tr>
<td>amiloridehydrochlorothiazide oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>amlodipine oral tablet</td>
<td>6</td>
</tr>
<tr>
<td>amlodipine-benazepril oral capsule</td>
<td>2</td>
</tr>
<tr>
<td>atenolol oral tablet</td>
<td>6</td>
</tr>
<tr>
<td>atenolol-clorthalidone oral tablet</td>
<td>1</td>
</tr>
<tr>
<td>benazepril oral tablet</td>
<td>6</td>
</tr>
<tr>
<td>benazeprilhydrochlorothiazide oral tablet</td>
<td>3</td>
</tr>
<tr>
<td>betaxolol oral tablet</td>
<td>2</td>
</tr>
<tr>
<td>bisoprolol fumarate oral tablet</td>
<td>2</td>
</tr>
<tr>
<td>bisoprololhydrochlorothiazide oral tablet</td>
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</table>

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
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<tbody>
<tr>
<td>bumetanide oral tablet</td>
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<td></td>
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<tr>
<td>candesartan oral tablet</td>
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<td></td>
</tr>
<tr>
<td>captopril oral tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>captopril-hydrochlorothiazide oral tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cartia xt oral capsule, extended release 24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>carvedilol oral tablet</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>chlorthalidone oral tablet 25 mg, 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl oral tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonidine transdermal patch weekly</td>
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<td></td>
</tr>
<tr>
<td>diltiazem hcl oral capsule, ext.rel 24h degradable</td>
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<td></td>
</tr>
<tr>
<td>diltiazem hcl oral capsule, extended release 12 hr</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</td>
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</tr>
<tr>
<td>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</td>
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<tr>
<td>diltiazem hcl oral tablet</td>
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</tr>
<tr>
<td>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</td>
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<tr>
<td>dilt-xr oral capsule, ext.rel 24h degradable</td>
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<tr>
<td>doxazosin oral tablet</td>
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<td></td>
</tr>
<tr>
<td>enalapril maleate oral tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>enalapril-hydrochlorothiazide oral tablet</td>
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<td></td>
</tr>
<tr>
<td>eplerenone oral tablet</td>
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<td></td>
</tr>
<tr>
<td>epoprostenol intravenous recon soln</td>
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<td>PA; LA</td>
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<tr>
<td>eprosartan oral tablet</td>
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<td></td>
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<tr>
<td>ethacrynic acid oral tablet</td>
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<td>PA</td>
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<tr>
<td>felodipine oral tablet extended release 24 hr</td>
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<td>FLOLAN INTRAVENOUS RECON SOLN</td>
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<tr>
<td>fosinopril oral tablet</td>
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<td>fosinopril-hydrochlorothiazide oral tablet</td>
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<td>FUROSCIX SUBCUTANEOUS KIT</td>
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<td>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</td>
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<td>furosemide oral tablet</td>
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<tr>
<td>guanfacine oral tablet</td>
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</table>

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>hydralazine oral tablet</td>
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</tr>
<tr>
<td>hydrochlorothiazide oral tablet 12.5 mg</td>
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<td></td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet 25 mg, 50 mg</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>indapamide oral tablet</td>
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<td></td>
</tr>
<tr>
<td>irbesartan oral tablet</td>
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<tr>
<td>irbesartan-hydrochlorothiazide oral tablet</td>
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<td><strong>KERENDIA ORAL TABLET</strong></td>
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<td>labetalol oral tablet</td>
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<tr>
<td>lisinopril oral tablet</td>
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</tr>
<tr>
<td>lisinopril-hydrochlorothiazide oral tablet</td>
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<td></td>
</tr>
<tr>
<td>losartan oral tablet</td>
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<td></td>
</tr>
<tr>
<td>losartan-hydrochlorothiazide oral tablet</td>
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<td></td>
</tr>
<tr>
<td>metoprolol succinate oral tablet extended release 24 hr</td>
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<td></td>
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<tr>
<td>methyldopa oral tablet</td>
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<td></td>
</tr>
<tr>
<td>methyldopa-hydrochlorothiazide oral tablet</td>
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<td></td>
</tr>
<tr>
<td>metolazone oral tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate oral tablet extended release 24 hr</td>
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<td></td>
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<tr>
<td>metoprolol ta-hydrochlorothiaz oral tablet</td>
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<td></td>
</tr>
<tr>
<td>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</td>
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<td>metoprolol tartrate oral tablet 37.5 mg, 75 mg</td>
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<td>metyrosine oral capsule</td>
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<td>moexipril oral tablet</td>
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<td>nebivolol oral tablet</td>
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<td>nicardipine oral capsule</td>
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</tr>
<tr>
<td>nifedipine oral capsule extended release</td>
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<tr>
<td>nifedipine oral tablet extended release 24hr</td>
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<td>olmesartan oral tablet</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements / Limits</td>
</tr>
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<td>olmesartan-hydrochlorothiazide oral tablet</td>
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<td>ORENITRAM ORAL TABLET EXTENDED RELEASE</td>
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<td>quinapril oral tablet</td>
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<td>spironolactone oral tablet 25 mg</td>
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<tr>
<td>tiazia xt oral capsule, extended release 24 hr</td>
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<tr>
<td>telmisartan oral tablet</td>
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<tr>
<td>terazosin oral capsule</td>
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<td></td>
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<tr>
<td>tiadylt er oral capsule, extended release 24 hr</td>
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<td>UPTRAVI ORAL TABLET</td>
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<td>PA; LA; QL</td>
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<td>UPTRAVI ORAL TABLETS,DOSE PACK</td>
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<td>PA; LA; QL</td>
</tr>
</tbody>
</table>

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>valsartan oral tablet</td>
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<td>valsartan-hydrochlorothiazide oral tablet</td>
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<tr>
<td>veletri intravenous recon sohn</td>
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<td>PA; LA</td>
</tr>
<tr>
<td>verapamil oral capsule, 24 hr er pellet ct</td>
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<tr>
<td>verapamil oral capsule, ext rel. pellets 24 hr</td>
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<td></td>
</tr>
<tr>
<td>mg, 180 mg, 240 mg</td>
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<td><strong>CARDIAC GLYCOSIDES</strong></td>
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<td>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg</td>
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<td>(0.25 mg)</td>
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<td><strong>COAGULATION THERAPY</strong></td>
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<td>aminocaproic acid oral solution</td>
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<td>aminocaproic acid oral tablet</td>
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<tr>
<td>aspirin-dipyridamole oral capsule, er multiphase</td>
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<tr>
<td>12 hr</td>
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<td>BRILINTA ORAL TABLET</td>
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</tr>
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<td>CABLIVI INJECTION KIT</td>
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<td>cilostazol oral tablet</td>
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<tr>
<td>clopidogrel oral tablet</td>
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<tr>
<td>dabigatran etexilate oral capsule</td>
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<td>QL</td>
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<td>enoxaparin subcutaneous solution</td>
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<td>enoxaparin subcutaneous syringe</td>
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<td>QL</td>
</tr>
<tr>
<td>fondaparinux subcutaneous syringe</td>
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<td>QL</td>
</tr>
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<td>FRAGMIN SUBCUTANEOUS SOLUTION</td>
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<td>heparin (porcine) injection syringe 5,000 unit/ml</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS
4-SPECIALTY MEDICATIONS 5- ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
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<tr>
<td>sodium phenylbutyrate oral powder</td>
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<tr>
<td>TAVNEOS ORAL CAPSULE</td>
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<tr>
<td>THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)</td>
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<td>PA</td>
</tr>
<tr>
<td>TIGLUTIK ORAL SUSPENSION</td>
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<tr>
<td>tiopronin oral tablet</td>
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<td>PA</td>
</tr>
<tr>
<td>trientine oral capsule 250 mg</td>
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<td>PA</td>
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<tr>
<td>water for irrigation, sterile irrigation solution</td>
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<tr>
<td>XURIDEN ORAL GRANULES IN PACKET</td>
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<tr>
<td>ZOKINVY ORAL CAPSULE</td>
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</tr>
<tr>
<td>zoledronic acid 5 mg/100 ml single use</td>
<td>1</td>
<td>QL</td>
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<tr>
<td>zoledronic acid-mannitol-water intravenous</td>
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</tr>
<tr>
<td>piggyback 5 mg/100 ml</td>
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<td><strong>SMOKING DETERRENTS</strong></td>
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<tr>
<td>bupropion hcl (smoking deter) oral tablet extended</td>
<td>5</td>
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<tr>
<td>release 12 hr</td>
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<td>nicorette buccal gum 4 mg</td>
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<td>ACA; QL</td>
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<tr>
<td>nicotine (polacrilex) buccal gum</td>
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<td>ACA; QL</td>
</tr>
<tr>
<td>nicotine (polacrilex) buccal lozenge</td>
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<td>ACA; QL</td>
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<tr>
<td>nicotine (polacrilex) buccal mini lozenge</td>
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<td>nicotine transdermal patch 24 hour</td>
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<td>nicotine transdermal patch, td daily, sequential</td>
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<td>NICOTROL INHALATION CARTRIDGE</td>
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<td>NICOTROL NS NASAL SPRAY, NON-AEROSOL</td>
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<td>ACA; QL</td>
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<tr>
<td>quit 2 buccal gum</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>quit 2 buccal lozenge</td>
<td>5</td>
<td>ACA; QL</td>
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<tr>
<td>quit 4 buccal gum</td>
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<tr>
<td>quit 4 buccal lozenge</td>
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<td>ACA; QL</td>
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<tr>
<td>stop smoking aid buccal lozenge</td>
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<td>ACA; QL</td>
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<tr>
<td>varenicline oral tablet</td>
<td>5</td>
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</tr>
<tr>
<td>varenicline oral tablets,dose pack</td>
<td>5</td>
<td>ACA; QL</td>
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**EAR, NOSE & THROAT MEDICATIONS**

**MISCELLANEOUS AGENTS**

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<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>azelastine nasal aerosol, spray</td>
<td>2</td>
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<tr>
<td>azelastine nasal spray,non-aerosol</td>
<td>3</td>
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<tr>
<td>chlorhexidine gluconate mucous membrane mouthwash</td>
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<tr>
<td>CLINPRO 5000 DENTAL PASTE</td>
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<tr>
<td>denta 5000 plus dental cream</td>
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<tr>
<td>dentagel dental gel</td>
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<tr>
<td>fluoride (sodium) dental cream</td>
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<td>fluoride (sodium) dental gel</td>
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<td>fluoride (sodium) dental paste</td>
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<td>fluoride (sodium) dental solution</td>
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<tr>
<td>FLUORIDEX DAILY DEFENSE DENTAL PASTE</td>
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<td>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE</td>
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<td>FLUORIMAX 5000 DENTAL PASTE</td>
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<td>FLUORIMAX 5000 SENSITIVE DENTAL PASTE</td>
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<tr>
<td>ipratropium bromide nasal spray,non-aerosol</td>
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<td>JUST RIGHT 5000 DENTAL PASTE</td>
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<td>kourzeq dental paste</td>
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<td>olopatadine nasal spray,non-aerosol</td>
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<td>oralone dental paste</td>
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<td>ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH</td>
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<td>paroex oral rinse mucous membrane mouthwash</td>
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<td>periogard mucous membrane mouthwash</td>
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<td>Drug Name</td>
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<td>Requirements / Limits</td>
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<td>pilocarpine hcl oral tablet 7.5 mg</td>
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<td>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE</td>
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<td>PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE</td>
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<td>sodium fluoride-pot nitrate dental paste</td>
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<td>triamcinolone acetonide dental paste</td>
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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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<td>flac otic oil 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>ofloxac otic (ear) drops</td>
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<td><strong>OTIC STEROID / ANTIBIOTIC</strong></td>
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<td>CIPRO HC OTIC (EAR) DROPS,SUSPENSION</td>
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<td>ciprofloxacin-dexamethasone otic (ear) drops,suspension</td>
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<td>CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION</td>
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<td>neomycin-polymyxin-hc otic (ear) drops,suspension</td>
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<td><strong>ENDOCRINE/DIABETES</strong></td>
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<td>ACTHAR INJECTION GEL</td>
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<td>cortisone oral tablet</td>
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<td>CORTROPHIN GEL INJECTION GEL</td>
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<td>Drug Name</td>
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<td>Requirements / Limits</td>
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<td>dexamethasone intensol oral drops</td>
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<td>dexamethasone sodium phosphate injection solution</td>
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<td>fludrocortisone oral tablet</td>
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<td>hydrocortisone oral tablet</td>
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<td>KENALOG INJECTION SUSPENSION 10 MG/ML</td>
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<td>KENALOG-80 INJECTION SUSPENSION</td>
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<td>methylprednisolone acetate injection suspension</td>
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<td>methylprednisolone oral tablet</td>
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<tr>
<td>prednisolone oral solution</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</td>
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<tr>
<td>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</td>
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<tr>
<td>prednisone oral solution</td>
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<tr>
<td>prednisone oral tablet</td>
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<td>prednisone oral tablets,dose pack</td>
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<td>TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)</td>
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<td>triamcinolone acetonide injection suspension 40 mg/ml</td>
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**ANTITHYROID AGENTS**

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<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>methimazole oral tablet 10 mg, 5 mg</td>
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<td>potassium iodide oral solution</td>
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<td>propylthiouracil oral tablet</td>
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**BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES**

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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</thead>
<tbody>
<tr>
<td>ONETOUCH ULTRA TEST STRIP</td>
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<td>QL</td>
</tr>
<tr>
<td>ONETOUCH VERIO TEST STRIPS STRIP</td>
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<td>QL</td>
</tr>
<tr>
<td><strong>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</strong></td>
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<tr>
<td>ACE AEROSOL CLOUD ENHANCER SPACER</td>
<td>3</td>
<td>QL</td>
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<tr>
<td>AEROCHAMBER MINI SPACER</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>AEROCHAMBER PLUS FLOW-VU SPACER</td>
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<td>QL</td>
</tr>
<tr>
<td>AEROCHAMBER PLUS Z STAT SPACER</td>
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<td>AEROTRACH PLUS SPACER</td>
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<tr>
<td>AEROVENT PLUS SPACER</td>
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<tr>
<td>BREATHERITE MDI SPACER SPACER</td>
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<td>QL</td>
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<tr>
<td>COMPACT SPACE CHAMBER SPACER</td>
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<td>QL</td>
</tr>
<tr>
<td>EASIENT VENT HOLDING CHAMBER SPACER</td>
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<tr>
<td>INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2&quot;</td>
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<td>LITEAIRE MDI CHAMBER SPACER</td>
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<td>MICROCHAMBER SPACER</td>
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<td>MICROSPACER SPACER</td>
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<td>OPTICHAMBER DIAMOND VHC SPACER</td>
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<td>PRIMEAIR SPACER</td>
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<td>PROCHAMBER SPACER</td>
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<td>RITEFLO AEROCHAMBER SPACER</td>
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<td>SPACE CHAMBER SPACER</td>
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<td>VORTEX HOLDING CHAMBER SPACER</td>
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<tr>
<td><strong>GLUCOSE ELEVATING AGENTS</strong></td>
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<tr>
<td>BAQSIMI NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>diazoxide oral suspension</td>
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<td>GLUCAGEN HYPOKIT INJECTION RECON SOLN</td>
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<td>GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN</td>
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<td>glucagon emergency kit (human) injection recon soln</td>
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<td>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR</td>
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<td>GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>GVOKE SUBCUTANEOUS SOLUTION</td>
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**INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT**

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<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<td>BD MICROTAINER LANCET 30 GAUGE</td>
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<tr>
<td>BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2&quot;</td>
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<td>BD ULTRA-FINE NANO PEN NEEDLE NEEDLE</td>
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<tr>
<td>DEXCOM G6 RECEIVER</td>
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<td>DEXCOM G6 SENSOR DEVICE</td>
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<td>DEXCOM G6 TRANSMITTER DEVICE</td>
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<td>DEXCOM G7 RECEIVER</td>
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<td>DEXCOM G7 SENSOR DEVICE</td>
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<td>OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE</td>
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<td>OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE</td>
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<td>OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE</td>
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<td>OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE</td>
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<td>OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE</td>
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<tr>
<td>ONETOUCH ULTRA2 METER</td>
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<tr>
<td>ONETOUCH VERIO FLEX METER</td>
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<tr>
<td>ONETOUCH VERIO REFLECT METER</td>
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<tr>
<td>PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2&quot;</td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
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<td>V-GO 20 DEVICE</td>
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<td>V-GO 30 DEVICE</td>
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<td>AFREZZA INHALATION CARTRIDGE WITH INHALER</td>
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<td>APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN</td>
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<td>APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION</td>
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<td>HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT</td>
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<td>HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION</td>
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<td>HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN</td>
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<td>HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN</td>
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<td>HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION</td>
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<td>HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION</td>
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<td>Drug Name</td>
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<td>Requirements / Limits</td>
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<td>HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN</td>
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<td>INSULIN GLARGINE SUBCUTANEOUS SOLUTION</td>
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<tr>
<td>LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN</td>
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<td>LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN</td>
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<td>LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION</td>
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<td>SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN</td>
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<td>TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN</td>
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<td>TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN</td>
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</tr>
<tr>
<td>XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN</td>
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<td>MISCELLANEOUS HORMONES</td>
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<tr>
<td>cabergoline oral tablet</td>
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<tr>
<td>calcitonin (salmon) nasal spray, non-aerosol</td>
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</tr>
<tr>
<td>calcitriol oral capsule</td>
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<tr>
<td>calcitriol oral solution</td>
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<tr>
<td>CERDELGA ORAL CAPSULE</td>
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<tr>
<td>cinacalcet oral tablet</td>
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<tr>
<td>clomid oral tablet</td>
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<td>PA</td>
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<tr>
<td>clomiphene citrate oral tablet</td>
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<td>PA</td>
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<td>danazol oral capsule</td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>desmopressin injection solution</td>
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<tr>
<td>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</td>
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<tr>
<td>DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)</td>
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<td>desmopressin oral tablet</td>
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<td>doxercalciferol oral capsule</td>
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<tr>
<td>GALAFOLD ORAL CAPSULE</td>
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<td>PA; LA; QL</td>
</tr>
<tr>
<td>ISTURISA ORAL TABLET 1 MG, 5 MG</td>
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<td>PA; LA; QL</td>
</tr>
<tr>
<td>javygtor oral powder in packet</td>
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<td>PA; LA</td>
</tr>
<tr>
<td>javygtor oral tablet, soluble</td>
<td>4</td>
<td>PA; LA</td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET</td>
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<td>PA; LA; QL</td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLETS, SEQUENTIAL</td>
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<td>PA; LA; QL</td>
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<tr>
<td>KORLYM ORAL TABLET</td>
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<td>PA; QL</td>
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<tr>
<td>KYZATREX ORAL CAPSULE</td>
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<td>METHITEST ORAL TABLET</td>
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<td>PA</td>
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<td>methyltestosterone oral capsule</td>
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<td>PA</td>
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<tr>
<td>miglustat oral capsule</td>
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<tr>
<td>MYALEPT SUBCUTANEOUS RECON SOLN</td>
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<tr>
<td>NOCDURNA SUBLINGUAL TABLET, DISINTEGRATING</td>
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<td>NOCTIVA NASAL SPRAY, NON-AEROSOL</td>
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<tr>
<td>ORILISSA ORAL TABLET</td>
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<tr>
<td>PALYNZIQ SUBCUTANEOUS SYRINGE</td>
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<td>paricalcitol oral capsule</td>
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<tr>
<td>RECORLEV ORAL TABLET</td>
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<tr>
<td>sapropterin oral powder in packet</td>
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<td>PA; LA</td>
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<tr>
<td>sapropterin oral tablet, soluble</td>
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<td>PA; LA</td>
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<td>SOMAVERT SUBCUTANEOUS RECON SOLN</td>
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<td>SYNAREL NASAL SPRAY, NON-AEROSOL</td>
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<td>testosterone cypionate intramuscular oil</td>
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<td>PA</td>
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<td>testosterone enanthate intramuscular oil</td>
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<td>testosterone transdermal gel</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5-Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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</thead>
<tbody>
<tr>
<td>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram/actuation, 12.5 mg/1.25 gram (1 %)</td>
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<tr>
<td>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</td>
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<td>PA</td>
</tr>
<tr>
<td>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</td>
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<td>PA</td>
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<tr>
<td>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</td>
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<td>PA</td>
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<td>testosterone transdermal solution in metered pump w/app</td>
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<td>PA</td>
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<td>tolvaptan oral tablet</td>
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<td>VOXZOGO SUBCUTANEOUS RECON SOLN</td>
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<td>NON-INSULIN HYPOGLYCEMIC AGENTS</td>
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<td>acarbose oral tablet</td>
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<td>CYCLOSET ORAL TABLET</td>
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<tr>
<td>FARXIGA ORAL TABLET</td>
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<td>glimepiride oral tablet</td>
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<td>glipizide oral tablet 10 mg, 5 mg</td>
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<td>glipizide oral tablet extended release 24hr</td>
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<td>glipizide-metformin oral tablet</td>
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<td>glyburide oral tablet</td>
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<td>GLYXAMBI ORAL TABLET</td>
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<td>JENTADUETO ORAL TABLET</td>
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<td>metformin oral tablet extended release 24 hr (generic Glucophage XR)</td>
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<td>MOUNJARO SUBCUTANEOUS PEN INJECTOR</td>
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<td>nateglinide oral tablet</td>
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<td>Drug Name</td>
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<td>Requirements / Limits</td>
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<td>(4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</td>
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<td>repaglinide oral tablet</td>
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<td>ARMOUR THYROID ORAL TABLET</td>
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<td>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg,</td>
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<td>200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</td>
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<td>liothyronine oral tablet</td>
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<td>niva thyroid oral tablet</td>
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<td>np thyroid oral tablet</td>
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<td>thyroid (pork) oral tablet</td>
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<tr>
<td>unithroid oral tablet</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>GASTROENTEROLOGY</td>
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<tr>
<td><strong>ANTI DIARRHEALS &amp; ANTISPASMODICS</strong></td>
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<td>dicyclomine oral capsule</td>
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<td>dicyclomine oral tablet</td>
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<td>ed-spaz oral tablet, disintegrating</td>
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<tr>
<td>glycopyrrolate oral solution</td>
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<tr>
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<td>MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)</td>
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<tr>
<td>oscimin oral tablet</td>
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<tr>
<td>oscimin sl sublingual tablet</td>
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<tr>
<td>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</td>
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<tr>
<td>phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</td>
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<tr>
<td>symax fastabs oral tablet, disintegrating</td>
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<tr>
<td>symax-sl sublingual tablet</td>
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<tr>
<td>symax-sr oral tablet extended release 12 hr</td>
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**MISCELLANEOUS AGENTS**

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AURYXIA ORAL TABLET</td>
<td>4</td>
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<tr>
<td>lanthanum oral tablet, chewable</td>
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<tr>
<td>LOKELEMA ORAL POWDER IN PACKET</td>
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<td>sevelamer carbonate oral tablet</td>
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<td>sps (with sorbitol) rectal enema</td>
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<td>VELTASSA ORAL POWDER IN PACKET</td>
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<td><strong>MISCELLANEOUS GASTROINTESTINAL AGENTS</strong></td>
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<tr>
<td>AKYNZEO (NETUPITANT) ORAL CAPSULE</td>
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<tr>
<td>alosetron oral tablet</td>
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<td>anucort-hc rectal suppository</td>
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<td>aprepitant oral capsule</td>
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<td>aprepitant oral capsule, dose pack</td>
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<td>AVSOLA INTRAVENOUS RECON SOLN</td>
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<td>balsalazide oral capsule</td>
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<td>budesonide rectal foam</td>
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<td>BYLVAY ORAL PELLET</td>
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<td>CHENODAL ORAL TABLET</td>
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<td>CHOLBAM ORAL CAPSULE</td>
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<td>citroma oral solution</td>
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<td>clearlax oral powder</td>
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<td>CLENPIQ ORAL SOLUTION</td>
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<td>compro rectal suppository</td>
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<td>CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<td>cromolyn oral concentrate</td>
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<td>ENTYVIO INTRAVENOUS RECON SOLN</td>
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<tr>
<td>gavilyte-c oral recon soln</td>
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<td>ACA</td>
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<tr>
<td>gavilyte-g oral recon soln</td>
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<td>ACA</td>
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<td>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</td>
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<tr>
<td>gentelax oral powder</td>
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<td>ACA; QL</td>
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<td>granisetron hcl oral tablet</td>
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<td>hemmorex-hc rectal suppository 25 mg</td>
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<td>hydrocortisone acetate rectal suppository 25 mg</td>
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<td>hydrocortisone rectal enema</td>
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<td>hydrocortisone topical cream with perineal applicator 2.5 %</td>
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<td>hydrocortisone-pramoxine rectal cream 2.5-1 %</td>
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<td>INFliximab INTRAVENOUS RECON SOLN</td>
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<td>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications
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60
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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</thead>
<tbody>
<tr>
<td>magnesium citrate oral solution</td>
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<td>meclizine oral tablet 12.5 mg, 25 mg</td>
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<td>PA</td>
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<tr>
<td>mesalamine oral capsule, extended release 24hr</td>
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<tr>
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<tr>
<td>mesalamine rectal enema</td>
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<tr>
<td>mesalamine rectal suppository</td>
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<td></td>
</tr>
<tr>
<td>meclizine oral tablet</td>
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</tr>
<tr>
<td>metoclopramide hcl oral solution</td>
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<td>milk of magnesia concentrated oral suspension</td>
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<td>ACA; QL</td>
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<tr>
<td>milk of magnesia oral suspension</td>
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<td>MOTEGRITY ORAL TABLET</td>
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<td>MOVANTIK ORAL TABLET</td>
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<td>natura-lax oral powder</td>
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<td>OCALIVA ORAL TABLET</td>
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<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<td>peg 3350-electrolytes oral recon soln</td>
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<td>peg-electrolyte soln oral recon soln</td>
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<td>powderlax oral powder</td>
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<td>prochlorperazine rectal suppository</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>procto-med hc topical cream with perineal applicator</td>
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<td>proctosol hc topical cream with perineal applicator</td>
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<tr>
<td>proctozone-hc topical cream with perineal applicator</td>
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<td>purelax oral powder</td>
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<td>RECTIV RECTAL OINTMENT</td>
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<td>PA</td>
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<td>RELISTOR SUBCUTANEOUS SOLUTION</td>
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<td>RELISTOR SUBCUTANEOUS SYRINGE</td>
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<td>RENFLEXIS INTRAVENOUS RECON SOLN</td>
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<td>sulfasalazine oral tablet</td>
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<tr>
<td>sulfasalazine oral tablet, delayed release (dr/ec)</td>
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<td>VOWST ORAL CAPSULE</td>
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<td>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</td>
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</tbody>
</table>

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<tr>
<th>Drug Name</th>
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<th>Requirements / Limits</th>
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<tbody>
<tr>
<td>ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT,</td>
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<td>pantoprazole oral tablet, delayed release (dr/ec)</td>
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1-Preferred Generic Medication 2-Preferred Brand Mediations 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR</td>
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**VACCINES & MISCELLANEOUS IMMUNOLOGICALS**

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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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<td>PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION</td>
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<td>PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</td>
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<td>RAGWITEK SUBLINGUAL TABLET</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>Drug Name</td>
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<td><em>ibandronate oral tablet</em></td>
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1-PREFERRED GENERIC MEDICATION 2-PREFERRED BRAND MEDICATIONS 3-NON-PREFERRED MEDICATIONS 4-SPECIALTY MEDICATIONS 5-ZERO COST SHARE PREVENTATIVE MEDICATIONS 6-SELECT GENERIC MEDICATIONS
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<th>Drug Name</th>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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**OBSTETRICS & GYNECOLOGY**

**DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES**

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**ESTROGENS & PROGESTINS**

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<th>Drug Name</th>
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**MISCELLANEOUS OB/GYN**

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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications
4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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<td>PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION</td>
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<td>prednisolone acetate ophthalmic (eye) drops,suspension</td>
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<td>prednisolone sodium phosphate ophthalmic (eye) drops</td>
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<td>STEROID-SULFONAMIDE COMBINATIONS</td>
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<td>sulfacetamide-prednisolone ophthalmic (eye) drops</td>
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<td>sulfacetamide sodium ophthalmic (eye) ointment</td>
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<tr>
<td>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</td>
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<td>apraclonidine ophthalmic (eye) drops</td>
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<tr>
<td>brimonidine ophthalmic (eye) drops 0.1 %</td>
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<td>brimonidine ophthalmic (eye) drops 0.15 %</td>
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1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements / Limits</th>
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<tbody>
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<td>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</td>
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<td>hydroxyzine hcl oral solution 10 mg/5 ml</td>
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<tr>
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<tr>
<td>promethazine rectal suppository 12.5 mg, 25 mg</td>
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<td>promethegan rectal suppository</td>
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<td><strong>COUGH &amp; COLD THERAPY</strong></td>
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<tr>
<td>g tussin ac oral liquid</td>
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<td>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements / Limits</td>
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<td>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</td>
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### PULMONARY AGENTS

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<td>acetylcysteine solution</td>
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<tr>
<td>ADEMPAS ORAL TABLET</td>
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<tr>
<td>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE</td>
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<tr>
<td>ADVAIR HFA INHALATION HFA AEROSOL INHALER</td>
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<tr>
<td>albuterol sulfate inhalation hfa aerosol inhaler</td>
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<tr>
<td>albuterol sulfate inhalation solution for nebulization</td>
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<td>albuterol sulfate oral syrup</td>
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<td>ambrisentan oral tablet</td>
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<td>ASMANEX HFA INHALATION HFA AEROSOL INHALER</td>
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<td>Requirements / Limits</td>
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<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</td>
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<td>flunisolide nasal spray, non-aerosol</td>
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4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications
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<th>Drug Name</th>
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<td>ipratropium-albuterol inhalation solution for nebulization</td>
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<td>KALYDECO ORAL GRANULES IN PACKET</td>
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<td>KALYDECO ORAL TABLET</td>
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<td>TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL</td>
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