2021 MHC
Individual & Small Group
Preferred Drug List
How to use the Preferred Drug List

The Preferred Drug List (PDL) (also known as a Formulary) is a list of prescription drugs covered under your plan. This contains the covered drugs, doses, and dosage forms. This list is not a complete list and additional prescription drugs may be covered. Please note that the PDL is subject to change as new prescription drugs become available and drug categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.

Your pharmacy benefit has four prescription drug tiers. The tier is identified in the second column on the Preferred Drug List below. These tiers determine your out of pocket responsibility and correspond to the copays and/or coinsurance shown on your benefit summary. In most cases, the prescription drugs on the lower tiers will cost less.

- **Tier 1:** Preferred Generics
- **Tier 2:** Non-Preferred Generics/Preferred Brands
- **Tier 3:** Non-Preferred Brands
- **Tier 4:** Specialty (Most specialty drugs require PA and must be filled at the Plan’s designated Specialty Pharmacy)
- **Tier 5:** Preventive (see PRESCRIPTION DRUGS WITH ENHANCED BENEFITS section below)

Please note that Tier 5 prescription drugs covered under the Preventive Drug List* and the Value Preventive Drug List** have no cost to members and are defined below under PRESCRIPTION DRUGS WITH ENHANCED BENEFITS.

If you have any questions about the PDL or your pharmacy benefits please, contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours/7 days a week/365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up prescription drug information like benefit tier, limits, and drug interactions; shop for best price of a prescription drug at different pharmacies; check the status of a prescription; print your prescription drug fill history; and how to set up mail order.

**HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL**

Prescription drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmacy & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The prescription drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar prescription drugs that could be used in its place
- c) The prescription drug shows a positive therapeutic outcome
- d) The prescription drug shows safety for medical use

As the FDA approves new prescription drugs, they are reviewed within 180 days against similar drugs available on the PDL before being considered for inclusion. New prescription drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New prescription drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) may not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes most effective and highest value prescription drugs.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose prescription drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

**PRESCRIPTION DRUGS WITH ENHANCED BENEFITS**

*PREVENTIVE DRUG (PREV)*

Certain prescription drugs are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent by the Plan (no patient responsibility); although limits may apply. Drugs available under this benefit
are listed as PREV under the 3rd column of the PDL list. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

**VALUE PREVENTIVE DRUG LIST (VAL)**
Value Preventive Drugs List provides coverage for designated prescription drugs in specific categories even before you meet your deductible or out-of-pocket expenses. Members will not have any cost-share for prescription drugs listed in our value-based preventive drug list. This is in addition to the no-cost share coverage for preventive drugs listed in the Affordable Care Act (ACA) and expands preventive drug coverage. Drugs available under this benefit are listed as VAL under the 3rd column of the PDL list.

**PRESCRIPTION DRUG LIMITS & REQUIREMENTS**

**AGE**
Some prescription drugs have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those prescription drugs.

**PRIOR AUTHORIZATION (PA)**
To ensure appropriate utilization, some generic and brand prescription drugs and all specialty drugs require Prior Authorization to be eligible for coverage under the member’s prescription drug benefit. The P&T Committee establishes the PA criteria. In order for a member to receive coverage for a prescription drug requiring PA, the member or member’s provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a PA form and provide clinical documentation to show why this prescription drug is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have failed in the letter. If a PA is not received or if the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. In addition, PAs cannot be backdated.

**QUANTITY LIMIT (QL)**
Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some prescription drugs have the potential to be abused, misused, shared, or have a manufacturer’s limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.

**STEP THERAPY (ST)**
Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around effectiveness, safety, and value. In ST, the covered prescription drugs are arranged in a series of “steps”. The program typically starts with generic prescription drugs as the “first step.” These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with prescription drug that is more affordable. More expensive brand-name prescription drugs are usually considered in the “second step”. Step Therapy is developed under the guidance and direction of the P&T Committee. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires ST. This means if you don’t want to pay full price for your prescription drug, your doctor needs to write a new prescription for a “first-step” drug. With ST, if you’ve already tried and failed the “first-step” drug, can’t take the “first-step” drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

**ADDITIONAL POLICIES AND PROCESSES**

**THERAPEUTIC INTERCHANGE (TI)**
Therapeutic interchange is the practice of replacing, with your physician’s approval, a prescription drug originally prescribed with a chemically different but therapeutically equivalent prescription drug. Prescription drugs used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed under the guidance of the P&T Committee. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug
therapy. If therapeutic interchange is required on a prescription drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

**BRAND-GENERIC CHARGE (Ancillary Charge)**
A Brand-Generic Charge is applied to your cost if you receive a brand name prescription drug, regardless of reason or medical necessity, if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Charge is the difference between the cost of the generic and the cost of the brand name prescription drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic Charge does not apply towards Deductibles or Out-of-Pocket Maximum.

**MANDATORY GENERIC**
The Plan mandates generic prescription drugs wherever available. If a brand-name prescription drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, PA will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

**MAIL ORDER**
Mail order is when a 90 day supply of a generic or brand name prescription drug (Tier 0, 1, 2, and 3) is mailed directly to you through a designated Mail Order Pharmacy. Not all prescription drugs are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information or to get started on the Mail Order program.

**SPECIALTY PHARMACY**
The Plan requires that all prescription drugs noted, as Specialty must be filled through the Plan’s designated Specialty Pharmacies. These drugs are usually listed on Tier 4, but certain generics of brand name specialty products may be placed in a lower tier but still be considered specialty. In cases where prescription drugs are available only through a limited distribution channel from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.

**OFF-LABEL USE OF PRESCRIPTION DRUGS**
The FDA requires that prescription drugs used in the U.S. be safe and effective. The label information of a prescription drug outlines use for "approved" doses and specific conditions or disease states. The use of a prescription drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the prescription drug. Off-label use of a prescription drug is not covered unless it meets the Plan’s off-label use policy. A Prior Authorization is required when a prescription drug is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational or experimental are not a covered benefit.

**NON-FORMULARY (not covered) OR EXCEPTION REQUESTS FOR PRESCRIPTION DRUGS**
For prescription drugs that are not covered by the Plan (non-formulary), you or your provider can submit an exception request. Your provider will be required to complete a formulary exception form and provide clinical documentation to show why this prescription drug is needed/required for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have been tried and failed. If an exception request approval is not received or the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information.

**PAPER CLAIMS FILING LIMITS**
Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is within 365 days from the date of service for all original claims. Paper claims will be reimbursed based on what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.
<table>
<thead>
<tr>
<th>TIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>Preferred Brands/Non-Preferred Generics</td>
</tr>
<tr>
<td>3</td>
<td>Non-Preferred Brands</td>
</tr>
<tr>
<td>4</td>
<td>Specialty</td>
</tr>
<tr>
<td>5</td>
<td>Preventative</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td></td>
<td>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
</tr>
<tr>
<td></td>
<td>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Limit</td>
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<td></td>
<td>This prescription drug may only be covered for a single gender.</td>
</tr>
<tr>
<td>AL</td>
<td>Age Limit</td>
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<tr>
<td></td>
<td>This prescription drug may only be covered if you meet the minimum or maximum age limit.</td>
</tr>
<tr>
<td>MFL</td>
<td>Max Fill Limit</td>
</tr>
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<td>There is a limit on the number of times this drug can be refilled.</td>
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<tr>
<td>MDS</td>
<td>Max Days Supply</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered.</td>
</tr>
<tr>
<td>S</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
</tr>
<tr>
<td>PREV</td>
<td>Preventative</td>
</tr>
<tr>
<td>VAL</td>
<td>Value Preventive List</td>
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## List of Covered Prescription Medications

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
</table>

### ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants

**ADHD Agent - Selective Alpha Adrenergic Agonists**

- **Clonidine HCL ER 0.1 mg Tab ER 12h**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Guanfacine HCL ER 1 mg Tab ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Guanfacine HCL ER 2 mg Tab ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Guanfacine HCL ER 3 mg Tab ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Guanfacine HCL ER 4 mg Tab ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

**ADHD Agent - Selective Noradrenaline Reuptake Inhibitor**

- **Atomoxetine HCL 10 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Atomoxetine HCL 100 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Atomoxetine HCL 18 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Atomoxetine HCL 25 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Atomoxetine HCL 40 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Atomoxetine HCL 60 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

- **Atomoxetine HCL 80 mg Cap**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 Days

### Amphetamine Mixtures

- **Amphetamine-Dextroamphetamine 10 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 15 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 20 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 25 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 30 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 5 mg Cap ER 24h**
  - Tier: 1
  - Limits & Restrictions: QL 60 / 30 Days

- **Amphetamine-Dextroamphetamine 10 mg Tab**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 Days

- **Amphetamine-Dextroamphetamine 12.5 mg Tab**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 Days

- **Amphetamine-Dextroamphetamine 15 mg Tab**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 Days
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
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<td>AMPHETAMINES</td>
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<tr>
<td>ADZENYS ER 1.25 MG/ML SUSP</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>dexedrine 10 mg tab</td>
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<td>dextroamphetamine sulfate er 10 mg cap er 24h</td>
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<td>VYVANSE 10 MG CAP</td>
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<td>QL 30 / 30 day(s)</td>
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<td>VYVANSE 60 MG CHEW TAB</td>
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<td>lisdexamfetamine dimesylate</td>
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# PRODUCT DESCRIPTION

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<thead>
<tr>
<th>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</th>
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</thead>
<tbody>
<tr>
<td>SUNOSI 150 MG TAB</td>
</tr>
<tr>
<td>solriamfetol hcl</td>
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<tr>
<td>Tier: 3</td>
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<tr>
<td>Limits &amp; Restrictions: PA</td>
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<tr>
<td>SUNOSI 75 MG TAB</td>
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<td>solriamfetol hcl</td>
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<td>Tier: 3</td>
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## STIMULANTS - MISC.

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<th>Stimulant</th>
<th>Tier</th>
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<td>30 / 30 DAYS</td>
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<tr>
<td>armodafinil 200 mg tab</td>
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<td>30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**BIOLOGICALS MISC**

| ADAGEN 250 UNIT/ML SOLUTION pegademase bovine | 4    | PA S                  |

**AMINOGLYCOSIDES**

<p>| neomycin sulfate 500 mg tab | 1    |                            |
| TOBI PODHALER 28 MG CAP tobramycin | 4    | PA S                      |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN tobramycin | 4    | PA S                      |
| tobramycin 300 mg/5ml nebu soln | 4    | PA S                      |
| tobramycin sulfate 1.2 gm recon soln | 4    | PA S                      |
| tobramycin sulfate 1.2 gm/30ml solution | 4    | PA S                      |
| TOBRAMYCIN SULFATE 10 MG/ML SOLUTION tobramycin sulfate | 4    | PA S                      |
| TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION tobramycin sulfate | 4    | PA S                      |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
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**ANALGESICS - ANTI-INFLAMMATORY**

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

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<tr>
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<th>TIER</th>
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<tbody>
<tr>
<td>HUMIRA 10 MG/0.1ML PREF SY KT adalimumab</td>
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<tr>
<td>HUMIRA 20 MG/0.4ML PREF SY KT adalimumab</td>
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<td>HUMIRA 40 MG/0.4ML PREF SY KT adalimumab</td>
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<td>HUMIRA 40 MG/0.8ML PREF SY KT adalimumab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>methotrexate (antirheumatic)</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>REDITREX 7.5 MG/0.3ML SOLN PRSYR methotrexate (antirheumatic)</td>
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</tr>
<tr>
<td>celecoxib 50 mg cap</td>
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<tr>
<td><strong>GOLD COMPOUNDS</strong></td>
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<tr>
<td>RIDAURA 3 MG CAP auranofin</td>
<td>4</td>
<td>PA</td>
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<td><strong>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</strong></td>
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<tr>
<td>KINERET 100 MG/0.67ML SOLN PRSYR anakinra</td>
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### INTERLEUKIN-6 RECEPTOR INHIBITORS

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<tr>
<td>ACTEMRA 162 MG/0.9ML SOLN PRSYR tocilizumab</td>
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<tr>
<td>ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ tocilizumab</td>
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### NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

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<td>diclofenac sodium 25 mg tab dr</td>
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<tr>
<td>diclofenac sodium 50 mg tab dr</td>
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<tr>
<td>diclofenac sodium 75 mg tab dr</td>
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<tr>
<td>diclofenac sodium er 100 mg tab er 24h</td>
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</tr>
<tr>
<td>etodolac 200 mg cap</td>
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</tr>
<tr>
<td>etodolac 300 mg cap</td>
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</tr>
<tr>
<td>etodolac 400 mg tab</td>
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<tr>
<td>etodolac 500 mg tab</td>
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<tr>
<td>etodolac er 400 mg tab er 24h</td>
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<tr>
<td>etodolac er 500 mg tab er 24h</td>
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<tr>
<td>etodolac er 600 mg tab er 24h</td>
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<td>ibu 600 mg tab</td>
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<td>ibuprofen 800 mg tab</td>
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<td>TOLMETIN SODIUM 600 MG TAB</td>
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<td>OTEZLA 30 MG TAB</td>
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<td>------------------------------------------</td>
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<tr>
<td>ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ</td>
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**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

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<th>PRODUCT DESCRIPTION</th>
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<tr>
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<td>PA S</td>
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<td>ENBREL 25 MG/0.5ML SOLUTION</td>
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<td>ENBREL SURECLICK 50 MG/ML SOLN A-INJ</td>
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**ANALGESICS - NONNARCOTIC**

**ANALGESICS-SEDATIVES**

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<tr>
<td>bac 50-325-40 mg tab</td>
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<tr>
<td>butalbital-acetaminophen 50-325 mg tab</td>
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<tr>
<td>butalbital-apap 50-325 mg tab</td>
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<tr>
<td>butalbital-apap-caffeine 50-300-40 mg cap</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>butalbital-apap-caffeine 50-325-40 mg cap</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>butalbital-apap-caffeine 50-325-40 mg tab</td>
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<td>butalbital-aspirin-caffeine 50-325-40 mg cap</td>
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<tr>
<td>BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB</td>
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<td>butalbital-aspirin-caffeine</td>
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<td>capacet 50-325-40 mg cap</td>
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### PRODUCT DESCRIPTION

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<tr>
<td>marten-tab 50-325 mg tab</td>
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<tr>
<td>phrenilin forte 50-300-40 mg cap</td>
<td>1 QL 180 / 30 DAYS</td>
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<td>zebutal 50-325-40 mg cap</td>
<td>1 QL 180 / 30 DAYS</td>
</tr>
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</table>

### SALICYLATES

| | |
| | |
| diflunisal 500 mg tab | 1 |
| salsalate 500 mg tab | 1 |

### ANALGESICS - OPIOID

#### CODEINE COMBINATIONS

<p>| | |
| | |
| | |
| acetaminophen-codeine #2 300-15 mg tab | 1 QL 240 / 30 DAYS |
| acetaminophen-codeine #3 300-30 mg tab | 1 QL 240 / 30 DAYS |
| acetaminophen-codeine #4 300-60 mg tab | 1 QL 180 / 30 DAYS |
| acetaminophen-codeine 120-12 mg/5ml solution | 1 QL 450 / 30 DAYS |
| acetaminophen-codeine 300-15 mg tab | 1 MD 7 / 1 DAY |
| acetaminophen-codeine 300-30 mg tab | 1 QL 240 / 30 DAYS |
| acetaminophen-codeine 300-60 mg tab | 1 QL 180 / 30 DAYS |
| ascomp-codeine 50-325-40-30 mg cap | 1 QL 180 / 30 DAYS |
| butalbital-apap-caff-cod 50-300-40-30 mg cap | 1 QL 180 / 30 DAYS |
| butalbital-apap-caff-cod 50-325-40-30 mg cap | 1 QL 180 / 30 DAYS |
| butalbital-asa-caff-codeine 50-325-40-30 mg cap | 1 QL 180 / 30 DAYS |</p>
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<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
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<td>HYDROCODONE COMBINATIONS</td>
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<tr>
<td></td>
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<td>MFL 1 / 60 DAYS</td>
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<td>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</td>
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<tr>
<td></td>
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<tr>
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<td>MFL 1 / 60 DAYS</td>
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<td>MD 7 / 1 DAY</td>
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<td>MFL 1 / 60 DAYS</td>
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**OPIOID AGONISTS**

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<td>PA MD 7 / 1 day(s)</td>
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<td>MD 7 / 1 day(s)</td>
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| NUCYNTA 75 MG TAB                   | 3    | QL 90 / 30 day(s)                |
| tapentadol hcl                      |      | PA                               |
|                                     |      | MFL 1 / 60 day(s)                |
|                                     |      | MD 7 / 1 day(s)                  |

| NUCYNTA ER 100 MG TAB ER 12H        | 3    | QL 60 / 30 DAYS                  |
| tapentadol hcl                      |      | PA                               |

| NUCYNTA ER 150 MG TAB ER 12H        | 3    | QL 60 / 30 DAYS                  |
| tapentadol hcl                      |      | PA                               |

| NUCYNTA ER 200 MG TAB ER 12H        | 3    | QL 60 / 30 DAYS                  |
| tapentadol hcl                      |      | PA                               |

| NUCYNTA ER 250 MG TAB ER 12H        | 3    | QL 60 / 30 DAYS                  |
| tapentadol hcl                      |      | PA                               |

| NUCYNTA ER 50 MG TAB ER 12H         | 3    | QL 60 / 30 DAYS                  |
| tapentadol hcl                      |      | PA                               |

| oxycodone hcl 10 mg tab             | 1    | QL 90 / 30 DAYS                  |
|                                     |      | MFL 1 / 60 DAYS                  |
|                                     |      | MD 7 / 1 DAY                     |

| oxycodone hcl 100 mg/5ml conc       | 1    | QL 90 / 30 day(s)                |
|                                     |      | MFL 1 / 60 day(s)                |
|                                     |      | MD 7 / 1 day(s)                  |

| oxycodone hcl 15 mg tab             | 1    | QL 90 / 30 DAYS                  |
|                                     |      | MFL 1 / 60 DAYS                  |
|                                     |      | MD 7 / 1 DAY                     |

<p>| oxycodone hcl 20 mg tab             | 1    | QL 90 / 30 DAYS                  |
|                                     |      | MFL 1 / 60 DAYS                  |
|                                     |      | MD 7 / 1 DAY                     |</p>
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**OPIOID COMBINATIONS**

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<td>oxandrolone 2.5 mg tab</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>ANDROGENS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDROXY 10 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>fluoxymesterone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>danazol 100 mg cap</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>danazol 200 mg cap</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>danazol 50 mg cap</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DEPO-TESTOSTERONE 100 MG/ML SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPO-TESTOSTERONE 200 MG/ML SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHITEST 10 MG TAB</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>methyltestosterone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLTESTOSTERONE 10 MG CAP</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>methyltestosterone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>testosterone 1.62 % gel</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>TESTOSTERONE 12.5 MG/ACT (1%) GEL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>testosterone 12.5 mg/act (1%) gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone 20.25 mg/1.25gm (1.62%) gel</td>
<td>1</td>
<td>QL 37.5 / 30 DAYS</td>
</tr>
<tr>
<td>testosterone 20.25 mg/act (1.62%) gel</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>TESTOSTERONE 25 MG/2.5GM (1%) GEL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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LAST UPDATED 07/2021
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>testosterone 25 mg/2.5gm (1%) gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone 30 mg/act solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE 50 MG/5GM (1%) GEL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone 50 mg/5gm (1%) gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate 100 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate 200 mg/ml solution</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone enanthate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone enanthate 200 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ANORECTAL AND RELATED PRODUCTS**

**INTRARECTAL STEROIDS**

<table>
<thead>
<tr>
<th>colocort 100 mg/60ml enema</th>
<th>1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone 100 mg/60ml enema</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>UCERIS 2 MG/ACT FOAM</td>
<td>3</td>
<td>QL 133.6 / 30 day(s)</td>
</tr>
<tr>
<td>budesonide (intrarectal)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NITRATE VASODILATING AGENTS**

<table>
<thead>
<tr>
<th>RECTIV 0.4 % OINTMENT</th>
<th>3</th>
<th>QL 30 / 30 day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>nitroglycerin (intra-anal)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECTAL ANESTHETIC/STEROIDS**

<table>
<thead>
<tr>
<th>lidocaine-hydrocort (perianal) 3-0.5 % cream</th>
<th>1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocort 3-0.5 % cream</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**RECTAL STEROIDS**

<table>
<thead>
<tr>
<th>anucort-hc 25 mg suppos</th>
<th>1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>anusol-hc 25 mg suppos</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hemmorex-hc 25 mg suppos</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hemmorex-hc 30 mg suppos</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>hydrocortisone (perianal) 2.5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 25 mg suppos</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 30 mg suppos</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>procto-med hc 2.5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>proctosol hc 2.5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>proctozone-hc 2.5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>ANTHELMINTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>albendazole 200 mg tab</td>
<td>2</td>
<td>QL 120 / 30 DAYS PA</td>
</tr>
<tr>
<td>EMVERM 100 MG CHEW TAB</td>
<td>3</td>
<td>QL 6 / 3 DAYS PA</td>
</tr>
<tr>
<td>mebendazole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ivermectin 3 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>praziquantel 600 mg tab</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVE AGENTS - MISC.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>metronidazole 250 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metronidazole 375 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metronidazole 500 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pentamidine isethionate 300 mg recon soln</td>
<td>1</td>
<td>PA S</td>
</tr>
<tr>
<td>PRIMSOL 50 MG/5ML SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>trimethoprim hcl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tinidazole 500 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>trimethoprim 100 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>XIFAXAN 200 MG TAB</td>
<td>3</td>
<td>QL 9 / 30 DAYS PA</td>
</tr>
<tr>
<td>rifaximin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XIFAXAN 550 MG TAB</td>
<td>3</td>
<td>QL 90 / 30 DAYS PA</td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVE MISC. - COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
### PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>sulfamethoxazole-trimethoprim 400-80 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim 800-160 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfatrim pediatric 200-40 mg/5ml suspension</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIPROTOZOAL AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALINIA 100 MG/5ML RECON SUSP</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>nitazoxanide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atovaquone 750 mg/5ml suspension</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LAMPIT 120 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nifurtimox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMPIT 30 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nifurtimox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nitazoxanide 500 mg tab</td>
<td>2</td>
<td>QL 20 / 10 day(s)</td>
</tr>
</tbody>
</table>

### GLYCOPEPTIDES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>vancomycin hcl 125 mg cap</td>
<td>2</td>
<td>QL 56 / 14 DAYS</td>
</tr>
<tr>
<td>vancomycin hcl 250 mg cap</td>
<td>2</td>
<td>QL 56 / 14 DAYS</td>
</tr>
</tbody>
</table>

### LEPROSTATICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>dapsone 100 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dapsone 25 mg tab</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### LINCOSAMIDES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>clindamycin hcl 150 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl 300 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl 75 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin palmitate hcl 75 mg/5ml recon soln</td>
<td>1</td>
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</table>

### MONOBACTAMS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAYSTON 75 MG RECON SOLN</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>aztreonam lysine</td>
<td></td>
<td>S</td>
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</tbody>
</table>

### OXAZOLIDINONES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>linezolid 600 mg tab</td>
<td>1</td>
<td>QL 56 / 28 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>SIVEXTRO 200 MG TAB</td>
<td>4 PA</td>
<td></td>
</tr>
<tr>
<td>tedizolid phosphate</td>
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</table>

**URINARY ANTI-INFECTIVES**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>fosfomycin tromethamine 3 gm packet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>methenamine hippurate 1 gm tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin 25 mg/5ml suspension</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 100 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 25 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 50 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin monohyd macro 100 mg cap</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIANGINAL AGENTS**

**ANTIANGINALS-OTHER**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ranolazine er 1000 mg tab er 12h</td>
<td>1 QL</td>
<td>60 / 30 DAYS</td>
</tr>
<tr>
<td>ranolazine er 500 mg tab er 12h</td>
<td>1 QL</td>
<td>60 / 30 DAYS</td>
</tr>
</tbody>
</table>

**NITRATES**

**DILATRATE-SR 40 MG CAP ER**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate</td>
<td>3 PA</td>
<td></td>
</tr>
<tr>
<td>isosorbide dinitrate 10 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide dinitrate 20 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide dinitrate 30 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide dinitrate 5 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
</tbody>
</table>

**ISOSORBIDE DINITRATE ER 40 MG TAB ER**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide mononitrate 10 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide mononitrate 20 mg tab</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide mononitrate er 120 mg tab er 24h</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide mononitrate er 30 mg tab er 24h</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>isosorbide mononitrate er 60 mg tab er 24h</td>
<td>5 VAL</td>
<td>Value Preventive List</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>minitran 0.1 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>minitran 0.2 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>minitran 0.4 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>minitran 0.6 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>NITRO-BID 2 % OINTMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nitroglycerin</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin 0.1 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin 0.2 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin 0.3 mg sl tab</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin 0.4 mg sl tab</td>
<td>5</td>
<td>QL 30 / 30 DAYS V</td>
</tr>
<tr>
<td>nitroglycerin 0.4 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin 0.4 mg/spray solution</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin 0.6 mg sl tab</td>
<td>5</td>
<td>QL 30 / 30 DAYS V</td>
</tr>
<tr>
<td>nitroglycerin 0.6 mg/hr patch 24hr</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>NITROGLYCERIN 400 MCG/SPRAY AERO SOLN</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin er 2.5 mg cap er</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin er 6.5 mg cap er</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
<tr>
<td>nitroglycerin er 9 mg cap er</td>
<td>5</td>
<td>VAL Value Preventive List</td>
</tr>
</tbody>
</table>

<p>| ANTIANXIETY AGENTS              |      |                            |
| ANTIANXIETY AGENTS - MISC.      |      |                            |
| buspirone hcl 10 mg tab         | 1    |                            |
| buspirone hcl 15 mg tab         | 1    |                            |
| buspirone hcl 30 mg tab         | 1    |                            |
| buspirone hcl 5 mg tab          | 1    |                            |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>buspirone hcl 7.5 mg tab</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>hydroxyzine hcl 10 mg tab</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>hydroxyzine hcl 10 mg/5ml syrup</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>hydroxyzine hcl 25 mg tab</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>hydroxyzine hcl 50 mg tab</strong></td>
<td>1</td>
<td></td>
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**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

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### PRODUCT DESCRIPTION

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### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

#### 5-LIPOXYGENASE INHIBITORS

- zileuton er 600 mg tab er 12h

### ADRENERGIC COMBINATIONS

- ANORO ELLIPTA 62.5-25 MCG/INH AER POW BA
  - umeclidinium-vilanterol
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 60 / 30 DAYS
  - VAL Value Preventive List

- BREO ELLIPTA 100-25 MCG/INH AER POW BA
  - fluticasone furoate-vilanterol
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 60 / 30 DAYS
  - ST

- BREO ELLIPTA 200-25 MCG/INH AER POW BA
  - fluticasone furoate-vilanterol
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 60 / 30 DAYS
  - ST

- BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL
  - budesonide-glycopyrrolate-formoterol fumarate
  - TIER: 3
  - LIMITS & RESTRICTIONS: PA 4 / 30 DAYS

- COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN
  - ipratropium-albuterol
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 4 / 30 DAYS
  - VAL Value Preventive List

- DULERA 100-5 MCG/ACT AEROSOL
  - mometasone furoate-formoterol fumarate dihydrate
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 8.8 / 15 DAYS
  - VAL Value Preventive List

- DULERA 200-5 MCG/ACT AEROSOL
  - mometasone furoate-formoterol fumarate dihydrate
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 8.8 / 15 DAYS
  - VAL Value Preventive List

- DULERA 50-5 MCG/ACT AEROSOL
  - mometasone furoate-formoterol fumarate dihydrate
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 13 / 30 DAYS
  - VAL Value Preventive List

- fluticasone-salmeterol 100-50 mcg/dose aer pow ba
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 60 / 30 day(s)
  - VAL Value Preventive List

- FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA
  - fluticasone-salmeterol
  - TIER: 5
  - LIMITS & RESTRICTIONS: QL 1 / 30 DAYS
  - VAL Value Preventive List
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**INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**

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**LEUKOTRIENE RECEPTOR ANTAGONISTS**

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**XANTHINES**

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**ANTICOAGULANTS**

**COUMARIN ANTICOAGULANTS**

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FRAGMIN 10000 UNIT/ML SOLUTION
dalteparin sodium

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SYNTHETIC HEPARINOID-LIKE AGENTS

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<td>PRODUCT DESCRIPTION</td>
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<td><strong>ANTIDEPRESSANTS</strong></td>
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<td>APLENZIN 348 MG TAB ER 24H bupropion hydrobromide</td>
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**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

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NORTRIPTYLINE HCL 10 MG/5ML SOLUTION

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ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

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**DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS**

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**INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

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**SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**

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<td>empagliflozin-linagliptin-metformin</td>
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<td>TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H</td>
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<tr>
<td>empagliflozin-linagliptin-metformin</td>
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<tr>
<td>TRIJARDY XR 25-5-1000 MG TAB ER 24H</td>
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<tr>
<td>TRIJARDY XR 5-2.5-1000 MG TAB ER 24H</td>
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<td>QL 2 / 1 day(s)</td>
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<tr>
<td>empagliflozin-linagliptin-metformin</td>
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**SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**

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<th>Product Description</th>
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<tbody>
<tr>
<td>GLYXAMBI 10-5 MG TAB</td>
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<td>empagliflozin-linagliptin</td>
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<tr>
<td>GLYXAMBI 25-5 MG TAB</td>
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**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

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<tbody>
<tr>
<td>FARXIGA 10 MG TAB</td>
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<td>FARXIGA 5 MG TAB</td>
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<td>dapagliflozin propanediol</td>
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<td>JARDIANCE 10 MG TAB</td>
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<td>JARDIANCE 25 MG TAB</td>
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**SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**

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<td>empagliflozin-metformin hcl</td>
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<tr>
<td>SYNJARDY 12.5-500 MG TAB</td>
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</tr>
<tr>
<td>empagliflozin-metformin hcl</td>
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<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>SYNJARDY 5-1000 MG TAB</td>
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<tr>
<td>SYNJARDY XR 10-1000 MG TAB ER 24H</td>
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<td>QL 60 / 30 days</td>
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**SULFONYLUREA-BIGUANIDE COMBINATIONS**

- glipizide-metformin hcl 2.5-250 mg tab 5 | VAL Value Preventive List
- glipizide-metformin hcl 2.5-500 mg tab 5 | VAL Value Preventive List
- glipizide-metformin hcl 5-500 mg tab 5 | VAL Value Preventive List
- glyburide-metformin 1.25-250 mg tab 5 | VAL Value Preventive List
- glyburide-metformin 2.5-500 mg tab 5 | VAL Value Preventive List
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<tbody>
<tr>
<td>glyburide-metformin 5-500 mg tab</td>
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**SULFONYLUREAS**

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<td>glipizide 10 mg tab</td>
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<td>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</td>
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<td>pioglitazone hcl-metformin hcl 15-500 mg tab</td>
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<td>pioglitazone hcl-metformin hcl 15-850 mg tab</td>
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<td>diphenoxylate-atropine 2.5-0.025 mg tab</td>
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<td>MOTOFEN 1-0.025 MG TAB</td>
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<td>difenoxin w/ atropine</td>
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<tr>
<td>opium 10 mg/ml (1%) tincture</td>
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<td>MD 7 / 1 day(s)</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>CHEMET 100 MG CAP</td>
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<td>deferasirox 125 mg tab sol</td>
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<td>deferasirox 180 mg packet</td>
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<td>deferasirox 180 mg tab</td>
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<td>deferasirox 360 mg tab</td>
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<td>deferasirox 90 mg packet</td>
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<td>deferiprone 500 mg tab</td>
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<tr>
<td>FERRIPROX 100 MG/ML SOLUTION deferiprone</td>
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<td>FERRIPROX 1000 MG TAB deferiprone</td>
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<td>PA S</td>
</tr>
<tr>
<td>FERRIPROX TWICE-A-DAY 1000 MG TAB deferiprone</td>
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<td>PA S</td>
</tr>
<tr>
<td>acetylcysteine 200 mg/ml solution</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>BRIDION 200 MG/2ML SOLUTION sugammadex sodium</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BRIDION 500 MG/5ML SOLUTION sugammadex sodium</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>RADIOGARDASE 0.5 GM CAP prussian blue insoluble (ferric hexacyanoferrate ii)</td>
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</table>

**OPIOID ANTAGONISTS**

<table>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>KLOXXADO 8 MG/0.1ML LIQUID naloxone hcl</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naltrexone hcl 50 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>NARCAN 4 MG/0.1ML LIQUID naloxone hcl</td>
<td>1</td>
<td>QL 2 / 30 DAYS</td>
</tr>
<tr>
<td>VIVITROL 380 MG RECON SUSP naltrexone</td>
<td>4</td>
<td>QL 1 / DAYS</td>
</tr>
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**ANTIEMETICS**

**5-HT3 RECEPTOR ANTAGONISTS**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>ANZEMET 100 MG TAB dolasetron mesylate</td>
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<td>QL 7 / 30 DAYS</td>
</tr>
<tr>
<td>ANZEMET 50 MG TAB dolasetron mesylate</td>
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<td>QL 7 / 30 DAYS</td>
</tr>
<tr>
<td>granisetron hcl 1 mg tab</td>
<td>1</td>
<td>QL 14 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron 4 mg tab disp</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron 8 mg tab disp</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
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</tr>
<tr>
<td>ondansetron hcl 4 mg tab</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
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<td>ondansetron hcl 4 mg/2ml solution</td>
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<td>ondansetron hcl 4 mg/5ml solution</td>
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<td>QL 100 / 30 DAYS</td>
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<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>SANCUSO 3.1 MG/24HR PATCH</td>
<td>3</td>
<td>QL 1 / 7 DAYS</td>
</tr>
<tr>
<td>granisetron</td>
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</tr>
</tbody>
</table>

**ANTIEMETIC COMBINATIONS**

| AKYNZEO 300-0.5 MG CAP               | 3    | QL 1 / 0 DAYS         |
| netupitant-palonosetron             |      |                       |

**ANTIEMETICS - ANTICHOLINERGIC**

| meclizine hcl 25 mg tab             | 1    |                       |
| scopolamine 1 mg/3days patch 72hr   | 1    |                       |
| trimethobenzamide hcl 300 mg cap    | 1    |                       |

**ANTIEMETICS - MISCELLANEOUS**

| CESAMET 1 MG CAP                    | 3    | QL 30 / 5 DAYS        |
| nabilone                            |      |                       |
| dronabinol 10 mg cap                | 2    | QL 60 / 30 DAYS       |
| dronabinol 2.5 mg cap               | 2    | QL 60 / 30 DAYS       |
| dronabinol 5 mg cap                 | 2    | QL 60 / 30 DAYS       |

**SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<p>| aprepitant 125 mg cap               | 1    | QL 4 / 28 DAYS        |
| aprepitant 40 mg cap                | 1    | QL 32 / 28 DAYS       |
| aprepitant 80 &amp; 125 mg cap          | 1    | QL 12 / 28 DAYS       |
| aprepitant 80 &amp; 125 mg misc         | 1    | QL 12 / 28 DAYS       |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>aprepitant 80 mg cap</td>
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<tr>
<td><strong>ANTIFUNGALS</strong></td>
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<tr>
<td><strong>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)</strong></td>
<td></td>
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</tr>
<tr>
<td>BREXAFEMME 150 MG TAB</td>
<td>3</td>
<td>ST 4 / 30 day(s)</td>
</tr>
<tr>
<td>ibrexafungerp citrate</td>
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<td>GL Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AL At least 12 yrs old</td>
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<tr>
<td>flucytosine 250 mg cap</td>
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<td>flucytosine 500 mg cap</td>
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<tr>
<td>griseofulvin microsize 125 mg/5ml suspension</td>
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<td>griseofulvin microsize 500 mg tab</td>
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<td>promethazine hcl 6.25 mg/5ml syrup</td>
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**ANTIHISTAMINES - PIPERIDINES**

cyproheptadine hcl 2 mg/5ml syrup

cyproheptadine hcl 4 mg tab

**ANTIHYPERLIPIDEMICS**

**ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**

NEXLIZET 180-10 MG TAB

bempedoic acid-ezetimibe

**ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL 180 MG TAB

bempedoic acid

**ANTIHYPERLIPIDEMICS - MISC.**

icosapent ethyl 1 gm cap

4 / 1 day(s)

omega-3-acid ethyl esters 1 gm cap

triklo 1 gm cap

VASCEPA 0.5 GM CAP

icosapent ethyl

120 / 30 day(s)

**BILE ACID SEQUESTRANTS**

cholestyramine 4 gm packet

Value Preventive List

5

cholestyramine 4 gm/dose powder

Value Preventive List

5

cholestyramine light 4 gm packet

Value Preventive List

5

cholestyramine light 4 gm/dose powder

Value Preventive List

5
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<thead>
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<th>PRODUCT DESCRIPTION</th>
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<td>colestipol hcl 1 gm tab</td>
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<td>colestipol hcl 5 gm granules</td>
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<td>prevalite 4 gm packet</td>
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<td>prevalite 4 gm/dose powder</td>
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**FIBRIC ACID DERIVATIVES**

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### INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB

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<td><strong>ANTIHYPERTENSIVES</strong></td>
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<td><strong>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS</strong></td>
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**ANTIADRENERGICS - CENTRALLY ACTING**

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**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

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<td>atovaquone-proguanil hcl 62.5-25 mg tab</td>
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<td>COARTEM 20-120 MG TAB</td>
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<tr>
<td>artemether-lumefantrine</td>
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<td>chloroquine phosphate 250 mg tab</td>
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<td>CHLOROQUINE PHOSPHATE 500 MG TAB</td>
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**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

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<td>RUZURGI 10 MG TAB</td>
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<td>amifampridine</td>
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## Antimycobacterial Agents
### Anti TB Combinations

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<td><em>isoniazid-rifampin w/ pyrazinamide</em></td>
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**LHRH ANALOGS**

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| **ZOLADEX 10.8 MG IMPLANT**  
goserelin acetate | 4 | PA S |
| **ZOLADEX 3.6 MG IMPLANT**  
goserelin acetate | 4 | PA S |
| **MITOTIC INHIBITORS** | | |
| **ETOPOSIDE 50 MG CAP**  
etoposide | 4 | PA S |
| **NITROGEN MUSTARDS** | | |
| **CYCLOPHOSPHAMIDE 25 MG CAP**  
cyclophosphamide | 1 | |
| **CYCLOPHOSPHAMIDE 50 MG CAP**  
cyclophosphamide | 1 | |
| **LEUKERAN 2 MG TAB**  
chlorambucil | 4 | PA S |
| **NITROSOUREAS** | | |
| **GLEOSTINE 10 MG CAP**  
lomustine | 4 | PA S |
| **GLEOSTINE 100 MG CAP**  
lomustine | 4 | PA S |
| **GLEOSTINE 40 MG CAP**  
lomustine | 4 | PA S |
| **PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS** | | |
| **COPIKTRA 15 MG CAP**  
duvelisib | 4 | PA S |
| **COPIKTRA 25 MG CAP**  
duvelisib | 4 | PA S |
| **PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK**  
alpelisib | 4 | PA S |
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<td>bexarotene 75 mg cap</td>
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

- benztropine mesylate 0.5 mg tab 1
- benztropine mesylate 1 mg tab 1
- benztropine mesylate 2 mg tab 1
- trihexyphenidyl hcl 0.4 mg/ml solution 1
- trihexyphenidyl hcl 2 mg tab 1
- trihexyphenidyl hcl 5 mg tab 1

ANTIPARKINSON DOPAMINERGICS

- amantadine hcl 100 mg cap 1
- amantadine hcl 100 mg tab 1
- amantadine hcl 50 mg/5ml syrup 1
- bromocriptine mesylate 2.5 mg tab 1
- bromocriptine mesylate 5 mg cap 1

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

- rasagiline mesylate 0.5 mg tab 2 QL 30 / 30 DAYS
- rasagiline mesylate 1 mg tab 2 QL 30 / 30 DAYS
- selegiline hcl 5 mg cap 1
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<tr>
<td>ZELAPAR 1.25 MG TAB DISP</td>
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<td>CENTRAL/PERIPHERAL COMT INHIBITORS</td>
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<td>DECARBOXYLASE INHIBITORS</td>
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<td>PA</td>
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<tr>
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<td>PA</td>
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<tr>
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**PERIPHERAL COMT INHIBITORS**

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<tr>
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<tr>
<td>entacapone 200 mg tab</td>
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<td>QL 270 / 30 DAYS</td>
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**ONGENTYS 25 MG CAP**

| opicapone                             | 3    | PA                     |

**ONGENTYS 50 MG CAP**

| opicapone                             | 3    | PA                     |

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

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**ANTIPSYCHOTICS - MISC.**

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**ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)**

| SELZENTRY 150 MG TAB                        | 4    | PA                     |
| *maraviroc*                                 |      | S                     |
| SELZENTRY 20 MG/ML SOLUTION                 | 4    | PA                     |
| *maraviroc*                                 |      | S                     |
| SELZENTRY 25 MG TAB                         | 4    | PA                     |
| *maraviroc*                                 |      | S                     |
| SELZENTRY 300 MG TAB                        | 4    | PA                     |
| *maraviroc*                                 |      | S                     |
| SELZENTRY 75 MG TAB                         | 4    | PA                     |
| *maraviroc*                                 |      | S                     |

**ANTIRETROVIRALS - FUSION INHIBITORS**

| FUZEON 90 MG RECON SOLN                     | 4    | PA                     |
| *enfuvirtide*                              |      | S                     |

**ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR**

| RUKOBIA 600 MG TAB ER 12H                  | 4    | PA                     |
| *fostemsavir tromethamine*                |      | S                     |

**ANTIRETROVIRALS - INTEGRASE INHIBITORS**

<p>| ISENTRESS 100 MG CHEW TAB                  | 4    | QL 180 / 30 DAYS      |
| <em>raltegravir potassium</em>                    |      | S                     |</p>
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**ANTIRETROVIRALS - PROTEASE INHIBITORS**

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**ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES**

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**ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES**

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**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
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<td>digoxin</td>
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<td>VAL Value Preventive List</td>
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<td>digoxin</td>
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<td>LANOXIN 62.5 MCG TAB</td>
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<td>digoxin</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>amlodipine-atorvastatin 2.5-20 mg tab</td>
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<td>amlodipine-atorvastatin 2.5-40 mg tab</td>
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<td>amlodipine-atorvastatin 5-10 mg tab</td>
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<td>amlodipine-atorvastatin 5-20 mg tab</td>
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<td>amlodipine-atorvastatin 5-40 mg tab</td>
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<td>amlodipine-atorvastatin 5-80 mg tab</td>
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<tr>
<td>ENTRESTO 24-26 MG TAB</td>
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<td>sacubitril-valsartan</td>
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<td>ENTRESTO 49-51 MG TAB</td>
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<td>sacubitril-valsartan</td>
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<td>sacubitril-valsartan</td>
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<td><strong>PROSTAGLANDIN VASODILATORS</strong></td>
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<tr>
<td>VENTAVIS 10 MCG/ML SOLUTION</td>
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<td>PA</td>
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<tr>
<td>iloprost</td>
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<tr>
<td>VENTAVIS 20 MCG/ML SOLUTION</td>
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<td>PA</td>
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<td>iloprost</td>
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<td>S</td>
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<td><strong>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</strong></td>
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<tr>
<td>ADEMPAS 0.5 MG TAB</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>riociguat</td>
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<td>S</td>
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<tr>
<td>ADEMPAS 1 MG TAB</td>
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<td>PA</td>
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<tr>
<td>riociguat</td>
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<td>S</td>
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LAST UPDATED 07/2021
# PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADEMPAS 1.5 MG TAB</strong>&lt;br&gt;riociguat</td>
<td>4&lt;br&gt;PA&lt;br&gt;S</td>
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<tr>
<td><strong>ADEMPAS 2 MG TAB</strong>&lt;br&gt;riociguat</td>
<td>4&lt;br&gt;PA&lt;br&gt;S</td>
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<tr>
<td><strong>ADEMPAS 2.5 MG TAB</strong>&lt;br&gt;riociguat</td>
<td>4&lt;br&gt;PA&lt;br&gt;S</td>
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</table>

## PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ambrisentan 10 mg tab</strong></td>
<td>4&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;S&lt;br&gt;30 / 30 DAYS</td>
</tr>
<tr>
<td><strong>ambrisentan 5 mg tab</strong></td>
<td>4&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;S&lt;br&gt;30 / 30 DAYS</td>
</tr>
<tr>
<td><strong>bosentan 125 mg tab</strong></td>
<td>2&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;60 / 30 DAYS</td>
</tr>
<tr>
<td><strong>bosentan 62.5 mg tab</strong></td>
<td>2&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;60 / 30 DAYS</td>
</tr>
</tbody>
</table>

## PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<table>
<thead>
<tr>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>sildenafil citrate 10 mg/ml recon susp</strong></td>
<td>2&lt;br&gt;PA&lt;br&gt;S</td>
</tr>
<tr>
<td><strong>sildenafil citrate 20 mg tab</strong></td>
<td>1&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>tadalafil (pah) 20 mg tab</strong></td>
<td>2&lt;br&gt;QL&lt;br&gt;PA&lt;br&gt;60 / 30 DAYS</td>
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## PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

<table>
<thead>
<tr>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPTRAVI 1000 MCG TAB</strong>&lt;br&gt;selexipag</td>
<td>4&lt;br&gt;PA&lt;br&gt;S</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>UPTRAVI 1200 MCG TAB selexipag</td>
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<td>UPTRAVI 1400 MCG TAB selexipag</td>
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<td>UPTRAVI 1600 MCG TAB selexipag</td>
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<tr>
<td>UPTRAVI 200 &amp; 800 MCG TAB THPK selexipag</td>
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<tr>
<td>UPTRAVI 200 MCG TAB selexipag</td>
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<td>UPTRAVI 400 MCG TAB selexipag</td>
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<td>UPTRAVI 600 MCG TAB selexipag</td>
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<td>UPTRAVI 800 MCG TAB selexipag</td>
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**SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS**

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<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>tadafalil 2.5 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>tadafalil 20 mg tab</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tadafalil 5 mg tab</td>
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**SINUS NODE INHIBITORS**

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<tbody>
<tr>
<td>CORLANOR 5 MG TAB ivabradine hcl</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>CORLANOR 7.5 MG TAB ivabradine hcl</td>
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<td>QL 60 / 30 day(s)</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td><strong>CEPHALOSPORINS</strong></td>
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<td>CEFADROXIL 1 GM TAB</td>
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<td>cefadroxil</td>
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<td><strong>CEPHALEXIN 250 MG TAB</strong></td>
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<td><strong>CEPHALEXIN 500 MG TAB</strong></td>
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<td>CEFACLOR ER 500 MG TAB ER 12H</td>
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<td><strong>BIPHASIC CONTRACEPTIVES - ORAL</strong></td>
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<td>azurette 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>bekyree 0.15-0.02/0.01 mg (21/5) tab</td>
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<tr>
<td>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</td>
<td>5</td>
<td><strong>PRE</strong> Preventative</td>
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<td>kariva 0.15-0.02/0.01 mg (21/5) tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>kimidess 0.15-0.02/0.01 mg (21/5) tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB</td>
<td>3</td>
<td><strong>QL</strong> 30 / 30 DAYS</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</td>
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<td>MIRCETTE 0.15-0.02/0.01 MG (21/5) TAB</td>
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<td>desogestrel-ethinyl estradiol (biphasic)</td>
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<td>pimtrea 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>simliya 0.15-0.02/0.01 mg (21/5) tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>viorele 0.15-0.02/0.01 mg (21/5) tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>volnea 0.15-0.02/0.01 mg (21/5) tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td><strong>COMBINATION CONTRACEPTIVES - ORAL</strong></td>
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<td>afirmelle 0.1-20 mg-mcg tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>altavera 0.15-30 mg-mcg tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>alyacen 1/35 1-35 mg-mcg tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>apri 0.15-30 mg-mcg tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>aubra 0.1-20 mg-mcg tab</td>
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<td><strong>PRE</strong> Preventative</td>
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<td>aubra eq 0.1-20 mg-mcg tab</td>
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<td>wymzya fe 0.4-35 mg-mcg chew tab</td>
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<td>YASMIN 28 3-0.03 MG TAB drosiprenone-ethinyl estradiol</td>
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<td>YAZ 3-0.02 MG TAB drosiprenone-ethinyl estradiol</td>
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<td>zovia 1/35 (28) 1-35 mg-mcg tab</td>
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<td>TWIRLA 120-30 MCG/24HR PATCH WK levonorgestrel-ethinyl estradiol</td>
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<td>xulane 150-35 mcg/24hr patch wk</td>
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<td>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</td>
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<td>COPPER CONTRACEPTIVES - IUD</td>
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<td>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</td>
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<td>introvale 0.15-0.03 mg tab</td>
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<td>jaimiess 0.15-0.03 &amp; 0.01 mg tab</td>
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<td>jolessa 0.15-0.03 mg tab</td>
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<td>QUARTETTE 42-21-21-7 DAYS TAB</td>
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<td>rivelsa 42-21-21-7 days tab</td>
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**FOUR PHASE CONTRACEPTIVES - ORAL**

NATAZIA 3/2-2/2-3/1 MG TAB
- estradiol valerate-dienogest

**PROGESTIN CONTRACEPTIVES - IMPLANTS**

NEXPLANON 68 MG IMPLANT
- etonogestrel

**PROGESTIN CONTRACEPTIVES - INJECTABLE**

DEPO-PROVERA 150 MG/ML SUSP PRSYR
- medroxyprogesterone acetate (contraceptive)

DEPO-PROVERA 150 MG/ML SUSPENSION
- medroxyprogesterone acetate (contraceptive)

DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR
- medroxyprogesterone acetate (contraceptive)

**PROGESTIN CONTRACEPTIVES - IUD**

KYLEENA 19.5 MG IUD
- levonorgestrel (iud)

LILETTA (52 MG) 19.5 MCG/DAY IUD
- levonorgestrel (iud)

MIRENA (52 MG) 20 MCG/24HR IUD
- levonorgestrel (iud)

SKYLA 13.5 MG IUD
- levonorgestrel (iud)

**PROGESTIN CONTRACEPTIVES - ORAL**

camila 0.35 mg tab

deblitane 0.35 mg tab

errin 0.35 mg tab
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<td>jencycla 0.35 mg tab</td>
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<td>jolivette 0.35 mg tab</td>
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<td>lyleq 0.35 mg tab</td>
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<td>lyza 0.35 mg tab</td>
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<td>norlyroc 0.35 mg tab</td>
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<td>aranelle 0.5/1/0.5-35 mg-mcg tab</td>
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<td>caziant 0.1/0.125/0.15 -0.025 mg tab</td>
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<td>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</td>
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<td>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</td>
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<td>enpresse-28 50-30/75-40/ 125-30 mcg tab</td>
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<td>ESTROSTEP FE 1-20/1-30/1-35 MG-MCG TAB</td>
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<td>leena 0.5/1/0.5-35 mg-mcg tab</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>tilia fe 1-20/1-30/1-35 mg-mcg tab</td>
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<td>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</td>
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<td>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</td>
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**CORTICOSTEROIDS**

**GLUCOCORTICOSTEROIDS**

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<td>ALKINDI SPRINKLE 0.5 MG CAP SPRINK hydrocortisone</td>
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<td>QL 2 / 1 day(s)</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>ALKINDI SPRINKLE 1 MG CAP SPRINK hydrocortisone</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
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<td>dexamethasone 6 mg tab</td>
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<td>methylprednisolone 32 mg tab</td>
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<tr>
<td>methylprednisolone 4 mg tab thpk</td>
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<td>PREDNISOLONE 15 MG/5ML SOLUTION</td>
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<td>prednisolone</td>
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<tr>
<td>prednisolone 15 mg/5ml solution</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>-------------------------------------------</td>
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<tr>
<td>prednisolone 15 mg/5ml syrup</td>
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<tr>
<td>prednisolone sodium phosphate 10 mg/5ml solution</td>
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<tr>
<td>prednisolone sodium phosphate 15 mg/5ml solution</td>
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<td>prednisolone sodium phosphate 20 mg/5ml solution</td>
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<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION</td>
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<td>prednisolone sodium phosphate</td>
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<tr>
<td>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</td>
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</tr>
<tr>
<td>prednisone 1 mg tab</td>
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<tr>
<td>prednisone 10 mg (21) tab thpk</td>
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<tr>
<td>prednisone 10 mg (48) tab thpk</td>
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<tr>
<td>prednisone 10 mg tab</td>
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<td></td>
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<td>prednisone 2.5 mg tab</td>
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<td>prednisone 20 mg tab</td>
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<td></td>
</tr>
<tr>
<td>prednisone 5 mg (21) tab thpk</td>
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<tr>
<td>prednisone 5 mg (48) tab thpk</td>
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<tr>
<td>prednisone 5 mg tab</td>
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<tr>
<td>PREDNISONE 5 MG/5ML SOLUTION</td>
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<tr>
<td>prednisone 50 mg tab</td>
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</tr>
<tr>
<td>PREDNISONE INTENSOL 5 MG/ML CONC</td>
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<td></td>
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<tr>
<td>prednisone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>UCERIS 9 MG TAB ER 24H</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>budesonide</td>
<td></td>
<td>PA</td>
</tr>
</tbody>
</table>

**MINERALOCORTICOIDs**

| fludrocortisone acetate 0.1 mg tab        | 1    |                       |

**COUGH/COLD/ALLERGY**

**ANTITUSSIVE - NONNARCOTIC**

<p>| benzonatate 100 mg cap                     | 1    |                       |
| benzonatate 200 mg cap                     | 1    |                       |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTITUSSIVE - OPIOID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hycodan 5-1.5 mg/5ml syrup</td>
<td>1</td>
<td>QL 30 / 1 day(s)</td>
</tr>
<tr>
<td><em>hydrocodone w/ homatropine</em></td>
<td></td>
<td>MFL 1 / 60 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>Hydrocodone-homatropine 5-1.5 mg/5ml syrup</td>
<td>1</td>
<td>QL 30 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>Hydromet 5-1.5 mg/5ml syrup</td>
<td>1</td>
<td>QL 30 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td><strong>MISC. RESPIRATORY INHALANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium chloride 7% nebu soln</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>MUCOLYTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetylcysteine 10% solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Acetylcysteine 20% solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promethazine-DM 6.25-15 mg/5ml solution</td>
<td>1</td>
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<tr>
<td>Promethazine-dm 6.25-15 mg/5ml syrup</td>
<td>1</td>
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<tr>
<td><strong>NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</strong></td>
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<tr>
<td>Pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</td>
<td>1</td>
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<tr>
<td><strong>OPIOID ANTITUSSIVE-ANTIHISTAMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocod polst-cpm polst er 10-8 mg/5ml susp</td>
<td>1</td>
<td>QL 50 / 5 DAYS</td>
</tr>
<tr>
<td>Promethazine-codeine 6.25-10 mg/5ml solution</td>
<td>1</td>
<td>QL 150 / 5 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 3 / 180 DAYS</td>
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<tr>
<td>Promethazine-codeine 6.25-10 mg/5ml syrup</td>
<td>1</td>
<td>QL 150 / 5 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 3 / 180 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td><strong>DERMATOLOGICALS</strong>&lt;br&gt;<strong>ACNE ANTIBIOTICS</strong></td>
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<tr>
<td>clindacin etz 1 % swab</td>
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<tr>
<td>clindamycin phosphate 1 % foam</td>
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</tr>
<tr>
<td>clindamycin phosphate 1 % gel</td>
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<tr>
<td>clindamycin phosphate 1 % lotion</td>
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</tr>
<tr>
<td>clindamycin phosphate 1 % solution</td>
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<td></td>
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<tr>
<td>clindamycin phosphate 1 % swab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dapsone 5 % gel</td>
<td>1</td>
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</tbody>
</table>

| DAPSONE 7.5 % GEL<br> dapsone (topical) | 1    |                       |
| dapsone 7.5 % gel | 1    |                       |
| erythromycin 2 % gel | 1    |                       |
| erythromycin 2 % pad | 1    |                       |
| erythromycin 2 % solution | 1    |                       |
| sulfacetamide sodium (acne) 10 % lotion | 1    |                       |

<p>| <strong>ACNE COMBINATIONS</strong> |      |                       |
| adapalene-benzoyl peroxide 0.1-2.5 % gel | 1    | QL 90 / 30 DAYS       |
| avar cleanser 10-5 % emulsion | 1    |                       |
| benzoyl peroxide-erythromycin 5-3 % gel | 1    |                       |
| CLINDACIN ETZ 1 % KIT&lt;br&gt; clindamycin phosphate &amp; cleanser | 3    |                       |
| CLINDACIN PAC 1 % KIT&lt;br&gt; clindamycin phosphate &amp; cleanser | 3    |                       |
| clindamycin phos-benzoyl perox 1-5 % gel | 2    |                       |
| clindamycin phos-benzoyl perox 1.2-2.5 % gel | 1    |                       |
| clindamycin phos-benzoyl perox 1.2-5 % gel | 1    |                       |
| clindamycin-tretinoin 1.2-0.025 % gel | 1    | QL 30 / 30 DAYS       |
| neuac 1.2-5 % gel | 1    |                       |
| rosanil cleanser 10-5 % emulsion | 1    |                       |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>sulfacetamide sodium-sulfur 10-5 % emulsion</td>
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<tr>
<td>accutane 10 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>accutane 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>accutane 30 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>accutane 40 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>adapalene 0.1 % cream</td>
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<td>adapalene 0.1 % gel</td>
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<tr>
<td>adapalene 0.3 % gel</td>
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<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>amnesteem 20 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>amnesteem 40 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>avita 0.025 % cream</td>
<td>1</td>
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<td>avita 0.025 % gel</td>
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<td>AZELEX 20 % CREAM</td>
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<tr>
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<td>claravis 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>claravis 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>myorisan 10 mg cap</td>
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<td>myorisan 20 mg cap</td>
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<tr>
<td>myorisan 30 mg cap</td>
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<td>myorisan 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>TRETIN-X 0.075 % CREAM</td>
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<tr>
<td>tretinoin</td>
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<td>tretinoin 0.025 % cream</td>
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<td>tretinoin 0.025 % gel</td>
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<td>tretinoin 0.05 % cream</td>
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<td>tretinoin 0.05 % gel</td>
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<tr>
<td>tretinoin 0.1 % cream</td>
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<td>QL 45 / 30 DAYS</td>
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<tr>
<td>tretinoin microsphere 0.1 % gel</td>
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<td>tretinoin microsphere pump 0.1 % gel</td>
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<tr>
<td>zenatane 10 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>zenatane 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>zenatane 40 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
</tbody>
</table>

**AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**

| VEREGEN 15 % OINTMENT                            | 3    | PA                      |
| sinecatechins                                    |      |                        |

**AGENTS FOR FACIAL WRINKLES - RETINOIDs**

| TRETINOIN (EMOLLIENT) 0.05 % CREAM                | 1    |                        |
| tretinoin (facial wrinkles)                      |      |                        |

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

<p>| DICLOFENAC EPOLAMINE 1.3 % PATCH                  | 2    | QL 60 / 30 DAYS       |
| diclofenac epolamine                             |      | PA                    |
| diclofenac sodium 1 % gel                        | 1    | QL 500 / 30 DAYS      |
| diclofenac sodium 1.5 % solution                 | 1    | QL 150 / 30 DAYS      |
| klofensaid ii 1.5 % solution                     | 1    | QL 150 / 30 DAYS      |</p>
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTIBIOTIC STEROID COMBINATIONS - TOPICAL</strong></td>
<td></td>
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<tr>
<td>Cortisporin 1% Ointment</td>
<td>3</td>
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</tr>
<tr>
<td><em>bacitracin-polymyxin-neomycin hc</em></td>
<td></td>
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<tr>
<td>Cortisporin 3.5-10000-0.5 Cream</td>
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</tr>
<tr>
<td><em>neomycin-polymyxin-hc</em></td>
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<tr>
<td><strong>ANTIBIOTICS - TOPICAL</strong></td>
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<tr>
<td>Altabax 1% Ointment</td>
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<tr>
<td><em>retapamulin</em></td>
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<tr>
<td>Gentamicin sulfate 0.1% cream</td>
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<tr>
<td>Gentamicin sulfate 0.1% ointment</td>
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<tr>
<td>Mupirocin 2% Ointment</td>
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</tr>
<tr>
<td>Mupirocin Calcium 2% Cream</td>
<td>2</td>
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<tr>
<td><strong>ANTIFUNGALS - TOPICAL</strong></td>
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<tr>
<td>Ciclodan 0.77% Cream</td>
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<tr>
<td>Ciclodan 8% Solution</td>
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</tr>
<tr>
<td>Ciclodan Cream 0.77% Kit</td>
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<td></td>
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<tr>
<td><em>ciclopirox olamine &amp; cleanser</em></td>
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<tr>
<td>Ciclopirox 0.77% Gel</td>
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<tr>
<td>Ciclopirox 1% Shampoo</td>
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</tr>
<tr>
<td>Ciclopirox 8% Solution</td>
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<tr>
<td>Ciclopirox Olamine 0.77% Cream</td>
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<td>Nyamyc 100000 unit/gm Powder</td>
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<td>Nyata 100000 unit/gm Powder</td>
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<td>Nystatin 100000 unit/gm Cream</td>
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<td>Nystatin 100000 unit/gm Ointment</td>
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<td>nystatin 100000 unit/gm powder</td>
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<td>clotrimazole-betamethasone 1-0.05 % cream</td>
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<td>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</td>
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<tr>
<td>VALCHLOR 0.016 % GEL</td>
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<td>mechlorethamine hcl (topical)</td>
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<td>DOXEPIN HCL 5 % CREAM</td>
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<td>doxepin hcl (antipruritic)</td>
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<td>calcitriol (topical)</td>
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<td>tazarotene</td>
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**ANTIPSORIATICS - SYSTEMIC**

- **acitretin 10 mg cap**
  
  - TIER: 2
  - LIMITS & RESTRICTIONS: QL 30 / 30 DAYS
- **acitretin 17.5 mg cap**
  
  - TIER: 2
  - LIMITS & RESTRICTIONS: QL 30 / 30 DAYS
- **acitretin 25 mg cap**
  
  - TIER: 2
  - LIMITS & RESTRICTIONS: QL 30 / 30 DAYS
- **COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - secukinumab
- **COSENTYX 150 MG/ML SOLN PRSYR**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - secukinumab
- **COSENTYX 75 MG/0.5ML SOLN PRSYR**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - secukinumab
- **COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - secukinumab
- **COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - secukinumab
- **METHOXSALEN RAPID 10 MG CAP**
  
  - TIER: 2
  - LIMITS & RESTRICTIONS: PA
  - methoxsalen rapid
- **methoxsalen rapid 10 mg cap**
  
  - TIER: 2
  - LIMITS & RESTRICTIONS: PA
- **SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - risankizumab-rzaa
- **SKYRIZI 150 MG/ML SOLN A-INJ**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - risankizumab-rzaa
- **SKYRIZI 150 MG/ML SOLN PRSYR**
  
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA, S
  - risankizumab-rzaa
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**HYDROCORTISONE BUTYRATE 0.1 % CREAM**
- hydrocortisone butyrate
- hydrocortisone butyrate 0.1 % cream
- hydrocortisone butyrate 0.1 % ointment

**HYDROCORTISONE BUTYRATE 0.1 % SOLUTION**
- hydrocortisone butyrate
- hydrocortisone butyrate 0.1 % solution
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Value Preventive List
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**CALCIMIMETIC AGENTS**

<p>| cinacalcet hcl 30 mg tab | 4 | PA, S |
| cinacalcet hcl 60 mg tab | 4 | PA, S |</p>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>ciprofloxacin 250 mg/5ml (5%) recon susp</td>
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<td>ciprofloxacin-ciprofloxacin hcl</td>
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<td>TRULANCE 3 MG TAB</td>
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<td>ursodiol 500 mg tab</td>
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<td>AMITIZA 24 MCG CAP</td>
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<td>LINZESS 145 MCG CAP</td>
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<td>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</td>
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<td>VIBERZI 100 MG TAB eluxadoline</td>
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<td>VIBERZI 75 MG TAB eluxadoline</td>
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<td>alosetron hcl 0.5 mg tab</td>
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<td>alosetron hcl 1 mg tab</td>
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<td>GIAZO 1.1 GM TAB balsalazine disodium</td>
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<td>mesalazine 1.2 gm tab dr</td>
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<td>QL 120 / 30 DAYS</td>
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<td>mesalazine 1000 mg suppos</td>
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<td>QL 30 / 30 DAYS</td>
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<td>mesalazine 4 gm enema</td>
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<td>QL 1680 / 28 DAYS</td>
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<td>mesalazine 400 mg cap dr</td>
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<td>QL 6 / 1 day(s)</td>
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<td>mesalazine 800 mg tab dr</td>
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<td>PENTASA 500 MG CAP ER mesalamine</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>generlac 10 gm/15ml solution</td>
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<td>lactulose encephalopathy 10 gm/15ml solution</td>
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<td><strong>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</strong></td>
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<td>MOVANTIK 12.5 MG TAB</td>
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<td>naloxegol oxalate</td>
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<tr>
<td>MOVANTIK 25 MG TAB</td>
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<td>SYMPROIC 0.2 MG TAB</td>
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<td>naldemedine tosylate</td>
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<td>lanthanum carbonate 1000 mg chew tab</td>
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<td>lanthanum carbonate 500 mg chew tab</td>
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<tr>
<td>lanthanum carbonate 750 mg chew tab</td>
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<td>PHOSLYRA 667 MG/5ML SOLUTION</td>
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<td>calcium acetate (phosphate binder)</td>
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<td>sevelamer carbonate 0.8 gm packet</td>
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<td>sevelamer carbonate 2.4 gm packet</td>
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<td><strong>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</strong></td>
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<td>CIMZIA 2 X 200 MG KIT</td>
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<td>CIMZIA PREFILLED 2 X 200 MG/ML KIT</td>
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<tr>
<td>CIMZIA STARTER KIT 6 X 200 MG/ML KIT</td>
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**GENITOURINARY AGENTS - MISCELLANEOUS**

**5-ALPHA REDUCTASE INHIBITORS**

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<tbody>
<tr>
<td>dutasteride 0.5 mg cap</td>
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<td>finasteride 5 mg tab</td>
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**ALPHA 1-ADRENOCEPTOR ANTAGONISTS**

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<tbody>
<tr>
<td>alfuzosin hcl er 10 mg tab er 24h</td>
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<tr>
<td>CARDURA XL 4 MG TAB ER 24H doxazosin mesylate (bph)</td>
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<tr>
<td>CARDURA XL 8 MG TAB ER 24H doxazosin mesylate (bph)</td>
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<tr>
<td>silodosin 4 mg cap</td>
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<td>60 / 30 DAYS</td>
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<tr>
<td>silodosin 8 mg cap</td>
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<td>30 / 30 DAYS</td>
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<td>tamsulosin hcl 0.4 mg cap</td>
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**CITRATES**

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<tbody>
<tr>
<td>potassium citrate er 10 meq (1080 mg) tab er</td>
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<td>potassium citrate er 15 meq (1620 mg) tab er</td>
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<td>potassium citrate er 5 meq (540 mg) tab er</td>
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**CYSTINOSIS AGENTS**

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<td>CYSTAGON 150 MG CAP cysteamine bitartrate</td>
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<tr>
<td>CYSTAGON 50 MG CAP cysteamine bitartrate</td>
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**INTERSTITIAL CYSTITIS AGENTS**

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<tbody>
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<td>ELMIRON 100 MG CAP pentosan polysulfate sodium</td>
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<td><strong>PHOSPHATES</strong></td>
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<td>K-PHOS NO 2 305-700 MG TAB</td>
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<td><strong>GOUT AGENT COMBINATIONS</strong></td>
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<td>febuxostat 80 mg tab</td>
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<td>CABLIVI 11 MG KIT</td>
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<td>pegfilgrastim</td>
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<td>gavilyte-n with flavor pack 420 gm recon soln</td>
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<td>sodium picosulfate-magnesium oxide-anhydrous citric acid</td>
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### MACROLIDES

#### AZITHROMYCIN

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<td>azithromycin</td>
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<td>QL 30 / 5 DAYS</td>
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<td>azithromycin 100 mg/5ml recon susp</td>
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<td>QL 90 / 5 DAYS</td>
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<tr>
<td>azithromycin 200 mg/5ml recon susp</td>
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<td>QL 30 / 30 day(s)</td>
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<td>azithromycin 250 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>azithromycin 500 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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#### CLARITHROMYCIN

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#### ERYTHROMYCINS

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<td>MONOJECT MAGELLAN SYRINGE 22G X 1-1/2” 12 ML MISC</td>
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<td>syringe/needle (disp) 12 ml</td>
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<td>MONOJECT SYRINGE 21G X 1” 12 ML MISC</td>
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<tr>
<td>syringe/needle (disp) 12 ml</td>
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<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2” 0.5 ML MISC</td>
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<tr>
<td>insulin syringe/needle u-100</td>
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<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2” 1 ML MISC</td>
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<td>insulin syringe/needle u-100</td>
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<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16” 0.3 ML MISC</td>
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<td>insulin syringe/needle u-100</td>
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<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16” 0.5 ML MISC</td>
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<td>insulin syringe/needle u-100</td>
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<td>VAL Value Preventive List</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>NORDIPEN 5 INJECTION DEVICE MISC injection device</td>
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<tr>
<td>OMNITROPE PEN 5 INJ DEVICE MISC injection device</td>
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<tr>
<td>PENTIPS 29G X 12MM MISC insulin pen needle</td>
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<tr>
<td>PENTIPS 31G X 5 MM MISC insulin pen needle</td>
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<tr>
<td>PENTIPS 31G X 8 MM MISC insulin pen needle</td>
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<tr>
<td>PENTIPS 32G X 4 MM MISC insulin pen needle</td>
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<tr>
<td>PRO COMFORT PEN NEEDLES 31G X 8 MM MISC insulin pen needle</td>
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<tr>
<td>PRO COMFORT PEN NEEDLES 32G X 4 MM MISC insulin pen needle</td>
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<tr>
<td>PRO COMFORT PEN NEEDLES 32G X 5 MM MISC insulin pen needle</td>
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<tr>
<td>ULTICARE INSULIN SAFETY SYR 29G X 1/2&quot; 0.5 ML MISC insulin syringe/needle u-100</td>
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<tr>
<td>ULTICARE INSULIN SAFETY SYR 29G X 1/2&quot; 1 ML MISC insulin syringe/needle u-100</td>
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<tr>
<td>ULTILET INSULIN SYRINGE 31G X 15/64&quot; 0.3 ML MISC insulin syringe/needle u-100</td>
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<tr>
<td>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</td>
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<tr>
<td>AEROCHAMBER MINI CHAMBER DEVICE spacer/aerosol-holding chambers</td>
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<tr>
<td>AEROCHAMBER MV MISC spacer/aerosol-holding chambers</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU MISC spacer/aerosol-holding chambers</td>
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<td>AEROCHAMBER PLUS FLO-VU LARGE MISC spacer/aerosol-holding chambers</td>
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<td>AEROCHAMBER PLUS FLO-VU MEDIUM MISC spacer/aerosol-holding chambers</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>AEROCHAMBER PLUS FLOW VU MISC</td>
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<td>AEROCHAMBER W/FLOWSIGNAL MISC</td>
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<tr>
<td>AEROCHAMBER Z-STAT PLUS MISC</td>
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<td>AEROCHAMBER Z-STAT PLUS CHAMBR MISC</td>
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<td>AEROCHAMBER Z-STAT PLUS/LARGE MISC</td>
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<td>AEROCHAMBER Z-STAT PLUS/MEDIUM MISC</td>
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<tr>
<td>AEROCHAMBER Z-STAT PLUS/SMALL MISC</td>
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<td>COMPACT SPACE CHAMBER DEVICE</td>
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<tr>
<td>COMPACT SPACE CHAMBER/LG MASK DEVICE</td>
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<tr>
<td>COMPACT SPACE CHAMBER/MED MASK DEVICE</td>
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<tr>
<td>COMPACT SPACE CHAMBER/SM MASK DEVICE</td>
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<tr>
<td>EASIVENT MISC</td>
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<tr>
<td>EASIVENT MASK LARGE MISC</td>
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<td>MICROCHAMBER MISC</td>
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<tr>
<td>MICROSPACER MISC</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-LG MASK MISC</td>
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<td>spacer/aerosol-holding chambers</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-MED MASK</td>
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<td>MISC spacer/aerosol-holding chambers</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-SM MASK</td>
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</tr>
<tr>
<td>MISC spacer/aerosol-holding chambers</td>
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<td></td>
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<tr>
<td>OPTICHAMBER DIAMOND MISC</td>
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<tr>
<td>MISC spacer/aerosol-holding chambers</td>
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</tr>
<tr>
<td>OPTICHAMBER DIAMOND-LG MASK DEVICE</td>
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<td>MISC spacer/aerosol-holding chambers</td>
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<tr>
<td>OPTICHAMBER DIAMOND-MD MASK MISC</td>
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<tr>
<td>MISC spacer/aerosol-holding chambers</td>
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<tr>
<td>OPTICHAMBER DIAMOND-SM MASK MISC</td>
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<td>MISC spacer/aerosol-holding chambers</td>
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<tr>
<td>VALVED HOLDING CHAMBER DEVICE</td>
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<tr>
<td>MISC spacer/aerosol-holding chambers</td>
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</table>

**MIGRAINE PRODUCTS**

**CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)**

<table>
<thead>
<tr>
<th>NURTEC 75 MG TAB DISP rimegepant sulfate</th>
<th>3</th>
<th>QL 8 / 30 day(s)</th>
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<tbody>
<tr>
<td>UBRELVY 100 MG TAB ubrogepant</td>
<td>3</td>
<td>QL 12 / 30 day(s)</td>
</tr>
<tr>
<td>UBRELVY 50 MG TAB ubrogepant</td>
<td>3</td>
<td>QL 12 / 30 day(s)</td>
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**CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**

<table>
<thead>
<tr>
<th>AJOVY 225 MG/1.5ML SOLN A-INJ fremanezumab-vfrm</th>
<th>3</th>
<th>QL 1.5 / 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJOVY 225 MG/1.5ML SOLN PRSYR fremanezumab-vfrm</td>
<td>3</td>
<td>QL 1.5 / 30 DAYS</td>
</tr>
<tr>
<td>EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR galcanezumab-gnlm</td>
<td>3</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>EMGALITY 120 MG/ML SOLN A-INJ galcanezumab-gnlm</td>
<td>3</td>
<td>QL 1 / 30 DAYS</td>
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<tr>
<td>EMGALITY 120 MG/ML SOLN PRSYR galcanezumab-gnlm</td>
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<td>QL 1 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>dihydroergotamine mesylate 1 mg/ml solution</td>
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<td>QL 24 / 30 DAYS</td>
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<tr>
<td>dihydroergotamine mesylate 4 mg/ml solution</td>
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<td>QL 16 / 30 DAYS</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</strong></td>
<td></td>
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<tr>
<td>almotriptan malate 12.5 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
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<tr>
<td>almotriptan malate 6.25 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>eletriptan hydrobromide 20 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
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<tr>
<td>eletriptan hydrobromide 40 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>frovatriptan succinate 2.5 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl 1 mg tab</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl 2.5 mg tab</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate 10 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate 5 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
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<tr>
<td>rizatriptan benzoate 5 mg tab disp</td>
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<td>QL 9 / 28 DAYS</td>
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<tr>
<td>sumatriptan 20 mg/act solution</td>
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<td>QL 6 / 28 DAYS</td>
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<tr>
<td>sumatriptan 5 mg/act solution</td>
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<td>QL 6 / 28 DAYS</td>
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<tr>
<td>sumatriptan succinate 100 mg tab</td>
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<tr>
<td>sumatriptan succinate 25 mg tab</td>
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<td>QL 9 / 30 DAYS</td>
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<tr>
<td>sumatriptan succinate 4 mg/0.5ml soln a-inj</td>
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<td>QL 2 / 28 day(s)</td>
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<tr>
<td>sumatriptan succinate 50 mg tab</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate 6 mg/0.5ml soln a-inj</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR</td>
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<tr>
<td>sumatriptan succinate</td>
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<tr>
<td>sumatriptan succinate 6 mg/0.5ml solution</td>
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<td>QL 5 / 28 day(s)</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>zolmitriptan 2.5 mg tab</td>
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<td>zolmitriptan 2.5 mg tab disp</td>
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<td>QL 9 / 30 DAYS</td>
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<tr>
<td>zolmitriptan 5 mg tab</td>
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<td>QL 9 / 30 DAYS</td>
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<td>zolmitriptan 5 mg tab disp</td>
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<td>QL 9 / 30 DAYS</td>
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<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</strong></td>
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<tr>
<td>REYVOW 100 MG TAB lasmiditan succinate</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
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<tr>
<td>REYVOW 50 MG TAB lasmiditan succinate</td>
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<td>QL 4 / 30 day(s)</td>
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<td><strong>MINERALS &amp; ELECTROLYTES</strong></td>
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<tr>
<td><strong>FLUORIDE</strong></td>
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<tr>
<td>fluoritab 0.55 (0.25 f) mg chew tab</td>
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<tr>
<td>fluoritab 1.1 (0.5 f) mg chew tab</td>
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<td>PRE Preventative</td>
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<td>fluoritab 2.2 (1 f) mg chew tab</td>
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<tr>
<td>FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION sodium fluoride</td>
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<tr>
<td>ludent 0.55 (0.25 f) mg chew tab</td>
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<td>ludent 1.1 (0.5 f) mg chew tab</td>
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<tr>
<td>nafrinse 2.2 (1 f) mg chew tab</td>
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<td>sodium fluoride 0.55 (0.25 f) mg chew tab</td>
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<td>sodium fluoride 1.1 (0.5 f) mg chew tab</td>
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<td><strong>PHOSPHATE</strong></td>
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<td>K-PHOS 500 MG TAB potassium phosphate monobasic</td>
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<td>phosphorous 155-852-130 mg tab</td>
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<td>virt-phos 250 neutral 155-852-130 mg tab</td>
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<td>k-prime 25 meq effer tab</td>
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**INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**

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**IRRIGATION SOLUTIONS**

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<tr>
<td>VINATE ONE 60-1 MG TAB</td>
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<tr>
<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<tr>
<td>VITATHELY WITH GINGER 27-1 MG TAB</td>
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<tr>
<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>WESTAB PLUS 27-1 MG TAB</td>
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<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<tr>
<td><strong>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</strong></td>
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<tr>
<td>COMPLETE NATAL DHA 29-1-200 &amp; 250 MG MISC</td>
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<tr>
<td>prenatal mv &amp; min w/ bisglyc-fe prot succ-fa-ca-omega</td>
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<tr>
<td>TRIVEEN-DUO DHA 29-1-200 &amp; 400 MG MISC</td>
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<tr>
<td>prenatal mv &amp; min w/ bisglyc-fe prot succ-fa-ca-omega</td>
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<td><strong>PRENATAL MV &amp; MIN W/FE-FA-DHA</strong></td>
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<tr>
<td>FOLCAL DHA 27-1.25-300 MG CAP</td>
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<tr>
<td>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</td>
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<tr>
<td>PNV-DHA+DOCUSATE 27-1.25-300 MG CAP</td>
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<tr>
<td>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</td>
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<tr>
<td>VITAFOL-OB+DHA 65-1 &amp; 250 MG MISC</td>
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<tr>
<td>prenatal mv &amp; min w/fe fumarate-fa-dha</td>
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<tr>
<td>VITAMEDMD ONE RX/QUATREFOFIC 30-0.6-0.4-200 MG CAP</td>
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<tr>
<td>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</td>
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<td><strong>PRENATAL VITAMINS</strong></td>
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<tr>
<td>VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB</td>
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<td>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</td>
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<td><strong>MUSCULOSKELETAL THERAPY AGENTS</strong></td>
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<td>CENTRAL MUSCLE RELAXANTS</td>
<td></td>
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<tr>
<td>baclofen 10 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>baclofen 20 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>baclofen 5 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>chlorzoxazone 500 mg tab</td>
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<tr>
<td>chlorzoxazone 750 mg tab</td>
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<tr>
<td>cyclobenzaprine hcl 10 mg tab</td>
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<tr>
<td>cyclobenzaprine hcl 5 mg tab</td>
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</tr>
<tr>
<td>cyclobenzaprine hcl 7.5 mg tab</td>
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<tr>
<td>lorzone 750 mg tab</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>metaxalone 800 mg tab</td>
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<td>methocarbamol 500 mg tab</td>
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<tr>
<td>methocarbamol 750 mg tab</td>
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<tr>
<td>orphenadrine citrate er 100 mg tab er 12h</td>
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<tr>
<td>tizanidine hcl 2 mg cap</td>
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<tr>
<td>tizanidine hcl 2 mg tab</td>
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<tr>
<td>tizanidine hcl 4 mg cap</td>
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<td>tizanidine hcl 4 mg tab</td>
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<td>tizanidine hcl 6 mg cap</td>
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**DIRECT MUSCLE RELAXANTS**

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<thead>
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>dantrolene sodium 100 mg cap</td>
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<tr>
<td>dantrolene sodium 25 mg cap</td>
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<tr>
<td>dantrolene sodium 50 mg cap</td>
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**NASAL AGENTS - SYSTEMIC AND TOPICAL**

**ANTIHISTAMINE-STEROID**

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine-fluticasone 137-50 mcg/act suspension</td>
<td>2</td>
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**NASAL ANTIBIOTICS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>BACTROBAN NASAL 2 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mupirocin calcium</td>
<td>3</td>
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**NASAL ANTIChOLINERGICS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ipratropium bromide 0.03 % solution</td>
<td>1</td>
<td>QL 30 / 28 DAYS</td>
</tr>
<tr>
<td>ipratropium bromide 0.06 % solution</td>
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<td>QL 15 / 14 DAYS</td>
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**NASAL ANTIHISTAMINES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine hcl 0.1 % solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>azelastine hcl 0.15 % solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>azelastine hcl 137 mcg/spray solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>olopatadine hcl 0.6 % solution</td>
<td>1</td>
<td>QL 30.5 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>NASAL STEROIDS</td>
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<tr>
<td>Flunisolide 25 mcg/act (0.025%) solution</td>
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<td>QL 25 / 25 DAYS</td>
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<tr>
<td>Fluticasone propionate 50 mcg/act suspension</td>
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<td>QL 16 / 30 DAYS</td>
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<tr>
<td>Mometasone furoate 50 mcg/act suspension</td>
<td>1</td>
<td>QL 34 / 30 DAYS</td>
</tr>
<tr>
<td>XHANCE 93 mcg/act exhu</td>
<td>2</td>
<td>PA</td>
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<tr>
<td>Neuromuscular Agents</td>
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<tr>
<td>Benzathiazoles</td>
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<tr>
<td>Riluzole 50 mg tab</td>
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<tr>
<td>Spinal Muscular Atrophy-SMN2 Splicing Modifiers</td>
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<tr>
<td>Evrysdi 0.75 mg/ml recon soln</td>
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<td>PA S</td>
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<td>Nutrients</td>
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<td>Lipids</td>
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<tr>
<td>Dojolvi 100% liquid</td>
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<td>PA S</td>
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<td>Ophthalmic Agents</td>
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<tr>
<td>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb</td>
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<tr>
<td>Simbrinza 1-0.2% suspension</td>
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<tr>
<td>Artificial Tear Inserts</td>
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<tr>
<td>Lacrisert 5 mg insert</td>
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<td>PA</td>
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<td>Beta-Blockers - Ophthalmic</td>
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<tr>
<td>Betaxolol hcl 0.5% solution</td>
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<tr>
<td>Betimol 0.25% solution</td>
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<tr>
<td>Betimol 0.5% solution</td>
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<tr>
<td>Betoptic-s 0.25% suspension</td>
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<tr>
<td>Carteolol hcl 1% solution</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>carteolol hcl 1 % solution</td>
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<tr>
<td>LEVOBUNOLOL HCL 0.5 % SOLUTION</td>
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<tr>
<td>levobunolol hcl</td>
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<tr>
<td>levobunolol hcl 0.5 % solution</td>
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<tr>
<td>METIPRANOLOL 0.3 % SOLUTION</td>
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<tr>
<td>metipranolol</td>
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<tr>
<td>timolol maleate 0.25 % gel f soln</td>
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<tr>
<td>timolol maleate 0.25 % solution</td>
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<tr>
<td>timolol maleate 0.5 % gel f soln</td>
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<td>timolol maleate 0.5 % solution</td>
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<tr>
<td>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</td>
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<tr>
<td>COMBIGAN 0.2-0.5 % SOLUTION</td>
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<td>brimonidine tartrate-timolol maleate</td>
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<td>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</td>
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<tr>
<td>dorzolamide hcl-timolol mal pf 2-0.5 % solution</td>
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<td>CYCLOPLEGIC MYDRIATICS</td>
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<tr>
<td>cyclopentolate hcl 0.5 % solution</td>
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<td>cyclopentolate hcl 1 % solution</td>
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<td>cyclopentolate hcl 2 % solution</td>
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<td>homatropine hbr 5 % solution</td>
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<td>tropicamide 0.5 % solution</td>
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<td>tropicamide 1 % solution</td>
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<td>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</td>
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<td>XIIDRA 5 % SOLUTION</td>
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<td>MIOTICS - CHOLINESTERASE INHIBITORS</td>
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<td>PHOSPHOLINE IODIDE 0.125 % RECON SOLN</td>
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<td>echothiophate iodide</td>
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<td>MIOTICS - DIRECT ACTING</td>
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<tr>
<td>pilocarpine hcl 1 % solution</td>
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<td>pilocarpine hcl 2 % solution</td>
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<td>pilocarpine hcl 4 % solution</td>
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<td><strong>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</strong></td>
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<td>ak-poly-bac 500-10000 unit/gm ointment</td>
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<tr>
<td>bacitracin-polymyxin b 500-10000 unit/gm ointment</td>
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<tr>
<td>neo-polycin 3.5-400-10000 ointment</td>
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<td>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</td>
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<td>neomycin-bacitracin zn-polymyx 5-400-10000 ointment</td>
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<td>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
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<td>neomycin-polymyxin-gramicidin</td>
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<td>polycin 500-10000 unit/gm ointment</td>
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<td>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</td>
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<td><strong>OPHTHALMIC ANTIALLERGIC</strong></td>
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<td>ALOCRL 2 % SOLUTION</td>
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<tr>
<td>nedocromil sodium (ophth)</td>
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<td>ALOMIDE 0.1 % SOLUTION</td>
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<td>lodoxamide tromethamine</td>
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<td>BEPREVE 1.5 % SOLUTION</td>
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<td>QL 10 / 30 DAYS</td>
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<td>bepotastine besilate</td>
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<td>cromolyn sodium 4 % solution</td>
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<td>EMADINE 0.05 % SOLUTION</td>
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<td>emedastine difumarate</td>
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<td>LASTACAFT 0.25 % SOLUTION</td>
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<tr>
<td>alcaftadine</td>
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<td>olopatadine hcl 0.1 % solution</td>
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<td>olopatadine hcl 0.2 % solution</td>
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<td>AZASITE 1 % SOLUTION</td>
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<td>azithromycin (ophth)</td>
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<tr>
<td>BACITRACIN 500 UNIT/GM OINTMENT</td>
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<tr>
<td>bacitracin (ophthalmic)</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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<tr>
<td>BESIVANCE 0.6 % SUSPENSION</td>
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<tr>
<td>besifloxacin hcl</td>
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<td>ciprofloxacin hcl 0.3 % solution</td>
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<tr>
<td>erythromycin 5 mg/gm ointment</td>
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<td>gatifloxacin 0.5 % solution</td>
<td>1</td>
<td>QL 2.5 / 30 DAYS</td>
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<tr>
<td>gentamicin sulfate 0.3 % solution</td>
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<tr>
<td>levofloxacin 0.5 % solution</td>
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<tr>
<td>MOXEZA 0.5 % SOLUTION</td>
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<td>QL 3 / 30 DAYS</td>
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<tr>
<td>moxifloxacin hcl (ophth)</td>
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<td>moxifloxacin hcl (2x day) 0.5 % solution</td>
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<tr>
<td>ofloxacin 0.3 % solution</td>
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<td>tobramycin 0.3 % solution</td>
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<tr>
<td>OPHTHALMIC ANTIFUNGAL</td>
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**PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

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**PENICILLINS**

**AMINOPENICILLINS**

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<td>amoxicillin 250 mg/5ml recon susp</td>
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<td>amoxicillin 400 mg/5ml recon susp</td>
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<td>amoxicillin 500 mg cap</td>
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### PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>amoxicillin 500 mg tab</td>
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<td>amoxicillin 875 mg tab</td>
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<td>PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN</td>
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<td>penicillin v potassium</td>
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<td>AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB</td>
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<td>amoxicillin &amp; pot clavulanate</td>
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<tr>
<td>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</td>
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<td>amoxicillin-pot clavulanate 250-125 mg tab</td>
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<td>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</td>
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<td>AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB</td>
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<td>amoxicillin &amp; pot clavulanate</td>
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<td><strong>PENICILLINASE-RESISTANT PENICILLINS</strong></td>
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<td>PROGESTINS</td>
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<tr>
<td>hydroxyprogesterone caproate 250 mg/ml oil</td>
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<td>medroxyprogesterone acetate 2.5 mg tab</td>
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<tr>
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<td>norethindrone acetate 5 mg tab</td>
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<td>progesterone 100 mg cap</td>
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<td>progesterone 200 mg cap</td>
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<td>ALCOHOL DETERRENTS</td>
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<td>disulfiram 250 mg tab</td>
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<td>disulfiram 500 mg tab</td>
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<td>CHOLINOMIMETICS - ACHE INHIBITORS</td>
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<tr>
<td>donepezil hcl 10 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>donepezil hcl 10 mg tab disp</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>donepezil hcl 23 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
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<td>donepezil hcl 5 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<td>donepezil hcl 5 mg tab disp</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
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<td>galantamine hydrobromide 12 mg tab</td>
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<tr>
<td>galantamine hydrobromide 4 mg tab</td>
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<td>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>galantamine hydrobromide 8 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>galantamine hydrobromide er 16 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<td>rivastigmine 13.3 mg/24hr patch 24hr</td>
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<td>QL 30 / 30 DAYS</td>
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<td>rivastigmine 4.6 mg/24hr patch 24hr</td>
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<td>rivastigmine 9.5 mg/24hr patch 24hr</td>
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<td>rivastigmine tartrate 1.5 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>rivastigmine tartrate 3 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>rivastigmine tartrate 4.5 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>rivastigmine tartrate 6 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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**FIBROMYALGIA AGENT - SNRIs**

<table>
<thead>
<tr>
<th>SAVELLA 100 MG TAB milnacipran hcl</th>
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<th>QL 60 / 30 DAYS</th>
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<tr>
<td>SAVELLA 12.5 MG TAB milnacipran hcl</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>SAVELLA 25 MG TAB milnacipran hcl</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 50 MG TAB milnacipran hcl</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG MISC milnacipran hcl</td>
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**MOVEMENT DISORDER DRUG THERAPY**

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<tr>
<th>tetrabenazine 12.5 mg tab</th>
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<tbody>
<tr>
<td>tetrabenazine 25 mg tab</td>
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**MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**

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<thead>
<tr>
<th>AUBAGIO 14 MG TAB teriflunomide</th>
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<th>PA S</th>
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<tbody>
<tr>
<td>AUBAGIO 7 MG TAB teriflunomide</td>
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<td>PA S</td>
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</tbody>
</table>
# PRODUCT DESCRIPTION

## TIER LIMITS & RESTRICTIONS

### MULTIPLE SCLEROSIS AGENTS

- **Glatiramer acetate 20 mg/ml soln prsyr**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **Glatiramer acetate 40 mg/ml soln prsyr**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

### MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES

- **MAVENCLAD (10 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (4 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (5 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (6 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (7 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (8 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **MAVENCLAD (9 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

### MULTIPLE SCLEROSIS AGENTS - INTERFERONS

- **AVONEX 30 MCG KIT interferon beta-1a**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT interferon beta-1a**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT interferon beta-1a**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S

- **BETASERON 0.3 MG KIT interferon beta-1b**
  - TIER: 4
  - LIMITS & RESTRICTIONS: PA S
### PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>EXTAVIA 0.3 MG KIT</td>
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<tr>
<td>peginterferon beta-1b</td>
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<tr>
<td>PLEGRIDY 125 MCG/0.5ML SOLN PEN</td>
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<td>PA</td>
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<tr>
<td>peginterferon beta-1a</td>
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<tr>
<td>PLEGRIDY 125 MCG/0.5ML SOLN PRSYR</td>
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<td>PA</td>
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<tr>
<td>peginterferon beta-1a</td>
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<td>PLEGRIDY STARTER PACK 63 &amp; 94 MCG/0.5ML SOLN PEN</td>
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<td>PA</td>
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<td>PLEGRIDY STARTER PACK 63 &amp; 94 MCG/0.5ML SOLN PRSYR</td>
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<td>PA</td>
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<td>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ</td>
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<td>PA</td>
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<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG</td>
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<td>PA</td>
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<tr>
<td>SOLN A-INJ</td>
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<tr>
<td>REBIF TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN PRSYR</td>
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<td>PA</td>
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<tr>
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### MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES

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<tr>
<td>KESIMPTA 20 MG/0.4ML SOLN A-INJ</td>
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<td>ofatumumab (ms)</td>
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### MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS

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<td>dimethyl fumarate 120 mg cap dr</td>
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<td>PA</td>
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<td>dimethyl fumarate 240 mg cap dr</td>
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<td>PA</td>
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<tr>
<td>dimethyl fumarate starter pack 120 &amp; 240 mg misc</td>
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<td>PA</td>
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<tr>
<td>VUMERITY (STARTER) 231 MG CAP DR</td>
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<td>PA</td>
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<tr>
<td>VUMERITY 231 MG CAP DR</td>
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<td>PA</td>
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<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</strong></td>
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<tr>
<td>dalfampridine er 10 mg tab er 12h</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td><strong>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</strong></td>
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<td>memantine hcl 10 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>memantine hcl 10 mg/5ml solution</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
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<td>memantine hcl 2 mg/ml solution</td>
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</tr>
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<td>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</td>
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<td>QL 49 / 30 day(s)</td>
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<td>memantine hcl er 14 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>memantine hcl er 21 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>memantine hcl er 28 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>memantine hcl er 7 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>pregabalin er 165 mg tab er 24h</td>
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<td>pregabalin er 330 mg tab er 24h</td>
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<td>pregabalin er 82.5 mg tab er 24h</td>
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<td><strong>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</strong></td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG CAP</td>
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<td>fluoxetine hcl (pmdd)</td>
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<td>Value Preventive List</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>FLUOXETINE HCL (PMDD) 10 MG TAB</td>
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<td>FLUOXETINE HCL (PMDD) 20 MG CAP</td>
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<td>FLUOXETINE HCL (PMDD) 20 MG TAB</td>
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<td>ERGOLOID MESYLATES 1 MG TAB</td>
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<td>PIMOZIDE 1 MG TAB</td>
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<tr>
<td>PIMOZIDE 2 MG TAB</td>
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<td>QL 60 / 30 DAYS, PRE Preventative</td>
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<tr>
<td><strong>SMOKING DETERRENTS</strong></td>
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liotrix (t3-t4) | 3    |                        |
| THYROLAR-3 180 (37.5-150) MG (MCG) TAB  
liotrix (t3-t4) | 3    |                        |
| unithroid 100 mcg tab | 1    |                        |
| unithroid 112 mcg tab | 1    |                        |
| unithroid 125 mcg tab | 1    |                        |
| unithroid 137 mcg tab | 1    |                        |
| unithroid 150 mcg tab | 1    |                        |
| unithroid 175 mcg tab | 1    |                        |
| unithroid 200 mcg tab | 1    |                        |
| unithroid 25 mcg tab | 1    |                        |
| unithroid 300 mcg tab | 1    |                        |
| unithroid 50 mcg tab | 1    |                        |
| unithroid 75 mcg tab | 1    |                        |
| unithroid 88 mcg tab | 1    |                        |
| WESTHROID 130 MG TAB  
thyroid | 3    |                        |
| WESTHROID 195 MG TAB  
thyroid | 3    |                        |
| WESTHROID 32.5 MG TAB  
thyroid | 3    |                        |
| WESTHROID 65 MG TAB  
thyroid | 3    |                        |
| WESTHROID 97.5 MG TAB  
thyroid | 3    |                        |
| WP THYROID 113.75 MG TAB  
thyroid | 3    |                        |
| WP THYROID 130 MG TAB  
thyroid | 3    |                        |
| WP THYROID 16.25 MG TAB  
thyroid | 3    |                        |
| WP THYROID 32.5 MG TAB  
thyroid | 3    |                        |
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### ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTICHOLINERGIC COMBINATIONS

#### BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS

Belladonna alkaloids & opium

#### ANTISPASMODICS

- **dicyclomine hcl 10 mg cap**
- **dicyclomine hcl 10 mg/5ml solution**
- **dicyclomine hcl 20 mg tab**

#### BELLADONNA ALKALOIDS

- **hyoscyamine sulfate 0.125 mg sl tab**
- **hyoscyamine sulfate 0.125 mg tab**
- **hyoscyamine sulfate er 0.375 mg tab er 12h**
- **hyoscyamine sulfate sl 0.125 mg sl tab**
- **oscimin 0.125 mg sl tab**
- **oscimin sr 0.375 mg tab er 12h**

#### SYMAX DUOTAB 0.375 MG TAB ER

Hyoscyamine sulfate

- **symax-sl 0.125 mg sl tab**
- **symax-sr 0.375 mg tab er 12h**

#### H-2 ANTAGONISTS

- **CIMETIDINE HCL 300 MG/5ML SOLUTION**
  - cimetidine hcl
  - cimetidine hcl 300 mg/5ml solution
  - cimetidine hcl 400 mg/6.67ml solution
- **famotidine 20 mg tab**
- **famotidine 40 mg tab**
- **famotidine 40 mg/5ml recon susp**
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<tr>
<td>dexlansoprazole</td>
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<td>PA</td>
</tr>
<tr>
<td>esomeprazole magnesium 10 mg packet</td>
<td>2</td>
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</tr>
<tr>
<td>esomeprazole magnesium 20 mg cap dr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esomeprazole magnesium 20 mg packet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>esomeprazole magnesium 40 mg cap dr</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>esomeprazole magnesium 40 mg packet</td>
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<tr>
<td>FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION</td>
<td>1</td>
<td>QL 10 / 1 day(s)</td>
</tr>
<tr>
<td>lansoprazole</td>
<td></td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION</td>
<td>1</td>
<td>QL 10 / 1 day(s)</td>
</tr>
<tr>
<td>omeprazole</td>
<td></td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>lansoprazole 15 mg cap dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>lansoprazole 30 mg cap dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole 10 mg cap dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole 20 mg cap dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole 40 mg cap dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>pantoprazole sodium 20 mg tab dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>pantoprazole sodium 40 mg tab dr</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rabeprazole sodium 20 mg tab dr</td>
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<td>QL 60 / 30 DAYS</td>
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**QUATERNARY ANTICHOLINERGICS**

<table>
<thead>
<tr>
<th>CUVPOSA 1 MG/5ML SOLUTION</th>
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<tbody>
<tr>
<td>glycopyrrolate</td>
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</tr>
<tr>
<td>glycopyrrolate 1 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate 2 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methscopolamine bromide 2.5 mg tab</td>
<td>1</td>
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</tr>
<tr>
<td>methscopolamine bromide 5 mg tab</td>
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<td></td>
</tr>
</tbody>
</table>

**ULCER DRUGS - PROSTAGLANDINS**

| misoprostol 100 mcg tab | 1 | |
| misoprostol 200 mcg tab | 1 | |

**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**

<p>| darifenacin hydrobromide er 15 mg tab er 24h | 1 | QL 30 / 30 DAYS |
| darifenacin hydrobromide er 7.5 mg tab er 24h | 1 | |
| GELNIQUE 10 % GEL | 3 | QL 30 / 30 DAYS |
| oxybutynin chloride | 3 | QL 30 / 30 DAYS |
| GELNIQUE PUMP 10 % GEL | 3 | QL 30 / 30 DAYS |
| oxybutynin chloride | 1 | QL 120 / 30 DAYS |
| oxybutynin chloride 5 mg tab | 1 | QL 600 / 30 DAYS |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxybutynin chloride er 10 mg tab er 24h</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride er 15 mg tab er 24h</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride er 5 mg tab er 24h</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>solifenacin succinate 10 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>solifenacin succinate 5 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate 1 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate 2 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate er 2 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate er 4 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>TOVIAZ 4 MG TAB ER 24H fesoterodine fumarate</td>
<td>3</td>
<td>QL 30 / 30 DAYS ST</td>
</tr>
<tr>
<td>TOVIAZ 8 MG TAB ER 24H fesoterodine fumarate</td>
<td>3</td>
<td>QL 30 / 30 DAYS ST</td>
</tr>
<tr>
<td>trospium chloride 20 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>trospium chloride er 60 mg cap er 24h</td>
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</tr>
<tr>
<td>VESICARE LS 5 MG/5ML SUSPENSION solifenacin succinate</td>
<td>3</td>
<td>AL1 Up to 8 yrs old</td>
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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>MYRBETRIQ 25 MG TAB ER 24H mirabegron</td>
<td>3</td>
<td>QL 30 / 30 DAYS ST</td>
</tr>
<tr>
<td>MYRBETRIQ 50 MG TAB ER 24H mirabegron</td>
<td>3</td>
<td>QL 30 / 30 DAYS ST</td>
</tr>
</tbody>
</table>

**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<p>| PRODUCT DESCRIPTION | TIER | |
|---------------------|------| |
| bethanechol chloride 10 mg tab | 1 | |
| bethanechol chloride 25 mg tab | 1 | |
| bethanechol chloride 5 mg tab | 1 | |
| bethanechol chloride 50 mg tab | 1 | |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</strong></td>
<td></td>
<td></td>
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<tr>
<td>flavoxate hcl 100 mg tab</td>
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<tr>
<td><strong>VACCINES</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>BACTERIAL VACCINES</strong></td>
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</tr>
<tr>
<td>ACTHIB RECON SOLN</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>haemophilus b polysac conj vac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEXSERO SUSP PRSYR</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>meningococcal vac group b (recombant omv adjuvanted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIBERIX 10 MCG RECON SOLN</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>haemophilus b polysac conj vac</td>
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<td></td>
</tr>
<tr>
<td>MENACTRA INJECTABLE</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENQUADFI INJECTABLE</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</td>
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<tr>
<td>MENVEO RECON SOLN</td>
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<td>PRE Preventative</td>
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<tr>
<td>PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION</td>
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<td>PRE Preventative</td>
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<tr>
<td>haemophilus b polysac conj vac</td>
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<tr>
<td>PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE</td>
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<td>PRE Preventative</td>
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<tr>
<td>pneumococcal vac polyvalent</td>
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<tr>
<td>PREVNAR 13 SUSPENSION</td>
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<td>TRUMENBA SUSP PRSYR</td>
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<tr>
<td>meningococcal group b vaccine (recombinant)</td>
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<td>VIVOTIF CAP DR</td>
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<td>typhoid vaccine</td>
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<tr>
<td><strong>VIRAL VACCINE COMBINATIONS</strong></td>
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<tr>
<td>M-M-R II RECON SOLN</td>
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<td>AL1 Up to 59 yrs old</td>
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<tr>
<td>measles, mumps &amp; rubella virus vaccines</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>PROQUAD RECON SUSP</td>
<td>5</td>
<td>AL1 Up to 59 yrs old</td>
</tr>
<tr>
<td>measles-mumps-rubella-varicella virus vaccines</td>
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<td>PRE Preventative</td>
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<tr>
<td>TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR</td>
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<tr>
<td>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<td>TWINRIX 720-20 ELU-MCG/ML SUSPENSION</td>
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<td>VIRAL VACCINES</td>
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<tr>
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<td>AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
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<td>influenza virus vaccine split preservative free</td>
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<td>Preventative</td>
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<td>AFLURIA QUADRIVALENT SUSPENSION</td>
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<td>QL 0.5 / 0 DAYS</td>
</tr>
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<td>Preventative</td>
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<tr>
<td>AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine split quadrivalent</td>
<td>PRE</td>
<td>Preventative</td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine split quadrivalent</td>
<td>PRE</td>
<td>Preventative</td>
</tr>
<tr>
<td>ENGERIX-B 10 MCG/0.5ML INJECTABLE</td>
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</tr>
<tr>
<td>hepatitis b vaccine (recomb)</td>
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<tr>
<td>ENGERIX-B 10 MCG/0.5ML SUSPENSION</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>hepatitis b vaccine (recomb)</td>
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<tr>
<td>ENGERIX-B 20 MCG/ML INJECTABLE</td>
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<tr>
<td>hepatitis b vaccine (recomb)</td>
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<tr>
<td>hepatitis b vaccine (recomb)</td>
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<tr>
<td>EZ FLU SHOT-FLUCELVAX QUAD 0.5 ML PREF SY KT</td>
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</tr>
<tr>
<td>influenza virus vaccine tissue-cultured subunit</td>
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</tr>
<tr>
<td>quadrivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUAD 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine types a &amp; b surface antigen adjuvant</td>
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<td>Preventative</td>
</tr>
<tr>
<td>FLUAD QUADRIVALENT 0.5 ML PRSYR</td>
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<td>MFL 1 / 365 day(s)</td>
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<tr>
<td>influenza virus vacc types a &amp; b surf antigen adjuvant quad</td>
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<td>Preventative</td>
</tr>
<tr>
<td>FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine split quadrivalent</td>
<td>PRE</td>
<td>Preventative</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>FLUBLOK SOLUTION</td>
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<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine recombinant hemagglutinin (ha)</em></td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vac recombin hemagglutinin (ha)</em></td>
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</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT SUSPENSION</td>
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<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine tissue-cultured subunit</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine tissue-cultured subunit</em></td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>FLULAVAL QUADRIVALENT SUSPENSION</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split quadrivalent</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split quadrivalent</em></td>
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<td>PRE Preventative</td>
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<tr>
<td>FLUMIST QUADRIVALENT SUSPENSION</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine live quadrivalent</em></td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUVIRIN SUSPENSION</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine types a &amp; b surface antigen</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUVIRIN 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine types a &amp; b surface antigen</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split high-dose preservative free</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR</td>
<td>5</td>
<td>PRE Preventative</td>
</tr>
<tr>
<td><em>influenza virus vac split high-dose quad preservative free</em></td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT SUSPENSION</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split quadrivalent</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split quadrivalent</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td><em>influenza virus vaccine split quadrivalent</em></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT 0.5 ML SUSPENSION</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine split quadrivalent</td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT 9 MCG/STRAIN SUSP PEN</td>
<td>5</td>
<td>QL 0.5 / 0 DAYS</td>
</tr>
<tr>
<td>influenza virus vaccine split quadrivalent</td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>GARDASIL SUSPENSION</td>
<td>5</td>
<td>AL1 9 to 45 yrs old</td>
</tr>
<tr>
<td>human papillomavirus (hpv) quadrivalent recombinant vaccine</td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>GARDASIL 9 SUSP PRSYR</td>
<td>5</td>
<td>AL1 9 to 45 yrs old</td>
</tr>
<tr>
<td>human papillomavirus (hpv) 9-valent recombinant vaccine</td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>GARDASIL 9 SUSPENSION</td>
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<td>AL1 9 to 45 yrs old</td>
</tr>
<tr>
<td>human papillomavirus (hpv) 9-valent recombinant vaccine</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>HAVRIX 1440 EL U/ML SUSPENSION</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>hepatitis a vaccine</td>
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| VAGINAL AND RELATED PRODUCTS                                           |      |                               |
| IMIDAZOLE-RELATED ANTIFUNGALS                                         |      |                               |
| terconazole 0.4 % cream                                               | 1    | QL 450 / 30 DAYS               |
| terconazole 0.8 % cream                                               | 1    | QL 450 / 30 DAYS               |
| terconazole 80 mg suppos                                              | 1    | QL 3 / 3 DAYS                  |

| VAGINAL ANTI-INFECTIVES                                               |      |                               |
| clindamycin phosphate 2 % cream                                      | 1    |                               |
| metronidazole 0.75 % gel                                              | 1    |                               |
| vandazole 0.75 % gel                                                  | 1    |                               |

<p>| VAGINAL ESTROGENS                                                      |      |                               |
| estradiol 0.1 mg/gm cream                                             | 2    |                               |
| estradiol 10 mcg tab                                                  | 1    |                               |
| ESTRING 2 MG RING                                                     | 2    | QL 1 / 90 DAYS                 |
| estradiol vaginal                                                     |      |                               |
| FEMRING 0.05 MG/24HR RING                                             | 3    | QL 1 / 84 DAYS                 |
| estradiol acetate vaginal                                            |      |                               |</p>
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APALUTAMIDE

APIXABAN

Aplenzin

APO-Varenicline

APOMORPHINE HYDROCHLORIDE

APRACLONIDINE HCL

APREMILAST

APREPISTANT

Aptivus

Aralast NP

Aranesp (Albumin Free)

Arcapta Neohaler

ARIPIPRAZOLE

ARMODAFINIL

Armour Thyroid

Arnuity Ellipta

ARTEMETHER-LUMEFANTRINE

ARTIFICIAL TEAR INSERT

ASENAPINE MALEATE

Asmanex (120 Metered Doses)

Asmanex (14 Metered Doses)

Asmanex (30 Metered Doses)

Asmanex (60 Metered Doses)

Asmanex (7 Metered Doses)

Asmanex HFA

ASPIRIN-DIPYRIDAMOLE

Assure ID Insulin Safety Syr

Astagraf XL

AstraZeneca COVID-19 Vaccine

ATAZANAVIR SULFATE

ATAZANAVIR SULFATE-COBICISTAT

ATENOLOL

ATENOLOL & CHLORTHALIDONE

ATOMOXETINE HCL

ATORVASTATIN CALCIUM

ATOVAQUONE

ATOVAQUONE-PROGUANIL HCL

Atrovent HFA

Aubagio

AURANOFIN

AVAPRITINIB

Avonex

Avonex Pen

Avonex Prefilled

AXITINIB

Azykit

AzaSite

AZATHIOPRINE

AZELAIC ACID

AZELAIC ACID (ACNE)

AZELASTINE HCL

AZELASTINE HCL (OPHT)

AZELASTINE HCL-FLUTICASONE PROPIONATE

Azelex

AZILSARTAN MEDOXOMIL

AZITHROMYCIN

Azithromycin

AZITHROMYCIN (OPHT)

AZTREONAM LYSINE

Bacitracin

BACITRACIN (OPHTHALMIC)

BACITRACIN-POLIMYMIXIN B (OPHT)

BACITRACIN-POLYMIXIN-NEOMYCIN HC

BACLOFEN

Bactroban Nasal

Bafiertam

Balcoltra

BALOXAVIR MARBOXIL

BALSALAZIDE DISODIUM

Balversa

Baqsimi One Pack

Baqsimi Two Pack

Baraclude

BARICITINIB

Basaglar KwikPen

BD Insulin Syringe U-500

BD Klatskin Biopsy Needle

BD Osgood Biopsy Needle

BD Pen Needle Nano U/F
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