2022
Individual & Family Plans
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, drug categories are reviewed, and as we strive to provide the most effective and valuable 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)

Please note that prescription drugs covered under the Preventive Drug List* have no cost to members. Prescription drugs covered under the Special Maintenance Drug list ** have Plan Deductible waived and apply to only members on the Bronze HSA Plans. Both benefits 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 the most effective and valuable 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 Limits & Restrictions. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

<table>
<thead>
<tr>
<th>Preventive Drug Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk</td>
</tr>
<tr>
<td>Birth control as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”</td>
</tr>
<tr>
<td>PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV</td>
</tr>
<tr>
<td>Immunizations — doses, recommended ages, and recommended populations vary</td>
</tr>
<tr>
<td>Folic acid supplements for women who may become pregnant</td>
</tr>
<tr>
<td>Bowel prep for colorectal cancer screening</td>
</tr>
<tr>
<td>Smoking cessation medications</td>
</tr>
<tr>
<td>Statin preventive medication for adults 40 to 75 at high risk</td>
</tr>
<tr>
<td>Breast cancer risk reduction medications</td>
</tr>
<tr>
<td>Fluoride supplements for children without fluoride in their water source</td>
</tr>
</tbody>
</table>

**SPECIAL MAINTENANCE DRUG BENEFIT FOR MEMBERS ON BRONZE QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HSA) ONLY**
Certain prescription drugs may be covered on this plan under a special maintenance benefit which designates limited prescription drugs in specific categories to be covered before you meet your deductible or out-of-pocket expenses. This means you will pay less for prescription drugs listed under the special maintenance benefit. If you need assistance, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

**INSULIN PRESCRIPTION PRICING CAP INFORMATION FOR UTAH RESIDENTS ONLY**

**RAPID-ACTING INSULIN PRODUCTS**
There is at least one rapid-acting insulin product listed on your formulary at the lowest cost tier (Tier 1), regardless of whether you have met your deductible.

**LONG-ACTING (BASAL) INSULIN PRODUCTS**
There is at least one long-acting (basal) preferred insulin product listed on your formulary with a maximum out of pocket cost set at or below the Utah state cap of $28 for the current year, regardless of whether you have met your deductible.

**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

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.

MAIL ORDER
Mail order is a 90 day supply of a generic or brand name prescription drug (Tier 1, 2, and 3) that 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 or visit the website for more information.

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 charge will still be applied.

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 may 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 your diagnosis and previous therapies that have been tried and failed in the letter. 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.

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.

**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.

**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 and still be considered specialty. In cases where prescription drugs are available only through a limited distribution source from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.

**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.
<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>
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<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>QL</td>
<td>Quantity Limit: 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: 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: 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: This prescription drug may only be covered for a single gender.</td>
</tr>
<tr>
<td>AL1</td>
<td>Age Limit: 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: There is a limit on the number of times this drug can be refilled.</td>
</tr>
<tr>
<td>MDS</td>
<td>Max Days Supply: There is a limit on the amount of this drug that is covered.</td>
</tr>
<tr>
<td>S</td>
<td>Specialty Drug: Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
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<tr>
<td>PREV</td>
<td>Preventative: Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</td>
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<td>AMPHETAMINE MIXTURES</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>amphetamine-dextroamphetamine tab 20 mg</td>
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<td>AMPHETAMINES</td>
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<td>ADZENYS ER 1.25 MG/ML SUSP</td>
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<td>ADZENYS XR-ODT 12.5 MG TAB ER DISP</td>
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<td>ADZENYS XR-ODT 15.7 MG TAB ER DISP</td>
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<td>ADZENYS XR-ODT 18.8 MG TAB ER DISP</td>
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<td>ADZENYS XR-ODT 3.1 MG TAB ER DISP</td>
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<td>ADZENYS XR-ODT 6.3 MG TAB ER DISP</td>
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<td>ADZENYS XR-ODT 9.4 MG TAB ER DISP</td>
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<tr>
<td>AMPHETAMINE ER 1.25 MG/ML SUSP</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>VYVANSE 10 MG CHEW TAB</td>
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<tr>
<td>VYVANSE 50 MG CHEW TAB</td>
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<tr>
<td>VYVANSE 60 MG CHEW TAB</td>
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**DOPAMINE AND NOREPIpinephrine REUPTAKE INHIBITORS (DNRIS)**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>SUNOSI 150 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SUNOSI 75 MG TAB</td>
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**STIMULANTS - MISC.**

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<th>TIER</th>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>Product Description</td>
<td>Tier</td>
<td>Limits &amp; Restrictions</td>
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<td>QL 30 / 30 day(s)</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>methylphenidate hydrochloride solution 10 mg/5ml</td>
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<td>QL 1350 / 30 DAYS</td>
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<td>methylphenidate hydrochloride chew tab 2.5 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<td>methylphenidate hcl soln 5 mg/5ml</td>
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<td>methylphenidate hcl cap er 60 mg (cd)</td>
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<td>methylphenidate hcl cap er 24hr 30 mg (la)</td>
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<tr>
<td>methylphenidate hcl cap er 24hr 40 mg (la)</td>
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<td>methylphenidate hcl tab er osmotic release (osm) 18 mg</td>
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<tr>
<td>methylphenidate hcl tab er osmotic release (osm) 27 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>methylphenidate hcl tab er osmotic release (osm) 54 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>methylphenidate hcl tab er 24hr 27 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
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<td>methylphenidate hcl tab er 24hr 36 mg</td>
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<td>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</td>
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<td>HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ</td>
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<td>HUMIRA 10 MG/0.1ML PREF SY KT</td>
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<td>HUMIRA PEN 80 MG/0.8ML PEN KIT</td>
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<td>PA S</td>
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<td>HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT</td>
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<td>HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT</td>
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<td>HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML &amp; 40MG/0.4ML PEN KIT</td>
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<td>SIMPONI 100 MG/ML SOLN A-INJ</td>
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<td>SIMPONI 100 MG/ML SOLN PRSYR</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</td>
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<td>OLMIIANT 1 MG TAB</td>
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<td>OLMIIANT 2 MG TAB</td>
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<td>RINVOQ 15 MG TAB ER 24H</td>
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<td>RINVOQ 45 MG TAB ER 24H</td>
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<td>XELJANZ 1 MG/ML SOLUTION</td>
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<td>XELJANZ XR 11 MG TAB ER 24H</td>
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<td>XELJANZ XR 22 MG TAB ER 24H</td>
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<td>ANTIRHEUMATIC ANTIMETABOLITES</td>
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<td>OTREXUP 10 MG/0.4ML SOLN A-INJ</td>
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<td>OTREXUP 15 MG/0.4ML SOLN A-INJ</td>
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<td>OTREXUP 17.5 MG/0.4ML SOLN A-INJ</td>
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<td>OTREXUP 20 MG/0.4ML SOLN A-INJ</td>
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<td>OTREXUP 22.5 MG/0.4ML SOLN A-INJ</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>OTREXUP 25 MG/0.4ML SOLN A-INJ</td>
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<td>RASUVO 22.5 MG/0.45ML SOLN A-INJ</td>
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<td>RASUVO 7.5 MG/0.15ML SOLN A-INJ</td>
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<td>REDITREX 10 MG/0.4ML SOLN PRSYR</td>
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<td>REDITREX 12.5 MG/0.5ML SOLN PRSYR</td>
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<td>REDITREX 15 MG/0.6ML SOLN PRSYR</td>
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<td>REDITREX 22.5 MG/0.9ML SOLN PRSYR</td>
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**CYCLOOXYGENASE 2 (COX-2) INHIBITORS**

- celecoxib cap 100 mg
- celecoxib cap 200 mg
- celecoxib cap 400 mg
- celecoxib cap 50 mg

**GOLD COMPOUNDS**

- RIDAURA 3 MG CAP
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<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td><strong>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</strong></td>
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<tr>
<td>KINERET 100 MG/0.67ML SOLN PRSYR</td>
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<td><strong>INTERLEUKIN-6 RECEPTOR INHIBITORS</strong></td>
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<td>ACTEMRA 162 MG/0.9ML SOLN PRSYR</td>
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<td>ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ</td>
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<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</strong></td>
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<td>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</td>
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<td>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</td>
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<td>ketorolac tromethamine tab 10 mg</td>
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<td>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</td>
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<td>QL 20 / 0 DAYS, MFL 1 / 30 day(s), MD 5 / 1 day(s)</td>
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<td>nabumetone tab 750 mg</td>
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<td>naproxen sodium tab 550 mg</td>
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<td>piroxicam cap 20 mg</td>
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**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

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<td>OTEZLA 10 &amp; 20 &amp; 30 MG TAB THPK</td>
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**PYRIMIDINE SYNTHESIS INHIBITORS**

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<td>leflunomide tab 20 mg</td>
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**SELECTIVE COSTIMULATION MODULATORS**

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<tr>
<td>ORENCIA 125 MG/ML SOLN PRSYR</td>
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<tr>
<td>ORENCIA 50 MG/0.4ML SOLN PRSYR</td>
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<tr>
<td>ORENCIA 87.5 MG/0.7ML SOLN PRSYR</td>
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<tr>
<td>ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ</td>
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</tr>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</td>
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<td>ENBREL 25 MG RECON SOLN</td>
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<td>ENBREL 25 MG/0.5ML SOLN PRSYR</td>
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<td>ENBREL 25 MG/0.5ML SOLUTION</td>
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<td>ENBREL MINI 50 MG/ML SOLN CART</td>
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<tr>
<td>butalbital-acetaminophen tab 50-325 mg</td>
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<tr>
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<td>salsalate tab 500 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>ANALGESICS - OPIOID</strong></td>
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<tr>
<td><strong>CODEINE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| acetaminophen w/ codeine soln 120-12 mg/5ml | 1 | QL: 450 / 30 day(s)  
 MFL: 1 / 60 day(s)  
 MD: 7 / 1 day(s) |
| acetaminophen w/ codeine tab 300-15 mg | 1 | QL: 240 / 30 DAYS  
 MFL: 1 / 60 DAYS  
 MD: 7 / 1 DAY |
| acetaminophen w/ codeine tab 300-30 mg | 1 | QL: 240 / 30 DAYS  
 MFL: 1 / 60 DAYS |
| acetaminophen w/ codeine tab 300-60 mg | 1 | QL: 180 / 30 DAYS  
 MFL: 1 / 60 DAYS |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg | 1 | QL: 180 / 30 DAYS |
| butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg | 1 | QL: 180 / 30 DAYS |
| butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg | 1 | QL: 180 / 30 DAYS |
| butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg | 1 | QL: 180 / 30 DAYS |
| **HYDROCODONE COMBINATIONS** |     |                       |
| hydrocodone-acetaminophen tab 10-325 mg | 1 | QL: 120 / 30 DAYS  
 MFL: 1 / 60 DAYS  
 MD: 7 / 1 day(s) |
| hydrocodone-acetaminophen soln 10-325 mg/15ml | 1 | QL: 5400 / 30 DAYS  
 AL1: Up to 8 yrs old |
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml | 1 | QL: 450 / 30 DAYS  
 MFL: 1 / 60 DAYS  
 MD: 7 / 1 DAY |
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml | 1 | QL: 450 / 30 DAYS  
 MFL: 1 / 60 DAYS  
 MD: 7 / 1 DAY |
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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<td>MFL 1 / 60 DAYS</td>
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<tr>
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<tr>
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<td>PA</td>
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<td>MFL 1 / 60 DAYS</td>
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<td>MD 7 / 1 DAY</td>
</tr>
<tr>
<td>FENTANYL CITRATE 200 MCG TAB</td>
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<td>QL 112 / 28 DAYS</td>
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<td>PA</td>
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| morphine sulfate tab er 200 mg | 1 | QL 60 / 30 DAYS  
| morphine sulfate cap er 24hr 30 mg | 2 | QL 60 / 30 DAYS  
| MORPHINE SULFATE ER 30 MG CAP ER 24H | 2 | QL 60 / 30 day(s)  
| morphine sulfate tab er 30 mg | 1 | QL 60 / 30 DAYS  
| MORPHINE SULFATE ER 40 MG CAP ER 24H | 2 | QL 60 / 30 DAYS  
| morphine sulfate cap er 24hr 50 mg | 2 | QL 60 / 30 DAYS  
| MORPHINE SULFATE ER 50 MG CAP ER 24H | 2 | QL 60 / 30 day(s)  
| morphine sulfate cap er 24hr 60 mg | 2 | QL 60 / 30 DAYS  
| MORPHINE SULFATE ER 60 MG CAP ER 24H | 2 | QL 60 / 30 day(s)  
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
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<td>QL 60 / 30 day(s)</td>
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<tr>
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<tr>
<td>OXYCONTIN 20 MG TB12 DETER</td>
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</tr>
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</tr>
<tr>
<td></td>
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<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td>OXYCONTIN 30 MG TB12 DETER</td>
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<tr>
<td></td>
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<td>MFL 1 / 60 DAYS</td>
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<tr>
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<td>OXYCONTIN 80 MG TB12 DETER</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 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>
</tbody>
</table>
| oxymorphone hcl tab 10 mg | 1 | QL 90 / 30 DAYS  
MFL 1 / 60 DAYS  
MD 7 / 1 DAY |
| oxymorphone hcl tab 5 mg | 1 | QL 60 / 30 DAYS  
MFL 1 / 60 DAYS  
MD 7 / 1 DAY |
| OXYMORPHONE HCL ER 10 MG TAB ER 12H | 1 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 15 MG TAB ER 12H | 1 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 20 MG TAB ER 12H | 2 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 30 MG TAB ER 12H | 2 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 40 MG TAB ER 12H | 2 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 5 MG TAB ER 12H | 1 | QL 60 / 30 DAYS  
PA |
| OXYMORPHONE HCL ER 7.5 MG TAB ER 12H | 1 | QL 60 / 30 DAYS  
PA |
| SUBSYS 100 MCG LIQUID | 4 | MFL 1 / 60 DAYS  
MD 7 / 1 DAY |
| SUBSYS 200 MCG LIQUID | 4 | MFL 1 / 60 DAYS  
MD 7 / 1 DAY |
| SUBSYS 400 MCG LIQUID | 4 | MFL 1 / 60 DAYS  
MD 7 / 1 DAY |
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>SUBSYS 600 MCG LIQUID</td>
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<td>PA MFL 1 / 60 DAYS MD 7 / 1 DAY</td>
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<tr>
<td>SUBSYS 800 MCG LIQUID</td>
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<td>PA MFL 1 / 60 DAYS MD 7 / 1 DAY</td>
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<td>TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H</td>
<td>1</td>
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</tr>
<tr>
<td>TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H</td>
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<td>QL 30 / 30 day(s) PA</td>
</tr>
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<td>TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H</td>
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<td>tramacadol hcl tab 50 mg</td>
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</tr>
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<td>tramacadol hcl tab er 24hr biphasic release 100 mg</td>
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<tr>
<td>tramacadol hcl tab er 24hr biphasic release 200 mg</td>
<td>1</td>
<td>QL 30 / 30 day(s) PA</td>
</tr>
<tr>
<td>tramacadol hcl tab er 24hr biphasic release 300 mg</td>
<td>1</td>
<td>QL 30 / 30 day(s) PA</td>
</tr>
<tr>
<td>tramacadol hcl tab er 24hr 100 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS PA</td>
</tr>
<tr>
<td>tramacadol hcl tab er 24hr 200 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS PA</td>
</tr>
<tr>
<td>tramacadol hcl tab er 24hr 300 mg</td>
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<td>QL 30 / 30 DAYS PA</td>
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**OPIOID COMBINATIONS**

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<th>OPIOID COMBINATIONS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS MD 7 / 1 day(s)</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>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 5-325 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td></td>
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<td>MD 7 / 1 day(s)</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
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<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
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<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 5-325 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
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<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 day(s)</td>
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<tr>
<td>OXYCODONE-IBUPROFEN 5-400 MG TAB</td>
<td>2</td>
<td>QL 120 / 30 DAYS</td>
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<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD 7 / 1 DAY</td>
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</table>

**OPIOID PARTIAL AGONISTS**

<table>
<thead>
<tr>
<th>OPIOID PARTIAL AGONISTS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>buprenorphine td patch weekly 10 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 15 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 20 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 5 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 7.5 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl sl tab 2 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 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>buprenorphine hcl sl tab 8 mg (base equiv)</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>butorphanol tartrate nasal soln 10 mg/ml</td>
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<td>QL 2.5 / 30 DAYS</td>
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<tr>
<td>nalbuphine hcl inj 10 mg/ml</td>
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<td>PA 7 / 1 day(s)</td>
</tr>
<tr>
<td>SUBLOCADE 100 MG/0.5ML SOLN PRSYR</td>
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<td>S</td>
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<tr>
<td>SUBLOCADE 300 MG/1.5ML SOLN PRSYR</td>
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<tr>
<td>TRAMADOL COMBINATIONS</td>
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<td>tramadol-acetaminophen tab 37.5-325 mg</td>
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<td>ANDROGENS-ANABOLIC</td>
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<td>ANADROL-50 50 MG TAB</td>
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<td>oxandrolone tab 2.5 mg</td>
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<td>danazol cap 50 mg</td>
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<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>METHITEST 10 MG TAB</td>
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<td>methyltestosterone cap 10 mg</td>
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<tr>
<td>testosterone td gel 20.25 mg/act (1.62%)</td>
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<td>QL 150 / 30 DAYS</td>
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<td>TESTOSTERONE 12.5 MG/ACT (1%) GEL</td>
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<tr>
<td>testosterone td gel 12.5 mg/act (1%)</td>
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</tr>
<tr>
<td>testosterone td gel 20.25 mg/act (1.62%)</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>testosterone td soln 30 mg/act</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
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<tr>
<td>TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION</td>
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<tr>
<td>testosterone cypionate im inj in oil 200 mg/ml</td>
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<tr>
<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
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<tr>
<td>testosterone enantinate im inj in oil 200 mg/ml</td>
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<td>ANORECTAL AND RELATED PRODUCTS</td>
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<td>INTRARECTAL STEROIDS</td>
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<tr>
<td>budesonide rectal foam 2 mg/act</td>
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<td>hydrocortisone enema 100 mg/60ml</td>
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<tr>
<td>hydrocortisone enema 100 mg/60ml</td>
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<td>NITRATE VASODILATING AGENTS</td>
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<tr>
<td>RECTIV 0.4 % OINTMENT</td>
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<td>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</td>
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<td>RECTAL STEROIDS</td>
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<tr>
<td>hydrocortisone acetate suppos 25 mg</td>
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<tr>
<td>hydrocortisone acetate suppos 30 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>----------------------------------------------------------</td>
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<tr>
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<tr>
<td>hydrocortisone acetate suppos 25 mg</td>
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<tr>
<td>hydrocortisone acetate suppos 30 mg</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<td>albendazole tab 200 mg</td>
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<td>EMVERM 100 MG CHEW TAB</td>
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<td>QL 6 / 3 DAYS</td>
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<tr>
<td>ivermectin tab 3 mg</td>
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<td>praziquantel tab 600 mg</td>
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<tr>
<td>ANTI-INFECTIVE AGENTS - MISC.</td>
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<td>metronidazole tab 250 mg</td>
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<td>metronidazole cap 375 mg</td>
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<td>metronidazole tab 500 mg</td>
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<tr>
<td>pentamidine isethionate for nebulization soln 300 mg</td>
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<tr>
<td>PRIMSOL 50 MG/5ML SOLUTION</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>tinidazole tab 500 mg</td>
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<tr>
<td>trimethoprim tab 100 mg</td>
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<tr>
<td>XIFAXAN 200 MG TAB</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>XIFAXAN 550 MG TAB</td>
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<td>QL 90 / 30 DAYS</td>
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<td>ANTI-INFECTIVE MISC. - COMBINATIONS</td>
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<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</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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<td>sulfamethoxazole-trimethoprim tab 400-80 mg</td>
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<td>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 800-160 mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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</table>

**ANTIPROTOZOAL AGENTS**

| ALINIA 100 MG/5ML RECON SUSP | 3 | PA |
| atovaquone susp 750 mg/5ml | 2 | |
| LAMPIT 120 MG TAB | 3 | |
| LAMPIT 30 MG TAB | 3 | |
| nitazoxanide tab 500 mg | 2 | QL 20 / 10 day(s) |

**CARBAPENEM COMBINATIONS**

| imipenem-cilastatin intravenous for soln 250 mg | 1 | PA |

**GLYCOPEPTIDES**

| FIRVANQ 25 MG/ML RECON SOLN | 3 | AL1 0 to 8 yrs old |
| FIRVANQ 50 MG/ML RECON SOLN | 3 | AL1 0 to 8 yrs old |
| vancomycin hcl cap 125 mg (base equivalent) | 2 | QL 56 / 14 DAYS |
| vancomycin hcl for oral soln 25 mg/ml (base equivalent) | 2 | AL1 0 to 8 yrs old |
| vancomycin hcl cap 250 mg (base equivalent) | 2 | QL 56 / 14 DAYS |
| vancomycin hcl for oral soln 50 mg/ml (base equivalent) | 2 | AL1 0 to 8 yrs old |
| vancomycin hcl for oral soln 50 mg/ml (base equivalent) | 2 | AL1 0 to 8 yrs old |

**LEPROSTATICS**

| dapsone tab 100 mg | 1 | |
| dapsone tab 25 mg | 1 | |

**LINCOSAMIDES**

<p>| clindamycin hcl cap 150 mg | 1 | |
| clindamycin hcl cap 300 mg | 1 | |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
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ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

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<td>QL 6.9 / 30 DAYS</td>
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<tr>
<td>TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA</td>
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<tr>
<td>TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA</td>
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<tr>
<td>fluticasone-salmeterol aer powder ba 100-50 mcg/act</td>
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<tr>
<td>fluticasone-salmeterol aer powder ba 250-50 mcg/act</td>
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<tr>
<td>fluticasone-salmeterol aer powder ba 500-50 mcg/act</td>
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**ANTI-IGE MONOCLONAL ANTIBODIES**

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>XOLAIR 150 MG RECON SOLN</td>
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<td>XOLAIR 150 MG/ML SOLN PRSYR</td>
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<td>PA</td>
</tr>
<tr>
<td>XOLAIR 75 MG/0.5ML SOLN PRSYR</td>
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**ANTI-INFLAMMATORY AGENTS**

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<tbody>
<tr>
<td>cromolyn sodium soln nebu 20 mg/2ml</td>
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**BETA ADRENERGICS**

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<tr>
<td>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</td>
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<td>QL 360 / 30 DAYS</td>
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<tr>
<td>ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN</td>
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<tr>
<td>albuterol sulfate soln nebu 0.5% (5 mg/ml)</td>
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<tr>
<td>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</td>
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<td>QL 360 / 30 DAYS</td>
</tr>
<tr>
<td>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</td>
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<tr>
<td>albuterol sulfate tab 2 mg</td>
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<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
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<tr>
<td>ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>albuterol sulfate tab 4 mg</td>
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<tr>
<td>ALBUTEROL SULFATE ER 4 MG TAB ER 12H</td>
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<td>ALBUTEROL SULFATE ER 8 MG TAB ER 12H</td>
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<td>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<td>ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN</td>
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<tr>
<td>ARCAPTA NEOHALER 75 MCG CAP</td>
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<tr>
<td>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</td>
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<td>LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL</td>
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<td>SEREVENT DISKUS 50 MCG/ACT AER POW BA</td>
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<td>STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN</td>
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<td>QL 4 / 30 DAYS</td>
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<td>terbutaline sulfate tab 2.5 mg</td>
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<td>terbutaline sulfate tab 5 mg</td>
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<td><strong>BRONCHODILATORS - ANTICHOLINERGICS</strong></td>
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<td>ATROVENT HFA 17 MCG/ACT AERO SOLN</td>
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<tr>
<td>INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA</td>
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<td>ipratropium bromide inhal soln 0.02%</td>
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<td>SPIRIVA HANDIHALER 18 MCG CAP</td>
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<td>SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN</td>
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<td>QL 4 / 30 DAYS</td>
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<td>YUPELRI 175 MCG/3ML SOLUTION</td>
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<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</td>
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<tr>
<td>FASENRA 30 MG/ML SOLN PRSYR</td>
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<td>FASENRA PEN 30 MG/ML SOLN A-INJ</td>
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<td>NUCALA 40 MG/0.4ML SOLN PRSYR</td>
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<td>LEUKOTRIENE RECEPTOR ANTAGONISTS</td>
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<td>montelukast sodium tab 10 mg (base equiv)</td>
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<tr>
<td>montelukast sodium chew tab 4 mg (base equiv)</td>
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<tr>
<td>montelukast sodium oral granules packet 4 mg (base equiv)</td>
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<td>montelukast sodium chew tab 5 mg (base equiv)</td>
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<td>zafirlukast tab 10 mg</td>
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<td>zafirlukast tab 20 mg</td>
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<td>ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA</td>
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<td>ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA</td>
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<td>ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA</td>
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<td>ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA</td>
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<td>ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA</td>
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<td>ASMANEX HFA 100 MCG/ACT AEROSOL</td>
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<td>PULMICORT FLEXHALER 180 MCG/ACT AER POW BA</td>
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<td>TEZSPIRE 210 MG/1.91ML SOLN A-INJ</td>
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<td>TEZSPIRE 210 MG/1.91ML SOLN PRSYR</td>
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<td>XANTHINES</td>
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<td><strong>DIRECT FACTOR XA INHIBITORS</strong></td>
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<td>ELIQUIS 5 MG TAB</td>
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<td>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</td>
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<td>QL 2.5 / 1 day(s)</td>
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<td>SAVAYSA 15 MG TAB</td>
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<td>ST 30 / 30 DAYS</td>
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<td>SAVAYSA 30 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<td>SAVAYSA 60 MG TAB</td>
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<td>XARELTO 1 MG/ML RECON SUSP</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>XARELTO 10 MG TAB</td>
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<td>QL 42 / 30 day(s)</td>
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<td>XARELTO 15 MG TAB</td>
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<td>XARELTO STARTER PACK 15 &amp; 20 MG TAB THPK</td>
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<td>QL 51 / 30 DAYS</td>
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**Heparins and Heparinoid-Like Agents**

- heparin sodium (porcine) lock flush pf iv soln 100 unit/ml
- heparin sodium (porcine) lock flush iv soln 10 unit/ml
- heparin sodium (porcine) lock flush pf iv soln 10 unit/ml
- heparin sodium (porcine) lock flush iv soln 100 unit/ml
- heparin sodium (porcine) inj 1000 unit/ml
- heparin sodium (porcine) inj 10000 unit/ml
- heparin sodium (porcine) pf inj 5000 unit/ml
- heparin sodium (porcine) lock flush iv soln 100 unit/ml

**Low Molecular Weight Heparins**

- enoxaparin sodium inj soln pref syr 100 mg/ml
- enoxaparin sodium inj soln pref syr 120 mg/0.8ml
- enoxaparin sodium inj soln pref syr 150 mg/ml
- enoxaparin sodium inj soln pref syr 30 mg/0.3ml
- enoxaparin sodium inj 300 mg/3ml
- enoxaparin sodium inj soln pref syr 40 mg/0.4ml
- enoxaparin sodium inj soln pref syr 60 mg/0.6ml
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</td>
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<td>QL 1.6 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 10000 UNIT/4ML SOLUTION</td>
<td>3</td>
<td>QL 2 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 10000 UNIT/ML SOLN PRSYR</td>
<td>3</td>
<td>QL 2 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR</td>
<td>3</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR</td>
<td>3</td>
<td>QL 1.2 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 18000 UNIT/0.72ML SOLN PRSYR</td>
<td>3</td>
<td>QL 1.44 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR</td>
<td>3</td>
<td>QL 0.4 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR</td>
<td>3</td>
<td>QL 0.4 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR</td>
<td>3</td>
<td>QL 0.6 / 1 day(s)</td>
</tr>
<tr>
<td>FRAGMIN 95000 UNIT/3.8ML SOLUTION</td>
<td>3</td>
<td>QL 7.6 / 1 day(s)</td>
</tr>
</tbody>
</table>

**SYNTHETIC HEPARINOID-LIKE AGENTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</td>
<td>2</td>
<td>QL 0.8 / 1 day(s)</td>
</tr>
<tr>
<td>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</td>
<td>2</td>
<td>QL 0.5 / 1 day(s)</td>
</tr>
<tr>
<td>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</td>
<td>2</td>
<td>QL 0.4 / 1 day(s)</td>
</tr>
<tr>
<td>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</td>
<td>2</td>
<td>QL 0.6 / 1 day(s)</td>
</tr>
</tbody>
</table>

**THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>PRADAXA 110 MG CAP</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
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**ANTICONVULSANTS**

**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>FYCOMPA 0.5 MG/ML SUSPENSION</td>
<td>3</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>FYCOMPA 10 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 day(s)</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>FYCOMPA 12 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>FYCOMPA 2 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>FYCOMPA 4 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>FYCOMPA 6 MG TAB</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>FYCOMPA 8 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 day(s)</td>
</tr>
</tbody>
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### ANTICONVULSANTS - BENZODIAZEPINES

- **clobazam tab 10 mg**
- **clobazam suspension 2.5 mg/ml**
- **clobazam tab 20 mg**
- **clonazepam orally disintegrating tab 0.125 mg**
- **clonazepam orally disintegrating tab 0.25 mg**
- **clonazepam tab 0.5 mg**
- **clonazepam orally disintegrating tab 0.5 mg**
- **clonazepam tab 1 mg**
- **clonazepam orally disintegrating tab 1 mg**
- **clonazepam tab 2 mg**
- **clonazepam orally disintegrating tab 2 mg**

- **NAYZILAM 5 MG/0.1ML SOLUTION**
- **ONFI 10 MG TAB**
- **ONFI 20 MG TAB**
- **VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID**
- **VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK**
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID</td>
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<td>PA</td>
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<td><strong>ANTICONVULSANTS - MISC.</strong></td>
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<tr>
<td>BRIVIACT 10 MG TAB</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>BRIVIACT 10 MG/ML SOLUTION</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>BRIVIACT 100 MG TAB</td>
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<td>ST</td>
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<tr>
<td>BRIVIACT 25 MG TAB</td>
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<tr>
<td>BRIVIACT 50 MG TAB</td>
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<td>ST</td>
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<tr>
<td>BRIVIACT 75 MG TAB</td>
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<td>ST</td>
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<tr>
<td>carbamazepine chew tab 100 mg</td>
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<td></td>
</tr>
<tr>
<td>carbamazepine susp 100 mg/5ml</td>
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<td></td>
</tr>
<tr>
<td>carbamazepine tab 200 mg</td>
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<td></td>
</tr>
<tr>
<td>carbamazepine cap er 12hr 100 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>carbamazepine tab er 12hr 100 mg</td>
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<tr>
<td>carbamazepine cap er 12hr 200 mg</td>
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<tr>
<td>carbamazepine tab er 12hr 200 mg</td>
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<tr>
<td>carbamazepine cap er 12hr 300 mg</td>
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<tr>
<td>carbamazepine tab er 12hr 400 mg</td>
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<tr>
<td>EPIDIOLEX 100 MG/ML SOLUTION</td>
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<td>PA</td>
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<tr>
<td>EPRONTIA 25 MG/ML SOLUTION</td>
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</tr>
<tr>
<td>gabapentin cap 100 mg</td>
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<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>gabapentin oral soln 250 mg/5ml</td>
<td>1</td>
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</tr>
<tr>
<td>gabapentin cap 300 mg</td>
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</tr>
<tr>
<td>gabapentin oral soln 250 mg/5ml</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>
<td>------</td>
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<tr>
<td>gabapentin cap 400 mg</td>
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<td>gabapentin tab 600 mg</td>
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<td>gabapentin tab 800 mg</td>
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<tr>
<td>lacosamide oral solution 10 mg/ml</td>
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<td>QL 40 / 1 day(s)</td>
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<tr>
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<td>AL1</td>
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<tr>
<td>lacosamide tab 100 mg</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>lacosamide tab 150 mg</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>lacosamide tab 200 mg</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>lacosamide tab 50 mg</td>
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<td>QL 60 / 30 day(s)</td>
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<tr>
<td>lamotrigine tab 100 mg</td>
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<tr>
<td>lamotrigine tab 150 mg</td>
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<td>lamotrigine tab er 24hr 100 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
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<td>QL 2 / 1 day(s)</td>
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<tr>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>lamotrigine tab er 24hr 250 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>lamotrigine tab er 24hr 300 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>lamotrigine tab er 24hr 50 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</td>
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<tr>
<td>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</td>
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<tr>
<td>levetiracetam oral soln 100 mg/ml</td>
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<tr>
<td>levetiracetam tab 1000 mg</td>
<td>1</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<td>levetiracetam tab 750 mg</td>
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<tr>
<td>levetiracetam tab er 24hr 500 mg</td>
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<tr>
<td>levetiracetam tab er 24hr 750 mg</td>
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<td>LYRICA 20 MG/ML SOLUTION</td>
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<td>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</td>
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<tr>
<td>pregabalin cap 100 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
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<td>pregabalin cap 150 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
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<td>pregabalin soln 20 mg/ml</td>
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<td>QL 900 / 30 day(s)</td>
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<tr>
<td>pregabalin cap 200 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>pregabalin cap 225 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>pregabalin cap 25 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>pregabalin cap 300 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>pregabalin cap 50 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
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<td>PRIMIDONE 125 MG TAB</td>
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<tr>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>levetiracetam tab er 24hr 500 mg</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>levetiracetam tab er 24hr 750 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>rufinamide tab 200 mg</td>
<td>2</td>
<td>QL 240 / 30 day(s)</td>
</tr>
<tr>
<td>rufinamide susp 40 mg/ml</td>
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<td>PA</td>
</tr>
<tr>
<td>rufinamide tab 400 mg</td>
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<td>QL 240 / 30 day(s)</td>
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<tr>
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<td>TEGRETOL 100 MG/5ML SUSPENSION</td>
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<td>PA</td>
</tr>
<tr>
<td>TEGRETOL 200 MG TAB</td>
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<td>PA</td>
</tr>
<tr>
<td>TEGRETOL-XR 100 MG TAB ER 12H</td>
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<td>PA</td>
</tr>
<tr>
<td>TEGRETOL-XR 200 MG TAB ER 12H</td>
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<td>TEGRETOL-XR 400 MG TAB ER 12H</td>
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</tr>
<tr>
<td>topiramate tab 100 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate sprinkle cap 15 mg</td>
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<td>QL 375 / 30 DAYS</td>
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<td>topiramate tab 200 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate sprinkle cap 25 mg</td>
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<td>QL 480 / 30 DAYS</td>
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<tr>
<td>topiramate tab 25 mg</td>
<td>1</td>
<td>QL 480 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate tab 50 mg</td>
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<td>QL 240 / 30 DAYS</td>
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<td>topiramate cap er 24hr sprinkle 100 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate cap er 24hr sprinkle 150 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<td>------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>topiramate cap er 24hr sprinkle 200 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate cap er 24hr sprinkle 25 mg</td>
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<td>QL 480 / 30 DAYS</td>
</tr>
<tr>
<td>topiramate cap er 24hr sprinkle 50 mg</td>
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<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td>VIMPAT 10 MG/ML SOLUTION</td>
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<td>zonisamide cap 25 mg</td>
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<td>zonisamide cap 50 mg</td>
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<td>CARBAMATES</td>
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<td>felbamate tab 400 mg</td>
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<td>felbamate tab 600 mg</td>
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</tr>
<tr>
<td>felbamate susp 600 mg/5ml</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>X COPRI (250 MG DAILY DOSE) 100 &amp; 150 MG TAB THPK</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI (250 MG DAILY DOSE) 50 &amp; 200 MG TAB THPK</td>
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<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI (350 MG DAILY DOSE) 150 &amp; 200 MG TAB THPK</td>
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<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI 100 MG TAB</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI 14 X 12.5 MG &amp; 14 X 25 MG TAB THPK</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI 14 X 150 MG &amp; 14 X200 MG TAB THPK</td>
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<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>X COPRI 14 X 50 MG &amp; 14 X100 MG TAB THPK</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<td>------</td>
<td>----------------------</td>
</tr>
<tr>
<td>XCOPRI 150 MG TAB</td>
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<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>XCOPRI 200 MG TAB</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
</tr>
<tr>
<td>XCOPRI 50 MG TAB</td>
<td>3</td>
<td>QL 1 / 1 day(s) ST</td>
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<tr>
<td>GABA MODULATORS</td>
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<td>tiagabine hcl tab 2 mg</td>
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<tr>
<td>tiagabine hcl tab 4 mg</td>
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<tr>
<td>vigabatrin powd pack 500 mg</td>
<td>2</td>
<td>QL 180 / 30 DAYS PA S</td>
</tr>
<tr>
<td>vigabatrin tab 500 mg</td>
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<td>QL 180 / 30 DAYS PA S</td>
</tr>
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<td>QL 180 / 30 DAYS PA S</td>
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<td>HYDANTOINS</td>
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<tr>
<td>DILANTIN 30 MG CAP</td>
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<td>PEGANONE 250 MG TAB</td>
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<td>phenytoin susp 125 mg/5ml</td>
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<td>phenytoin sodium extended cap 100 mg</td>
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<tr>
<td>phenytoin sodium extended cap 200 mg</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>ethosuximide soln 250 mg/5ml</td>
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<td>methsuximide cap 300 mg</td>
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<td><strong>VALPROIC ACID</strong></td>
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<tr>
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<td>divalproex sodium tab delayed release 500 mg</td>
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<td>divalproex sodium tab er 24 hr 500 mg</td>
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<tr>
<td>valproate sodium oral soln 250 mg/5ml (base equiv)</td>
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<td><strong>ANTIDEPRESSANTS</strong></td>
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<tr>
<td><strong>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</strong></td>
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<tr>
<td>mirtazapine tab 15 mg</td>
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</tr>
<tr>
<td>mirtazapine orally disintegrating tab 15 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>mirtazapine tab 30 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>mirtazapine orally disintegrating tab 30 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>mirtazapine tab 45 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>mirtazapine orally disintegrating tab 45 mg</td>
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<td>mirtazapine tab 7.5 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>ANTIDEPRESSANTS - MISC.</strong></td>
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<td>APLENZIN 174 MG TAB ER 24H</td>
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<td>APLENZIN 348 MG TAB ER 24H</td>
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<td>QL 30 / 30 DAYS</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>APLENZIN 522 MG TAB ER 24H</td>
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<td>bupropion hcl tab 100 mg</td>
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</tr>
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<td>bupropion hcl tab 75 mg</td>
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<td>bupropion hcl tab er 12hr 100 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>bupropion hcl tab er 12hr 150 mg</td>
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<td>QL 3 / 1 day(s)</td>
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<td>bupropion hcl tab er 12hr 200 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>bupropion hcl tab er 24hr 150 mg</td>
<td>1</td>
<td>QL 3 / 1 day(s)</td>
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<td>bupropion hcl tab er 24hr 300 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>MAPROTLINE HCL 25 MG TAB</td>
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<td>QL 270 / 30 DAYS</td>
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<tr>
<td>MAPROTLINE HCL 50 MG TAB</td>
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<td>QL 135 / 30 DAYS</td>
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<tr>
<td>MAPROTLINE HCL 75 MG TAB</td>
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**MONOAMINE OXIDASE INHIBITORS (MAOIS)**

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<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>EMSAM 12 MG/24HR PATCH 24HR</td>
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<td>ST</td>
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<tr>
<td>EMSAM 6 MG/24HR PATCH 24HR</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>EMSAM 9 MG/24HR PATCH 24HR</td>
<td>3</td>
<td>ST</td>
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<tr>
<td>MARPLAN 10 MG TAB</td>
<td>3</td>
<td></td>
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<tr>
<td>PHENELZINE SULFATE 15 MG TAB</td>
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<tr>
<td>phenelzine sulfate tab 15 mg</td>
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<tr>
<td>tranylcypromine sulfate tab 10 mg</td>
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**N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

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<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK</td>
<td>3</td>
<td>QL 16 / 28 DAYS</td>
</tr>
<tr>
<td>SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK</td>
<td>3</td>
<td>QL 16 / 28 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</td>
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<tr>
<td>citalopram hydrobromide tab 10 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>citalopram hydrobromide oral soln 10 mg/5ml</td>
<td>1</td>
<td>QL 600 / 30 DAYS</td>
</tr>
<tr>
<td>citalopram hydrobromide tab 20 mg (base equiv)</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>citalopram hydrobromide tab 40 mg (base equiv)</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>escitalopram oxalate tab 10 mg (base equiv)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>escitalopram oxalate tab 20 mg (base equiv)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>escitalopram oxalate tab 5 mg (base equiv)</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>escitalopram oxalate soln 5 mg/5ml (base equiv)</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluoxetine hcl tab 10 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluoxetine hcl tab 20 mg</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
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<td>fluoxetine hcl solution 20 mg/5ml</td>
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<td>QL 600 / 30 DAYS</td>
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<tr>
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<tr>
<td>FLUOXETINE HCL 90 MG CAP DR</td>
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<td>QL 4 / 28 DAYS</td>
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<tr>
<td>fluvoxamine maleate tab 100 mg</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluvoxamine maleate tab 25 mg</td>
<td>1</td>
<td>QL 360 / 30 DAYS</td>
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<tr>
<td>fluvoxamine maleate tab 50 mg</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>paroxetine hcl tab 10 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl tab 20 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl tab 30 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl tab 40 mg</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td>paroxetine hcl tab er 24hr 12.5 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl tab er 24hr 25 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>paroxetine hcl tab er 24hr 37.5 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>sertraline hcl tab 100 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>sertraline hcl oral concentrate for solution 20 mg/ml</td>
<td>1</td>
<td>QL 300 / 30 DAYS</td>
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<td>sertraline hcl tab 25 mg</td>
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</tr>
<tr>
<td>sertraline hcl tab 50 mg</td>
<td>1</td>
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**SEROTONIN MODULATORS**

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<tbody>
<tr>
<td>NEFAZODONE HCL 100 MG TAB</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>NEFAZODONE HCL 150 MG TAB</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>NEFAZODONE HCL 200 MG TAB</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>NEFAZODONE HCL 250 MG TAB</td>
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<td>NEFAZODONE HCL 50 MG TAB</td>
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<td>trazodone hcl tab 100 mg</td>
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<td>trazodone hcl tab 150 mg</td>
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<tr>
<td>TRINTELLIX 20 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>TRINTELLIX 5 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
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<td>vilazodone hcl tab 10 mg</td>
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<td>QL 30 / 30 day(s)</td>
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<td>vilazodone hcl tab 20 mg</td>
<td>2</td>
<td>QL 30 / 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>vilazodone hcl tab 40 mg</td>
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**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<td>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</td>
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<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>venlafaxine hcl tab 100 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>venlafaxine hcl tab 25 mg (base equivalent)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>venlafaxine hcl tab 37.5 mg (base equivalent)</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>venlafaxine hcl tab 50 mg (base equivalent)</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>venlafaxine hcl tab 75 mg (base equivalent)</td>
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<td>QL 150 / 30 DAYS</td>
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<tr>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITORS**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<td>acarbose tab 100 mg</td>
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<td>SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN</td>
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<td>BAQSIMI TWO PACK 3 MG/DOSE POWDER</td>
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<th>PRODUCT DESCRIPTION</th>
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<td>INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN</td>
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<td>INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN</td>
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<td>INSULIN LISPRO 100 UNIT/ML SOLUTION</td>
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<td><strong>INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)</strong></td>
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<td>MOUNJARO 10 MG/0.5ML SOLN PEN</td>
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<td>MOUNJARO 12.5 MG/0.5ML SOLN PEN</td>
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<td>MOUNJARO 2.5 MG/0.5ML SOLN PEN</td>
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<td>MOUNJARO 5 MG/0.5ML SOLN PEN</td>
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<td>BYDUREON 2 MG PEN</td>
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<td>BYDUREON BCISE 2 MG/0.85ML A-INJ</td>
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<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</td>
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<td>OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN</td>
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<td>OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN</td>
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<td>RYBELSUS 3 MG TAB</td>
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<td>TRULICITY 4.5 MG/0.5ML SOLN PEN</td>
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<td>VICTOZA 18 MG/3ML SOLN PEN</td>
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**INSULIN-INCRETIN MIMETIC COMBINATIONS**

| SOLIQUA 100-33 UNT-MCG/ML SOLN PEN       | 2    | QL 0.6 / 1 day(s)              |
| XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN     | 3    | QL 0.5 / 1 day(s)              |

**MEGLITINIDE ANALOGUES**

- nateglinide tab 120 mg: QL 90 / 30 DAYS
- nateglinide tab 60 mg: QL 90 / 30 DAYS
- repaglinide tab 0.5 mg: QL 240 / 30 DAYS
- repaglinide tab 1 mg: QL 240 / 30 DAYS
- repaglinide tab 2 mg: QL 120 / 30 DAYS

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

<p>| TRIJARDY XR 10-5-1000 MG TAB ER 24H     | 2    | QL 1 / 1 day(s)                |
| TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H | 2    | QL 2 / 1 day(s)                |
| TRIJARDY XR 25-5-1000 MG TAB ER 24H    | 2    | QL 1 / 1 day(s)                |</p>
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<td>GLYXAMBI 25-5 MG TAB</td>
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</tr>
<tr>
<td>SYNJARDY 12.5-1000 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SYNJARDY 12.5-500 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SYNJARDY 5-1000 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SYNJARDY 5-500 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SYNJARDY XR 10-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 60 / 30 days</td>
</tr>
<tr>
<td>SYNJARDY XR 12.5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 60 / 30 days</td>
</tr>
<tr>
<td>SYNJARDY XR 25-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 60 / 30 days</td>
</tr>
<tr>
<td>SYNJARDY XR 5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 60 / 30 days</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>XIGDUO XR 10-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL  30 / 30 day(s)</td>
</tr>
<tr>
<td>XIGDUO XR 10-500 MG TAB ER 24H</td>
<td>2</td>
<td>QL  30 / 30 day(s)</td>
</tr>
<tr>
<td>XIGDUO XR 2.5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL  30 / 30 day(s)</td>
</tr>
<tr>
<td>XIGDUO XR 5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL  30 / 30 day(s)</td>
</tr>
<tr>
<td>XIGDUO XR 5-500 MG TAB ER 24H</td>
<td>2</td>
<td>QL  30 / 30 day(s)</td>
</tr>
</tbody>
</table>

**SULFONYLUREA-BIGUANIDE COMBINATIONS**

- glipizide-metformin hcl tab 2.5-250 mg
- glipizide-metformin hcl tab 2.5-500 mg
- glipizide-metformin hcl tab 5-500 mg
- glyburide-metformin tab 1.25-250 mg
- glyburide-metformin tab 2.5-500 mg
- glyburide-metformin tab 5-500 mg

**SULFONYLUREAS**

- glimepiride tab 1 mg
- glimepiride tab 2 mg
- glimepiride tab 4 mg
- glipizide tab 10 mg
- glipizide tab 5 mg
- glipizide tab er 24hr 10 mg
- glipizide tab er 24hr 2.5 mg
- glipizide tab er 24hr 5 mg
- glipizide tab er 24hr 10 mg
- glipizide tab er 24hr 2.5 mg
- glipizide tab er 24hr 5 mg
- glyburide tab 1.25 mg
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>glyburide tab 2.5 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td>glyburide tab 5 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>glyburide micronized tab 1.5 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>glyburide micronized tab 3 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>glyburide micronized tab 6 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><strong>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-500 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-850 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>THIAZOLIDINEDIONES</strong></td>
<td></td>
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</tr>
<tr>
<td>pioglitazone hcl tab 15 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl tab 30 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl tab 45 mg (base equiv)</td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>ANTIDIARRHEAL/PROBIOTIC AGENTS</strong></td>
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<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
<td>1</td>
<td>QL 80 / 10 DAYS</td>
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<tr>
<td><strong>ANTIPERISTALTIC AGENTS</strong></td>
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<tr>
<td>MOTOFEN 1-0.025 MG TAB</td>
<td>3</td>
<td>QL 16 / 30 day(s)</td>
</tr>
<tr>
<td>opium tincture 1% (10 mg/ml) (morphine equiv)</td>
<td>1</td>
<td>MD 15 / 5 DAYS</td>
</tr>
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<td><strong>ANTIDOTES AND SPECIFIC ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEMET 100 MG CAP</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox tab for oral susp 125 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox granules packet 180 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox tab 180 mg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>deferasirox tab for oral susp 250 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox granules packet 360 mg</td>
<td>4</td>
<td>PA</td>
</tr>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>deferasirox tab 360 mg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>deferasirox tab for oral susp 500 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox granules packet 90 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox tab 90 mg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>deferasirox granules packet 180 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox granules packet 360 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferasirox granules packet 90 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>deferiprone tab 1000 mg</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>deferiprone tab 500 mg</td>
<td>4</td>
<td>PA S</td>
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**FERRIPROX 100 MG/ML SOLUTION**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERRIPROX 100 MG/ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>FERRIPROX TWICE-A-DAY 1000 MG TAB</td>
<td>4</td>
<td>PA S</td>
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</table>

**acetylcysteine inj 200 mg/ml**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetylcysteine inj 200 mg/ml</td>
<td>1</td>
<td></td>
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</table>

**BRIDION 200 MG/2ML SOLUTION**

<table>
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIDION 200 MG/2ML SOLUTION</td>
<td>3</td>
<td>PA</td>
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</tbody>
</table>

**BRIDION 500 MG/5ML SOLUTION**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIDION 500 MG/5ML SOLUTION</td>
<td>3</td>
<td>PA</td>
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**RADIOGARDASE 0.5 GM CAP**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>RADIOGARDASE 0.5 GM CAP</td>
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**OPIOID ANTAGONISTS**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLOXXADO 8 MG/0.1ML LIQUID</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>NALOXONE HCL 0.4 MG/ML SOLN CART</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl inj 0.4 mg/ml</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl soln prefilled syringe 2 mg/2ml</td>
<td>1</td>
<td>QL 4 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl nasal spray 4 mg/0.1ml</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl inj 4 mg/10ml</td>
<td>1</td>
<td>QL 10 / 30 day(s)</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>naltrexone hcl tab 50 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>OPVEE 2.7 MG/0.1ML SOLUTION</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>VIVITROL 380 MG RECON SUSP</td>
<td>4</td>
<td>QL 1 / 0 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 28 day(s)</td>
</tr>
<tr>
<td>ZIMHI 5 MG/0.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td><strong>ANTIEMETICS</strong></td>
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<td></td>
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<tr>
<td><strong>5-HT3 RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>ANZEMET 100 MG TAB</td>
<td>3</td>
<td>QL 7 / 30 DAYS</td>
</tr>
<tr>
<td>ANZEMET 50 MG TAB</td>
<td>3</td>
<td>QL 7 / 30 DAYS</td>
</tr>
<tr>
<td><em>granisetron hcl tab 1 mg</em></td>
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<td>QL 14 / 30 DAYS</td>
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<tr>
<td>ondansetron orally disintegrating tab 4 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron orally disintegrating tab 8 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl tab 4 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ONDANSETRON HCL 4 MG/2ML SOLN PRSYR</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</td>
<td>2</td>
<td>PA</td>
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<tr>
<td>ondansetron hcl oral soln 4 mg/5ml</td>
<td>1</td>
<td>QL 100 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl tab 8 mg</td>
<td>1</td>
<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>SUSTOL 10 MG/0.4ML PRSYR</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZUPLENZ 4 MG FILM</td>
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<td>PA</td>
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<tr>
<td>ZUPLENZ 8 MG FILM</td>
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<td>PA</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td><strong>ANTIEMETIC COMBINATIONS</strong></td>
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<tr>
<td>AKYNZEO 300-0.5 MG CAP</td>
<td>3</td>
<td>QL 1 / 0 DAYS</td>
</tr>
<tr>
<td><strong>ANTIEMETICS - ANTICHOLINERGIC</strong></td>
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<tr>
<td>meclizine hcl tab 25 mg</td>
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<td>scopolamine td patch 72hr 1 mg/3days</td>
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<tr>
<td>trimethobenzamide hcl cap 300 mg</td>
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<tr>
<td><strong>ANTIEMETICS - MISCELLANEOUS</strong></td>
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<tr>
<td>dronabinol cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol cap 2.5 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol cap 5 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td><strong>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>aprepitant capsule 125 mg</td>
<td>1</td>
<td>QL 1 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
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<td>QL 3 / 21 day(s)</td>
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<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
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<tr>
<td>aprepitant capsule 80 mg</td>
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<td>QL 2 / 21 day(s)</td>
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<td>VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK</td>
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<td>PA</td>
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<td><strong>ANTIFUNGALS</strong></td>
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<tr>
<td><strong>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)</strong></td>
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<tr>
<td>BREXAFEMME 150 MG TAB</td>
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<td>QL 4 / 30 day(s)</td>
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<tr>
<td>flucytosine cap 250 mg</td>
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<tr>
<td>flucytosine cap 500 mg</td>
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<tr>
<td>griseofulvin microsize susp 125 mg/5ml</td>
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<tr>
<td>griseofulvin microsize tab 500 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tab 125 mg</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<tr>
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<td>nystatin tab 500000 unit</td>
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<tr>
<td>terbinafine hcl tab 250 mg</td>
<td>1</td>
<td><strong>QL 30 / 30 DAYS</strong></td>
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<tr>
<td><strong>IMIDAZOLES</strong></td>
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<td>ketoconazole tab 200 mg</td>
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<td><strong>TRIAZoles</strong></td>
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<tr>
<td>fluconazole for susp 10 mg/ml</td>
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</tr>
<tr>
<td>fluconazole tab 100 mg</td>
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<tr>
<td>fluconazole tab 150 mg</td>
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<td><strong>QL 180 / 30 DAYS</strong></td>
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<tr>
<td>fluconazole tab 200 mg</td>
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<td></td>
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<tr>
<td>fluconazole for susp 40 mg/ml</td>
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<tr>
<td>fluconazole tab 50 mg</td>
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<td>itraconazole cap 100 mg</td>
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<tr>
<td>posaconazole tab delayed release 100 mg</td>
<td>4</td>
<td><strong>PA</strong></td>
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<tr>
<td>posaconazole susp 40 mg/ml</td>
<td>4</td>
<td><strong>PA S</strong></td>
</tr>
<tr>
<td>voriconazole tab 200 mg</td>
<td>2</td>
<td><strong>QL 60 / 30 DAYS</strong></td>
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<tr>
<td>voriconazole for susp 40 mg/ml</td>
<td>1</td>
<td><strong>AL1</strong> Up to 8 yrs old</td>
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<tr>
<td>voriconazole tab 50 mg</td>
<td>1</td>
<td><strong>QL 120 / 30 DAYS</strong></td>
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<td><strong>ANTIHISTAMINES</strong></td>
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<td><strong>ANTIHISTAMINES - ETHANOLAMINES</strong></td>
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<tr>
<td>carbinoxamine maleate tab 4 mg</td>
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<td>carbinoxamine maleate 4 mg/5ml solution</td>
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<tr>
<td>carbinoxamine maleate soln 4 mg/5ml</td>
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<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
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<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
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<tr>
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<td>diphenhydramine hcl inj 50 mg/ml</td>
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</tr>
<tr>
<td>Product Description</td>
<td>Tier</td>
<td>Limits &amp; Restrictions</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td><strong>ANTIHISTAMINES - NON-SEDATING</strong></td>
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<tr>
<td>Desloratadine 2.5 mg Tab DISP 1 QL 30 / 30 Days</td>
<td>1</td>
<td></td>
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<tr>
<td>Desloratadine tab 5 mg 1 QL 30 / 30 Days</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Desloratadine 5 mg Tab DISP 1 QL 30 / 30 Days</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</td>
<td>1</td>
<td>300 / 30 Days</td>
</tr>
<tr>
<td>Levocetirizine dihydrochloride tab 5 mg 1 QL 30 / 30 Days</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Quyttir 10 mg/ml Solution 4 PA</td>
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<tr>
<td><strong>ANTIHISTAMINES - PHENOTHIAZINES</strong></td>
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<td>Promethazine HCL suppos 12.5 mg 1</td>
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<tr>
<td>Promethazine HCL suppos 25 mg 1 QL 30 / 30 Days</td>
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<tr>
<td>Promethazine HCL suppos 12.5 mg 1</td>
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<tr>
<td>Promethazine HCL suppos 25 mg 1 QL 30 / 30 Days</td>
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<td><strong>ANTIHISTAMINES - PIPERIDINES</strong></td>
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<tr>
<td>Cyproheptadine HCL syrup 2 mg/5ml 1</td>
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<td>Cyproheptadine HCL tab 4 mg 1</td>
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<td><strong>ANTIHYPERLIPIDEMICS</strong></td>
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<td>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</td>
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<td>Nexlizet 180-10 mg Tab 3 PA</td>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</td>
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<td>NEXLETOL 180 MG TAB</td>
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<td>icosapent ethyl cap 0.5 gm</td>
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<td>QL 120 / 30 day(s)</td>
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<tr>
<td>icosapent ethyl cap 1 gm</td>
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<td>QL 4 / 1 day(s)</td>
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<tr>
<td>omega-3-acid ethyl esters cap 1 gm</td>
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<td>BILE ACID SEQUESTRANTS</td>
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<tr>
<td>cholestyramine powder packets 4 gm</td>
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<tr>
<td>cholestyramine powder 4 gm/dose</td>
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<tr>
<td>cholestyramine light powder packets 4 gm</td>
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<tr>
<td>cholestyramine light powder 4 gm/dose</td>
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<tr>
<td>colesevelam hcl tab 625 mg</td>
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<td>colestipol hcl tab 1 gm</td>
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<tr>
<td>colestipol hcl granules 5 gm</td>
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<tr>
<td>colestipol hcl granule packets 5 gm</td>
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<tr>
<td>cholestyramine light powder packets 4 gm</td>
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<tr>
<td>cholestyramine light powder 4 gm/dose</td>
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<td>FIBRIC ACID DERIVATIVES</td>
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<tr>
<td>fenofibrate micronized cap 134 mg</td>
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<td>fenofibrate tab 145 mg</td>
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<td>fenofibrate micronized cap 200 mg</td>
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<td>fenofibrate tab 40 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>fenofibrate tab 54 mg</td>
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<td>FENOFIBRIC ACID 105 MG TAB</td>
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<td>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</td>
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<td>QL 30 / 30 DAYS</td>
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<td>FENOFIBRIC ACID 35 MG TAB</td>
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<td>LIPOFEN 150 MG CAP</td>
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<td>LIPOFEN 50 MG CAP</td>
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<td><strong>HMG COA REDUCTASE INHIBITORS</strong></td>
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<tr>
<td>atorvastatin calcium tab 10 mg (base equivalent)</td>
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<tr>
<td>atorvastatin calcium tab 20 mg (base equivalent)</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>atorvastatin calcium tab 40 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>atorvastatin calcium tab 80 mg (base equivalent)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<td>----------------------------------------------------------</td>
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<tr>
<td>fluvastatin sodium cap 20 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRE Preventative</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>LIVALO 1 MG TAB</td>
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<td>PA</td>
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<td>LIVALO 2 MG TAB</td>
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<td>lovastatin tab 10 mg</td>
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<td>lovastatin tab 40 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>pravastatin sodium tab 10 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 60 / 30 DAYS</td>
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<td>PRE Preventative</td>
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<td>QL 30 / 30 DAYS</td>
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<td>rosuvastatin calcium tab 10 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td></td>
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<td>PRE Preventative</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rosuvastatin calcium tab 5 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>simvastatin tab 10 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>simvastatin tab 20 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>simvastatin tab 40 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<td>simvastatin tab 5 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>simvastatin tab 80 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</td>
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<tr>
<td>EZETIMIBE-ROSUVASTATIN 10-10 MG TAB</td>
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<tr>
<td>EZETIMIBE-ROSUVASTATIN 10-20 MG TAB</td>
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<td>EZETIMIBE-ROSUVASTATIN 10-5 MG TAB</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-10 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ezetimibe-simvastatin tab 10-20 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-40 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ezetimibe-simvastatin tab 10-80 mg</td>
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<td>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</td>
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<td>ezetimibe tab 10 mg</td>
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<tr>
<td>NICOTINIC ACID DERIVATIVES</td>
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<td>niacin tab er 1000 mg (antihyperlipidemic)</td>
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<td>niacin tab er 750 mg (antihyperlipidemic)</td>
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<td>NIACOR 500 MG TAB</td>
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<td><strong>PCSK9 INHIBITORS</strong></td>
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<tr>
<td>REPATHA 140 MG/ML SOLN PRSYR</td>
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<tr>
<td>REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART</td>
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<tr>
<td>REPATHA SURECLICK 140 MG/ML SOLN A-INJ</td>
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<td><strong>SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS</strong></td>
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<td>LEQVIO 284 MG/1.5ML SOLN PRSYR</td>
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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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<td>amlodipine besylate-benazepril hcl cap 10-20 mg</td>
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<td>amlodipine besylate-benazepril hcl cap 10-40 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>amlodipine besylate-benazepril hcl cap 5-20 mg</td>
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<td>amlodipine besylate-benazepril hcl cap 5-40 mg</td>
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<td>TRANSDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER</td>
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<td>TRANSDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER</td>
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<td>benazepril hcl tab 20 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>captopril tab 25 mg</td>
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<td>captopril tab 50 mg</td>
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<tr>
<td>enalapril maleate oral soln 1 mg/ml</td>
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<td>AL1 Up to 8 yrs old</td>
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<td>enalapril maleate tab 20 mg</td>
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<td>enalapril maleate tab 5 mg</td>
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ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE

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**ANTIADRENERGICS - CENTRALLY ACTING**

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**ANTIADRENERGICS - PERIPHERALLY ACTING**

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<td>LIMITS &amp; RESTRICTIONS</td>
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LAST UPDATED 11/2023
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| <strong>ANTI TB COMBINATIONS</strong>                  |      |                       |
| RIFATER 50-120-300 MG TAB                 | 3    |                       |
| cycloserine cap 250 mg                    | 2    |                       |
| ethambutol hcl tab 100 mg                 | 1    |                       |
| ethambutol hcl tab 400 mg                 | 1    |                       |
| ISONIAZID 100 MG TAB                      | 1    |                       |</p>
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### ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS

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**ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**

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**ANTINEOPLASTIC COMBINATIONS**

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**ANTINEOPLASTICS MISC.**

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**AROMATASE INHIBITORS**

- *anastrozole tab 1 mg*
  - TIER 1
  - QL: 30 / 30 DAYS
  - GL: Female
  - PRE: Preventative

- *exemestane tab 25 mg*
  - TIER 1
  - QL: 60 / 30 DAYS
  - GL: Female

- *letrozole tab 2.5 mg*
  - TIER 1
  - QL: 30 / 30 DAYS
  - GL: Female

**CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS**

- *IBRANCE 100 MG CAP*
  - TIER 4
  - PA: Preventative

- *IBRANCE 100 MG TAB*
  - TIER 4
  - PA: Preventative

- *IBRANCE 125 MG CAP*
  - TIER 4
  - PA: Preventative

- *IBRANCE 125 MG TAB*
  - TIER 4
  - PA: Preventative

- *IBRANCE 75 MG CAP*
  - TIER 4
  - PA: Preventative
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<td>LUPRON DEPOT (4-MONTH) 30 MG KIT</td>
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<td>LUPRON DEPOT (6-MONTH) 45 MG KIT</td>
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<td>VANTAS 50 MG KIT</td>
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<td>ZOLADEX 10.8 MG IMPLANT</td>
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<td>ZOLADEX 3.6 MG IMPLANT</td>
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<td><strong>MITOTIC INHIBITORS</strong></td>
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<td>GLEOSTINE 40 MG CAP</td>
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<td>COPIKTRA 15 MG CAP</td>
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<td>COPIKTRA 25 MG CAP</td>
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<td>PIQRAY (250 MG DAILY DOSE) 200 &amp; 50 MG TAB THPK</td>
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<td>LYNPARZA 150 MG TAB</td>
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<td>TALZENNA 0.25 MG CAP</td>
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<td>TALZENNA 0.35 MG CAP</td>
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<tr>
<td>ZEJULA 100 MG TAB</td>
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<td>QL 1 / 1 day(s)</td>
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<tr>
<td>ZEJULA 200 MG TAB</td>
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<td>QL 1 / 1 day(s)</td>
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<td>ZEJULA 300 MG TAB</td>
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<td>PROGESTINS-ANTINEOPLASTIC</td>
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<td>megestrol acetate tab 40 mg</td>
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<td>RETINOIDS</td>
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<td>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</td>
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<td>ORSERDU 345 MG TAB</td>
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<td>ORSERDU 86 MG TAB</td>
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<td>SELECTIVE RETINOID X RECEPTOR AGONISTS</td>
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<td>bexarotene cap 75 mg</td>
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<td>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</td>
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<td>INLYTA 1 MG TAB</td>
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### PRODUCT DESCRIPTION

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<td><strong>INLYTA 5 MG TAB</strong></td>
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<td><strong>LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK</strong></td>
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<td><strong>LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK</strong></td>
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<tr>
<td><strong>LENVIMA (14 MG DAILY DOSE) 10 &amp; 4 MG CAP THPK</strong></td>
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<tr>
<td><strong>LENVIMA (18 MG DAILY DOSE) 10 MG &amp; 2 X 4 MG CAP THPK</strong></td>
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<td><strong>LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK</strong></td>
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<tr>
<td><strong>LENVIMA (24 MG DAILY DOSE) 2 X 10 MG &amp; 4 MG CAP THPK</strong></td>
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<tr>
<td><strong>LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK</strong></td>
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<tr>
<td><strong>LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK</strong></td>
<td>4 PA S</td>
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### ANTIPARKINSON AND RELATED THERAPY AGENTS

#### ANTIPARKINSON ANTICHOLINERGICS

- *benztropine mesylate tab 0.5 mg* 1
- *benztropine mesylate tab 1 mg* 1
- *benztropine mesylate tab 2 mg* 1
- *TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION* 1 AL1 Up to 8 yrs old
- *trihexyphenidyl hcl oral soln 0.4 mg/ml* 1 AL1 Up to 8 yrs old
- *trihexyphenidyl hcl tab 2 mg* 1
- *trihexyphenidyl hcl tab 5 mg* 1
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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<td><strong>ANTIPARKINSON DOPAMINERGICS</strong></td>
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<td>amantadine hcl cap 100 mg</td>
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<tr>
<td>amantadine hcl tab 100 mg</td>
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<tr>
<td>amantadine hcl soln 50 mg/5ml</td>
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<tr>
<td>bromocriptine mesylate tab 2.5 mg (base equivalent)</td>
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<td>bromocriptine mesylate cap 5 mg (base equivalent)</td>
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<td><strong>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</strong></td>
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<tr>
<td>rasagiline mesylate tab 0.5 mg (base equiv)</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>rasagiline mesylate tab 1 mg (base equiv)</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>selegiline hcl cap 5 mg</td>
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<td>selegiline hcl tab 5 mg</td>
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<td>ZELAPAR 1.25 MG TAB DISP</td>
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<td><strong>CENTRAL/PERIPHERAL COMT INHIBITORS</strong></td>
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<td>tolcapone tab 100 mg</td>
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<td><strong>LEVODOPA COMBINATIONS</strong></td>
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<td>carbidopa &amp; levodopa tab 10-100 mg</td>
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<tr>
<td>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</td>
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<td>CARBIDOPA-LEVODOPA 10-100 MG TAB DISP</td>
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<td>carbidopa &amp; levodopa tab 25-100 mg</td>
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<tr>
<td>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</td>
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<td>CARBIDOPA-LEVODOPA 25-100 MG TAB DISP</td>
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<td>carbidopa &amp; levodopa tab 25-250 mg</td>
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<td>carbidopa &amp; levodopa tab er 25-100 mg</td>
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<td>carbidopa &amp; levodopa tab er 50-200 mg</td>
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<td>CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB</td>
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<td>CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB</td>
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<tr>
<td>carbidopa-levodopa-entacapone tabs 25-100-200 mg</td>
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<td>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</td>
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**NONERGOLINE DOPAMINE RECEPTOR AGONISTS**

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<td>apomorphine hcl soln cartridge 30 mg/3ml</td>
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KYNMOBI 10 MG FILM

KYNMOBI 15 MG FILM

KYNMOBI 20 MG FILM

KYNMOBI 25 MG FILM

KYNMOBI 30 MG FILM

KYNMOBI TITRATION KIT 10&15&20&25&30 MG KIT

NEUPRO 1 MG/24HR PATCH 24HR

NEUPRO 2 MG/24HR PATCH 24HR
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<td>NEUPRO 4 MG/24HR PATCH 24HR</td>
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<td>PA</td>
</tr>
<tr>
<td>NEUPRO 6 MG/24HR PATCH 24HR</td>
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<td>PA</td>
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<tr>
<td>NEUPRO 8 MG/24HR PATCH 24HR</td>
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<td>PA</td>
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<td>pramipexole dihydrochloride tab 0.125 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
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<td>QL 30 / 30 DAYS</td>
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<td>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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<td>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 270 / 30 DAYS</td>
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<td>ONGENTYS 25 MG CAP</td>
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<td>PA</td>
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<td>ONGENTYS 50 MG CAP</td>
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<td><strong>ANTIMANIC AGENTS</strong></td>
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<td>AL1 Up to 8 yrs old</td>
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**DIBENZOXAZEPINES**

| quetiapine fumarate tab er 24hr 50 mg | 1 |

**PHENOTHIAZINES**

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| chlorpromazine hcl tab 100 mg | 1 |
| chlorpromazine hcl tab 200 mg | 1 |
| chlorpromazine hcl tab 25 mg | 1 |
| chlorpromazine hcl tab 50 mg | 1 |
| prochlorperazine suppos 25 mg | 1 | QL 30 / 30 DAYS |
| fluphenazine hcl tab 1 mg | 1 |
| fluphenazine hcl tab 10 mg | 1 |
| fluphenazine hcl tab 2.5 mg | 1 |
| FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR | 1 | AL1 Up to 8 yrs old |
| fluphenazine hcl tab 5 mg | 1 |
| FLUPHENAZINE HCL 5 MG/ML CONC | 1 | AL1 Up to 8 yrs old |
| perphenazine tab 16 mg | 1 |
| perphenazine tab 2 mg | 1 |
| perphenazine tab 4 mg | 1 |
| perphenazine tab 8 mg | 1 |
| prochlorperazine suppos 25 mg | 1 | QL 30 / 30 DAYS |</p>
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<td>ZYPREXA RELPREVV 300 MG RECON SUSP</td>
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<tr>
<td>ZYPREXA RELPREVV 405 MG RECON SUSP</td>
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<tr>
<td><strong>THIOXANTHENES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>thiothixene cap 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>thiothixene cap 10 mg</td>
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</tr>
<tr>
<td>thiothixene cap 2 mg</td>
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<td></td>
</tr>
<tr>
<td>thiothixene cap 5 mg</td>
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<tr>
<td><strong>ANTIVIRALS</strong></td>
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<tr>
<td>ANTIRETROVIRAL COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>abacavir sulfate-lamivudine tab 600-300 mg</td>
<td>1 QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</td>
<td>2 QL</td>
<td>60 / 30 DAYS</td>
</tr>
<tr>
<td>BIKTARVY 30-120-15 MG TAB</td>
<td>4 QL</td>
<td>30 / 30 day(s)</td>
</tr>
<tr>
<td>BIKTARVY 50-200-25 MG TAB</td>
<td>4 QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>CIMDUO 300-300 MG TAB</td>
<td>4 S</td>
<td></td>
</tr>
<tr>
<td>COMPLERA 200-25-300 MG TAB</td>
<td>4 QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>DESCOVY 120-15 MG TAB</td>
<td>4 QL</td>
<td>1 / 1 day(s)</td>
</tr>
<tr>
<td>DESCOVY 200-25 MG TAB</td>
<td>4 QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>DOVATO 50-300 MG TAB</td>
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<tr>
<td>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</td>
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<tr>
<td>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</td>
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<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</td>
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<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</td>
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<td>PRE Preventative</td>
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<tr>
<td>EVOTAZ 300-150 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>GENVOYA 150-150-200-10 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>JULUCA 50-25 MG TAB</td>
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<tr>
<td>lamivudine-zidovudine tab 150-300 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>lopinavir-ritonavir tab 100-25 mg</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>lopinavir-ritonavir tab 200-50 mg</td>
<td>4</td>
<td>S</td>
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<tr>
<td>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</td>
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<tr>
<td>ODEFSEY 200-25-25 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>PREZCOBIX 800-150 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>STRIBILD 150-150-200-300 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>SYMTUZA 800-150-200-10 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>TEMIXYS 300-300 MG TAB</td>
<td>4</td>
<td>S</td>
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<tr>
<td>TRIUMEQ 600-50-300 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
</tr>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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</tr>
<tr>
<td>TRIUMEQ PD 60-5-30 MG TAB SOL</td>
<td>4 QL</td>
<td>1 / 1 day(s)</td>
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**ANTIRETROVIRALS - CAPSID INHIBITORS**

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>SUNLENCA 4 X 300 MG TAB THPK</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>SUNLENCA 463.5 MG/1.5ML SOLUTION</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>SUNLENCA 5 X 300 MG TAB THPK</td>
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**ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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<tbody>
<tr>
<td>maraviroc tab 150 mg</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>maraviroc tab 300 mg</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>SELZENTRY 20 MG/ML SOLUTION</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>SELZENTRY 25 MG TAB</td>
<td>4 PA</td>
<td>S</td>
</tr>
<tr>
<td>SELZENTRY 75 MG TAB</td>
<td>4 PA</td>
<td>S</td>
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**ANTIRETROVIRALS - FUSION INHIBITORS**

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<tbody>
<tr>
<td>FUZEON 90 MG RECON SOLN</td>
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**ANTIRETROVIRALS - INTEGRASE INHIBITORS**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>ISENTRESS 100 MG CHEW TAB</td>
<td>4 QL</td>
<td>180 / 30 DAYS</td>
</tr>
<tr>
<td>ISENTRESS 100 MG PACKET</td>
<td>4 QL</td>
<td>240 / 30 DAYS</td>
</tr>
<tr>
<td>ISENTRESS 25 MG CHEW TAB</td>
<td>4 QL</td>
<td>720 / 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>ISENTRESS 400 MG TAB</td>
<td>4</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>ISENTRESS HD 600 MG TAB</td>
<td>4</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>TIVICAY 10 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>TIVICAY 25 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>TIVICAY 50 MG TAB</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>TIVICAY PD 5 MG TAB SOL</td>
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<td>PA</td>
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**ANTIRETROVIRALS - PROTEASE INHIBITORS**

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<thead>
<tr>
<th>ANTIRETROVIRALS</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>APTIVUS 100 MG/ML SOLUTION</td>
<td>4</td>
<td>QL 300 / 30 DAYS</td>
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<tr>
<td></td>
<td></td>
<td>Up to 8 yrs old</td>
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<tr>
<td>APTIVUS 250 MG CAP</td>
<td>4</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>atazanavir sulfate cap 150 mg (base equiv)</td>
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<td></td>
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<tr>
<td>atazanavir sulfate cap 200 mg (base equiv)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>atazanavir sulfate cap 300 mg (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>CRIXIVAN 200 MG CAP</td>
<td>4</td>
<td>QL 360 / 30 DAYS</td>
</tr>
<tr>
<td>CRIXIVAN 400 MG CAP</td>
<td>4</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>darunavir tab 600 mg</td>
<td>4</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>darunavir tab 800 mg</td>
<td>4</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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<tr>
<td>fosamprenavir calcium tab 700 mg (base equiv)</td>
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<tr>
<td>INVIRASE 500 MG TAB</td>
<td>4</td>
<td>QL 120 / 30 DAYS</td>
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<tr>
<td>LEXIVA 50 MG/ML SUSPENSION</td>
<td>4</td>
<td>QL 1800 / 30 DAYS</td>
</tr>
<tr>
<td>NORVIR 80 MG/ML SOLUTION</td>
<td>4</td>
<td>QL 480 / 30 DAYS AL1 Up to 8 yrs old S</td>
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<tr>
<td>PREZISTA 100 MG/ML SUSPENSION</td>
<td>4</td>
<td>QL 400 / 30 days(s) S</td>
</tr>
<tr>
<td>PREZISTA 150 MG TAB</td>
<td>4</td>
<td>QL 180 / 30 days(s) S</td>
</tr>
<tr>
<td>PREZISTA 75 MG TAB</td>
<td>4</td>
<td>QL 300 / 30 days(s) S</td>
</tr>
<tr>
<td>REYATAZ 50 MG PACKET</td>
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<td>AL1 Up to 8 yrs old S</td>
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<tr>
<td>ritonavir tab 100 mg</td>
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**ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>EDURANT 25 MG TAB</td>
<td>4</td>
<td>QL 30 / 30 DAYS S</td>
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<tr>
<td>EFAVIRENZ 200 MG CAP</td>
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</tr>
<tr>
<td>EFAVIRENZ 50 MG CAP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>efavirenz tab 600 mg</td>
<td>2</td>
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</tr>
<tr>
<td>etravirine tab 100 mg</td>
<td>4</td>
<td>QL 120 / 30 day(s) S</td>
</tr>
<tr>
<td>etravirine tab 200 mg</td>
<td>4</td>
<td>QL 60 / 30 day(s) S</td>
</tr>
<tr>
<td>INTELENCE 25 MG TAB</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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</tr>
<tr>
<td>nevirapine tab 200 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>NEVIRAPINE 50 MG/5ML SUSPENSION</td>
<td>1</td>
<td>QL 1200 / 30 day(s)</td>
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<td></td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>NEVIRAPINE ER 100 MG TAB ER 24H</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
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<tr>
<td>nevirapine tab er 24hr 400 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>PIFELTRO 100 MG TAB</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>RESCRIPTOR 200 MG TAB</td>
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<td>QL 180 / 30 DAYS</td>
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<thead>
<tr>
<th>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</th>
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<tbody>
<tr>
<td>abacavir sulfate soln 20 mg/ml (base equiv)</td>
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<tr>
<td>abacavir sulfate tab 300 mg (base equiv)</td>
</tr>
<tr>
<td>DIDANOSINE 200 MG CAP DR</td>
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<tr>
<td>DIDANOSINE 250 MG CAP DR</td>
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<tr>
<td>DIDANOSINE 400 MG CAP DR</td>
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<table>
<thead>
<tr>
<th>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</th>
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<tbody>
<tr>
<td>emtricitabine caps 200 mg</td>
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<tr>
<td>EMTRIVA 10 MG/ML SOLUTION</td>
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<tr>
<td>lamivudine oral soln 10 mg/ml</td>
</tr>
<tr>
<td>lamivudine tab 150 mg</td>
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<tr>
<th>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</th>
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<tr>
<td>STAVUDINE 15 MG CAP</td>
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<tr>
<td>stavudine cap 15 mg</td>
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<td>STAVUDINE 20 MG CAP</td>
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<td>stavudine cap 20 mg</td>
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<td>STAVUDINE 30 MG CAP</td>
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<tr>
<td>stavudine cap 30 mg</td>
</tr>
<tr>
<td>STAVUDINE 40 MG CAP</td>
</tr>
<tr>
<td>stavudine cap 40 mg</td>
</tr>
<tr>
<td>zidovudine cap 100 mg</td>
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<tr>
<td>zidovudine tab 300 mg</td>
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<tr>
<td>zidovudine syrup 10 mg/ml</td>
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<tr>
<td><strong>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</strong></td>
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<tr>
<td>tenofovir disoproxil fumarate tab 300 mg</td>
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<tr>
<td>VIREAD 150 MG TAB</td>
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<td>VIREAD 200 MG TAB</td>
</tr>
<tr>
<td>VIREAD 250 MG TAB</td>
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<tr>
<td>VIREAD 40 MG/GM POWDER</td>
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<td>TYBOST 150 MG TAB</td>
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<tr>
<td><strong>ANTIVIRAL COMBINATIONS</strong></td>
</tr>
<tr>
<td>PAXLOVID (150/100) 10 X 150 MG &amp; 10 X 100MG TAB THPK</td>
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<tr>
<td>PAXLOVID (300/100) 20 X 150 MG &amp; 10 X 100MG TAB THPK</td>
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<tr>
<td><strong>CMV AGENTS</strong></td>
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<tr>
<td>LIVTENCITY 200 MG TAB</td>
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<tr>
<td>PREVYMIS 240 MG TAB</td>
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<td>PREVYMIS 480 MG TAB</td>
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<tr>
<td>valganciclovir hcl tab 450 mg (base equivalent)</td>
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<tr>
<td>valganciclovir hcl for soln 50 mg/ml (base equiv)</td>
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<td><strong>HEPATITIS B AGENTS</strong></td>
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<tr>
<td>adefovir dipivoxil tab 10 mg</td>
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<tr>
<td>BARACLUDE 0.05 MG/ML SOLUTION</td>
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<tr>
<td>entecavir tab 0.5 mg</td>
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<td>entecavir tab 1 mg</td>
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<tr>
<td>lamivudine tab 100 mg (hbv)</td>
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<td><strong>HEPATITIS C AGENT - COMBINATIONS</strong></td>
</tr>
<tr>
<td>LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB</td>
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<tr>
<td>MAVYRET 100-40 MG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>MAVYRET 50-20 MG PACKET</td>
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<tr>
<td>SOFOSBUVIR-VELPATASVIR 400-100 MG TAB</td>
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<td><strong>HEPATITIS C AGENTS</strong></td>
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<tr>
<td>PEGASYS 180 MCG/0.5ML SOLN PRSYR</td>
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<tr>
<td>PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ</td>
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<tr>
<td>PEGINTRON 50 MCG/0.5ML KIT</td>
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<tr>
<td>RIBAVIRIN 200 MG CAP</td>
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<td><em>ribavirin cap 200 mg</em></td>
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<td>RIBAVIRIN 200 MG TAB</td>
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<td><em>ribavirin tab 200 mg</em></td>
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<tr>
<td><strong>HERPES AGENTS - PURINE ANALOGUES</strong></td>
</tr>
<tr>
<td><em>acyclovir cap 200 mg</em></td>
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<tr>
<td><em>acyclovir susp 200 mg/5ml</em></td>
</tr>
<tr>
<td><em>acyclovir tab 400 mg</em></td>
</tr>
<tr>
<td><em>acyclovir tab 800 mg</em></td>
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<tr>
<td><em>valacyclovir hcl tab 1 gm</em></td>
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<tr>
<td><em>valacyclovir hcl tab 500 mg</em></td>
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<tr>
<td><strong>HERPES AGENTS - THYMIDINE ANALOGUES</strong></td>
</tr>
<tr>
<td><em>famciclovir tab 125 mg</em></td>
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<td><em>famciclovir tab 250 mg</em></td>
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<tr>
<td><em>famciclovir tab 500 mg</em></td>
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<tr>
<td><strong>INFLUENZA AGENTS</strong></td>
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<tr>
<td>RIMANTADINE HCL 100 MG TAB</td>
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<tr>
<td>LAGEVRIO 200 MG CAP</td>
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<tr>
<td>TEMBEXA 10 MG/ML SUSPENSION</td>
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<tr>
<td>TEMBEXA 100 MG TAB</td>
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<tr>
<td>TPOXX 200 MG CAP</td>
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<tr>
<td><strong>NEURAMINIDASE INHIBITORS</strong></td>
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<tr>
<td>oseltamivir phosphate cap 30 mg (base equiv)</td>
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</tr>
<tr>
<td>oseltamivir phosphate cap 45 mg (base equiv)</td>
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<td><strong>BETA BLOCKERS</strong></td>
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**CONTRACEPTIVES**

**BIPHASIC CONTRACEPTIVES - ORAL**

- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |

- LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB | 3 | QL 30 / 30 day(s) |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |
- desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | PRE Preventative |

**COMBINATION CONTRACEPTIVES - ORAL**

- levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 1 | PRE Preventative |
- levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 1 | PRE Preventative |
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<td>ANNOVERA 0.013-0.15 MG/24HR RING</td>
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### EMERGENCY CONTRACEPTIVES

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### EXTENDED-CYCLE CONTRACEPTIVES - ORAL

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<td>QL 91 / 91 DAYS</td>
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**TRIPHASIC CONTRACEPTIVES - ORAL**

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</tr>
<tr>
<td>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35mg-mcg</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35mg-mcg</td>
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<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35mg-mcg</td>
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<tr>
<td>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35mg-mcg</td>
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</tr>
<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35mg-mcg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</td>
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<td>PRE Preventative</td>
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<tr>
<td>VELIVET 0.1/0.125/0.15 -0.025 MG TAB</td>
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**CORTICOSTEROIDS**

**GLUCOCORTICOSTEROIDS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>ALKINDI SPRINKLE 0.5 MG CAP SPRINK</td>
<td>3</td>
<td>QL 2 / 1 day(s) AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>ALKINDI SPRINKLE 1 MG CAP SPRINK</td>
<td>3</td>
<td>QL 2 / 1 day(s) AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>ALKINDI SPRINKLE 2 MG CAP SPRINK</td>
<td>3</td>
<td>QL 2 / 1 day(s) AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>ALKINDI SPRINKLE 5 MG CAP SPRINK</td>
<td>3</td>
<td>QL 2 / 1 day(s) AL1 Up to 8 yrs old</td>
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<tr>
<td>budesonide delayed release particles cap 3 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>budesonide tab er 24hr 9 mg</td>
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<td>CORTISONE ACETATE 25 MG TAB</td>
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<tr>
<td>dexamethasone tab 0.5 mg</td>
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<td>dexamethasone tab 0.75 mg</td>
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<tr>
<td>dexamethasone tab 4 mg</td>
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<td>dexamethasone tab 6 mg</td>
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<td>dexamethasone tab 0.5 mg</td>
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<tr>
<td>dexamethasone elixir 0.5 mg/5ml</td>
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<tr>
<td>DEXAMETHASONE 0.5 MG/5ML SOLUTION</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>dexamethasone tab 0.75 mg</td>
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<td>DEXAMETHASONE 1 MG TAB</td>
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<tr>
<td>dexamethasone tab 1 mg</td>
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<tr>
<td>DEXAMETHASONE 1.5 MG (35) TAB THPK</td>
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<td>DEXAMETHASONE 1.5 MG (51) TAB THPK</td>
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<td>dexamethasone tab 6 mg</td>
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<td>hydrocortisone tab 10 mg</td>
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<td>hydrocortisone tab 20 mg</td>
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<td>hydrocortisone tab 5 mg</td>
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<td>KENALOG-80 80 MG/ML SUSPENSION</td>
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<td>methylprednisolone tab 16 mg</td>
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<td>methylprednisolone tab 32 mg</td>
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<td>methylprednisolone tab 4 mg</td>
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<td>methylprednisolone tab 8 mg</td>
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<tr>
<td>prednisolone soln 15 mg/5ml</td>
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<tr>
<td>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</td>
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<tr>
<td>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</td>
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<tr>
<td>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</td>
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<td>PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</td>
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<td>AL1 Up to 8 yrs old</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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<tr>
<td>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</td>
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<td>prednisone tab 1 mg</td>
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<tr>
<td>prednisone tab therapy pack 10 mg (21)</td>
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<td>prednisone tab therapy pack 10 mg (48)</td>
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<td>prednisone tab 10 mg</td>
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<td>prednisone tab 2.5 mg</td>
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<td>prednisone tab 20 mg</td>
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<tr>
<td>prednisone tab therapy pack 5 mg (21)</td>
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<td>prednisone tab therapy pack 5 mg (48)</td>
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<tr>
<td>PREDNISONE 5 MG/5ML SOLUTION</td>
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<td>PREDNISONE INTENSOL 5 MG/ML CONC</td>
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<tr>
<td>UCERIS 9 MG TAB ER 24H</td>
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**MINERALOCORTICOIDs**

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<tbody>
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<td>fludrocortisone acetate tab 0.1 mg</td>
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**COUGH/COLD/ALLERGY**

**ANTITUSSIVE - NONNARCOTIC**

<table>
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
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<td>benzonatate cap 100 mg</td>
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<td>benzonatate cap 200 mg</td>
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**ANTITUSSIVE - OPIOID**

<table>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</td>
<td>1</td>
<td>QL 6 / 1 day(s)</td>
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<tr>
<td>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</td>
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<td>QL 30 / 1 day(s)</td>
</tr>
<tr>
<td>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</td>
<td>1</td>
<td>MFL 1 / 60 day(s)</td>
</tr>
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<td>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</td>
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<td>MD 7 / 1 day(s)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>---------------------</td>
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<tr>
<td><strong>ANTITUSSIVE-EXPECTORANT</strong></td>
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<td>guaifenesin-codeine soln 100-10 mg/5ml</td>
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<td>guaifenesin-codeine soln 100-10 mg/5ml</td>
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<td>guaifenesin-codeine soln 100-10 mg/5ml</td>
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<td><strong>MISC. RESPIRATORY INHALANTS</strong></td>
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<td>sodium chloride soln nebu 7%</td>
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<td>acetylcysteine inhal soln 10%</td>
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<tr>
<td>acetylcysteine inhal soln 20%</td>
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<td><strong>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</strong></td>
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<td>promethazine-dm syrup 6.25-15 mg/5ml</td>
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<td><strong>OPIOID ANTITUSSIVE-ANTIHISTAMINE</strong></td>
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<tr>
<td>HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP</td>
<td>1</td>
<td>QL 50 / 5 day(s)</td>
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<td>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</td>
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<td>QL 50 / 5 DAYS</td>
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<tr>
<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<td>QL 150 / 5 DAYS</td>
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<tr>
<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<tr>
<td>clindamycin phosphate foam 1%</td>
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<td>clindamycin phosphate swab 1%</td>
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<tr>
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<td>clindamycin phosphate foam 1%</td>
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<td>clindamycin phosphate gel 1%</td>
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<tr>
<td>clindamycin phosphate gel 1%</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>clindamycin phosphate lotion 1%</td>
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<td>clindamycin phosphate soln 1%</td>
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<td>clindamycin phosphate swab 1%</td>
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<td>erythromycin gel 2%</td>
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<td>erythromycin soln 2%</td>
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<td>sulfacetamide sodium lotion 10% (acne)</td>
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<td><strong>ACNE COMBINATIONS</strong></td>
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<td>adapalene-benzoyl peroxide gel 0.1-2.5%</td>
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<td>sulfacetamide sodium w/ sulfur cleanser 10-5%</td>
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<td>benzoyl peroxide-erythromycin gel 5-3%</td>
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<td>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</td>
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<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur cleanser 10-5%</td>
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<td><strong>ACNE PRODUCTS</strong></td>
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<td>QL 60 / 30 DAYS</td>
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<td>adapalene gel 0.1%</td>
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<td>adapalene gel 0.3%</td>
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<td>QL 60 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>QL 45 / 30 DAYS</td>
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<td>QL 45 / 30 DAYS</td>
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<td>AZELEX 20 % CREAM</td>
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<td>QL 60 / 30 DAYS</td>
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<td>QL 45 / 30 DAYS</td>
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<td>TRETINOIN (EMOLLIENT) 0.05 % CREAM</td>
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<td>DICLOFENAC EPOLAMINE 1.3 % PATCH</td>
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<td>diclofenac sodium gel 1% (1.16% diethylamine equiv)</td>
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<td>ALTABAX 1 % OINTMENT</td>
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<td>gentamicin sulfate oint 0.1%</td>
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<tr>
<td>mupirocin oint 2%</td>
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<tr>
<td>ciclopirox solution 8%</td>
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<tr>
<td>ciclopirox gel 0.77%</td>
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<tr>
<td>ciclopirox shampoo 1%</td>
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<tr>
<td>ciclopirox solution 8%</td>
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</tr>
<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
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<td>LOPROX 0.77 % CREAM</td>
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<td>LOPROX 0.77 % KIT</td>
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<tr>
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<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
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<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
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<td>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</td>
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<td>VALCHLOR 0.016 % GEL</td>
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<td>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</td>
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<td>FLUOROPLEX 1 % CREAM</td>
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<td>fluorouracil cream 5%</td>
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<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<td>PRUadoxin 5 % CREAM</td>
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<tr>
<td>Zonalon 5 % CREAM</td>
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<td>ANTIPSORIATICS</td>
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<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>CALCITRIOL 3 MCG/GM OINTMENT</td>
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<td>tazarotene cream 0.1%</td>
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<td>TAZORAC 0.05 % CREAM</td>
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<tr>
<td>ZORYVE 0.3 % CREAM</td>
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### ANTIPSORIATICS - SYSTEMIC

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<td>methoxsalen rapid cap 10 mg</td>
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<td>SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT</td>
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<tr>
<td>SKYRIZI 150 MG/ML SOLN PRSYR</td>
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<tr>
<td>SKYRIZI PEN 150 MG/ML SOLN A-INJ</td>
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<td>STELARA 45 MG/0.5ML SOLUTION</td>
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<td>STELARA 90 MG/ML SOLN PRSYR</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>selenium sulfide lotion 2.5%</td>
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<td><strong>ANTIVIRALS - TOPICAL</strong></td>
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<td>acyclovir oint 5%</td>
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<td><strong>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</strong></td>
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<td>OPZELURA 1.5 % CREAM</td>
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<td>ADBRY 150 MG/ML SOLN PRSYR</td>
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<td>clobetasol propionate shampoo 0.05%</td>
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<td>DIFLORASONE DIACETATE 0.05 % CREAM</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
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<tr>
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<td>triamcinolone acetonide lotion 0.1%</td>
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<td>ENZYMES - TOPICAL</td>
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<td>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</td>
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<td>clotrimazole soln 1%</td>
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<tr>
<td>econazole nitrate cream 1%</td>
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<tr>
<td>ERTACZO 2 % CREAM</td>
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<tr>
<td>EXELDERM 1 % CREAM</td>
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</tr>
<tr>
<td>EXELDERM 1 % SOLUTION</td>
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<tr>
<td>JUBLIA 10 % SOLUTION</td>
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<td>QL 4 / 30 DAYS</td>
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<td>ketoconazole cream 2%</td>
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<tr>
<td>ketoconazole foam 2%</td>
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<tr>
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<tr>
<td>ketoconazole foam 2%</td>
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<td>LULICONAZOLE 1 % CREAM</td>
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<td>QL 60 / 30 day(s)</td>
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<tr>
<td>LUZU 1 % CREAM</td>
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<tr>
<td>XOLEGEL 2 % GEL</td>
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<td>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</td>
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<tr>
<td>imiquimod cream 5%</td>
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<tr>
<td>KERATOLYTIC/ANTIMITOTIC AGENTS</td>
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<tr>
<td>salicylic acid shampoo 6%</td>
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<tr>
<td>PODOFILOX 0.5 % SOLUTION</td>
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<tr>
<td>podofilox soln 0.5%</td>
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<tr>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>---------------------</td>
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<tr>
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<tr>
<td><strong>LOCAL ANESTHETICS - TOPICAL</strong></td>
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<tr>
<td>lidocaine oint 5%</td>
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</tr>
<tr>
<td>lidocaine patch 5%</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>lidocaine hcl urethral/mucosal gel 2%</td>
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<tr>
<td>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</td>
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<tr>
<td>lidocaine patch 5%</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>lidocaine patch 5%</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>lidocaine oint 5%</td>
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<tr>
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<tr>
<td>pimecrolimus cream 1%</td>
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<td>tacrolimus oint 0.03%</td>
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<td>tacrolimus oint 0.1%</td>
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<td><strong>MISC. TOPICAL</strong></td>
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<td>DRYSOL 20 % SOLUTION</td>
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<td><strong>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</strong></td>
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<tr>
<td>tavaborole soln 5%</td>
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<tr>
<td>EUCRISA 2 % OINTMENT</td>
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<tr>
<td>azelaic acid gel 15%</td>
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<tr>
<td>ivermectin cream 1%</td>
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<td>metronidazole cream 0.75%</td>
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<tr>
<td>metronidazole gel 0.75%</td>
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<tr>
<td>metronidazole lotion 0.75%</td>
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</tr>
<tr>
<td>metronidazole gel 1%</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>metronidazole cream 0.75%</td>
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</tr>
<tr>
<td>metronidazole gel 0.75%</td>
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<tr>
<td><strong>SCABICIDES &amp; PEDICULICIDES</strong></td>
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<tr>
<td>EURAX 10 % CREAM</td>
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<td></td>
</tr>
<tr>
<td>EURAX 10 % LOTION</td>
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</tr>
<tr>
<td>IVERMECTIN 0.5 % LOTION</td>
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<td>QL 117 / 30 day(s)</td>
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<td>LINDANE 1 % SHAMPOO</td>
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<td>malathion lotion 0.5%</td>
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<tr>
<td>permethrin cream 5%</td>
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<tr>
<td>SPINOSAD 0.9 % SUSPENSION</td>
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<tr>
<td>ULESFIA 5 % LOTION</td>
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<tr>
<td><strong>TOPICAL ANESTHETIC COMBINATIONS</strong></td>
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<tr>
<td>lidocaine-prilocaine cream 2.5-2.5%</td>
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<td>SYNERA 70-70 MG PATCH</td>
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<td><strong>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</strong></td>
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<tr>
<td>bexarotene gel 1%</td>
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<td><strong>WOUND CARE - GROWTH FACTOR AGENTS</strong></td>
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<tr>
<td>REGRANEX 0.01 % GEL</td>
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<td><strong>DIAGNOSTIC PRODUCTS</strong></td>
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<tr>
<td>GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN</td>
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<td>GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN</td>
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<tr>
<td>FREESTYLE INSULINX TEST STRIP</td>
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<td>QL 250 / 30 day(s)</td>
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<tr>
<td>ONETOUCH ULTRA STRIP</td>
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<td>ONETOUCH VERIO STRIP</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>ACCULA SARS-COV-2 KIT</td>
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<tr>
<td>BD VERITOR SYSTEM SARS-COV-2 KIT</td>
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<tr>
<td>BINAXNOW COVID-19 AG CARD KIT</td>
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<td>COBAS LIAT SARS-COV-2 ASSAY KIT</td>
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<td>ID NOW COVID-19 KIT</td>
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<td>ID NOW COVID-19 2.0 TEST KIT</td>
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<td>LYRA DIRECT SARS-COV-2 ASSAY KIT</td>
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<td>CARBONIC ANHYDRASE INHIBITORS</td>
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<td>acetazolamide cap er 12hr 500 mg</td>
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<td><strong>DIURETIC COMBINATIONS</strong></td>
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<td>amiloride &amp; hydrochlorothiazide tab 5-50 mg</td>
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<td>AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB</td>
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<td>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</td>
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<tr>
<td>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</td>
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<tr>
<td>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</td>
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<tr>
<td>ethacrynic acid tab 25 mg</td>
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<tr>
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<td>furosemide tab 80 mg</td>
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<td>torsemide tab 5 mg</td>
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<td><strong>POTASSIUM SPARING DIURETICS</strong></td>
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<td>amiloride hcl tab 5 mg</td>
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<td>CAROSPIR 25 MG/5ML SUSPENSION</td>
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<td>triamterene cap 50 mg</td>
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<td><strong>THIAZIDES AND THIAZIDE-LIKE DIURETICS</strong></td>
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<td>CHLOROTHIAZIDE 250 MG TAB</td>
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<tr>
<td>CHLOROTHIAZIDE 500 MG TAB</td>
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<td>hydrochlorothiazide tab 12.5 mg</td>
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<td><strong>ENDOCRINE AND METABOLIC AGENTS - MISC.</strong></td>
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<td>BISPHOSPHONATES</td>
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<td>alendronate sodium tab 10 mg</td>
<td>1</td>
<td>QL 30 / 28 DAYS</td>
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<td>alendronate sodium tab 35 mg</td>
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<td>ETIDRONATE DISODIUM 200 MG TAB</td>
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<td>FOSAMAX PLUS D 70-5600 MG-UNIT TAB</td>
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<td>etidronate sodium tab 150 mg (base equivalent)</td>
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<tr>
<td>risedronate sodium tab 150 mg</td>
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<td>risedronate sodium tab 35 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>risedronate sodium tab delayed release 35 mg</td>
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<td>risedronate sodium tab 5 mg</td>
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<td><strong>CALCIMIMETIC AGENTS</strong></td>
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<td>cinacalcet hcl tab 30 mg (base equiv)</td>
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<td>QL 120 / 30 day(s)</td>
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<tr>
<td>cinacalcet hcl tab 60 mg (base equiv)</td>
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<td>QL 120 / 30 day(s)</td>
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<tr>
<td>cinacalcet hcl tab 90 mg (base equiv)</td>
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<td>QL 120 / 30 day(s)</td>
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<td><strong>CALCITONINS</strong></td>
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<td>calcitonin (salmon) nasal soln 200 unit/act</td>
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<tr>
<td>calcitonin (salmon) inj 200 unit/ml</td>
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<td><strong>CARNITINE REPLENISHER - AGENTS</strong></td>
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<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
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<td><strong>DOPAMINE RECEPTOR AGONISTS</strong></td>
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<td>cabergoline tab 0.5 mg</td>
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<td><strong>GNRH/LHRH ANTAGONISTS</strong></td>
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<td>ORILISSA 200 MG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>GROWTH HORMONE RECEPTOR ANTAGONISTS</td>
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<td>SOMAVER 10 MG RECON SOLN</td>
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<td>SOMAVER 15 MG RECON SOLN</td>
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<td>PA S</td>
</tr>
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<td>SOMAVER 20 MG RECON SOLN</td>
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<td>PA S</td>
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<td>GROWTH HORMONES</td>
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<td>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN</td>
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<td>PA S</td>
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<td>NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN</td>
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<td>PA S</td>
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<td>NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN</td>
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<td>PA S</td>
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<td>NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN</td>
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<td>PA S</td>
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<td>NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN</td>
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<td>PA S</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN</td>
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<td>PA S</td>
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<tr>
<td>NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN</td>
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<td>PA S</td>
</tr>
<tr>
<td>OMNITROPE 10 MG/1.5ML SOLN CART</td>
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<td>PA S</td>
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<tr>
<td>OMNITROPE 5 MG/1.5ML SOLN CART</td>
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<td>PA S</td>
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<tr>
<td>OMNITROPE 5.8 MG RECON SOLN</td>
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<td>PA S</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>HYPERAMMONEMIA TREATMENT - AGENTS</strong></td>
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<td>carglumic acid soluble tab 200 mg</td>
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<td>calcitriol cap 0.25 mcg</td>
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<td>calcitriol cap 0.5 mcg</td>
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<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
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<td>AL1 Up to 8 yrs old</td>
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<td>doxercalciferol cap 0.5 mcg</td>
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<td>doxercalciferol cap 2.5 mcg</td>
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<td>paricalcitol cap 1 mcg</td>
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<td>paricalcitol cap 2 mcg</td>
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<tr>
<td>paricalcitol cap 4 mcg</td>
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<td><strong>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</strong></td>
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<td>INCRELEX 40 MG/4ML SOLUTION</td>
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<td><strong>LEPTIN ANALOGUES</strong></td>
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<tr>
<td>MYALEPT 11.3 MG RECON SOLN</td>
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<td><strong>LHRH/GNRH AGONIST ANALOG COMBINATIONS</strong></td>
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<tr>
<td>LUPANETA PACK 11.25 &amp; 5 MG KIT</td>
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<tr>
<td>LUPANETA PACK 3.75 &amp; 5 MG KIT</td>
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<td>PA S</td>
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<tr>
<td><strong>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</strong></td>
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<td>LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT</td>
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<td>PA S</td>
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<tr>
<td>LUPRON DEPOT-PED (1-MONTH) 15 MG KIT</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT</td>
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<td>LUPRON DEPOT-PED (3-MONTH) 30 MG KIT</td>
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<td>LUPRON DEPOT-PED (6-MONTH) 45 MG KIT</td>
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<td><strong>PARATHYROID HORMONE AND DERIVATIVES</strong></td>
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<td>TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN</td>
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<td>TYMLOS 3120 MCG/1.56ML SOLN PEN</td>
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<td>sapropterin dihydrochloride powder packet 100 mg</td>
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<td>sapropterin dihydrochloride tab 100 mg</td>
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<tr>
<td>sapropterin dihydrochloride powder packet 500 mg</td>
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<td>PA</td>
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<td>PALYNZIQ 10 MG/0.5ML SOLN PRSYR</td>
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<tr>
<td>PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR</td>
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<td>PALYNZIQ 20 MG/ML SOLN PRSYR</td>
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<td>sapropterin dihydrochloride powder packet 100 mg</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>sapropterin dihydrochloride tab 100 mg</td>
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<td>PA S</td>
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<tr>
<td>sapropterin dihydrochloride powder packet 500 mg</td>
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<td><strong>SCLEROSTIN INHIBITORS</strong></td>
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<td>EVENITY 105 MG/1.17ML SOLN PRSYR</td>
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<td><strong>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</strong></td>
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<td>OSPHENA 60 MG TAB</td>
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<td>raloxifene hcl tab 60 mg</td>
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<td>QL 30 / 30 DAYS PRE Preventative</td>
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<td><strong>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</strong></td>
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<td>JYNARQUE 15 MG TAB THPK</td>
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<td>JYNARQUE 30 &amp; 15 MG TAB THPK</td>
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<td>JYNARQUE 45 &amp; 15 MG TAB THPK</td>
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<td>JYNARQUE 60 &amp; 30 MG TAB THPK</td>
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<td>JYNARQUE 90 &amp; 30 MG TAB THPK</td>
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<tr>
<td>TOLVAPTAN 15 MG TAB</td>
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<tr>
<td>tolvaptan tab 15 mg</td>
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<td>tolvaptan tab 30 mg</td>
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## SOMATOSTATIC AGENTS

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<th>Product Description</th>
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<tbody>
<tr>
<td>Octreotide acetate 100 mcg/ml soln prsysr</td>
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<tr>
<td>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</td>
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<tr>
<td>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</td>
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<tr>
<td>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</td>
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<tr>
<td>Octreotide acetate 50 mcg/ml soln prsysr</td>
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<td>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</td>
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<tr>
<td>Octreotide acetate 500 mcg/ml soln prsysr</td>
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<tr>
<td>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</td>
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## SIGNIFOR 0.3 MG/ML SOLUTION

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR 0.6 MG/ML SOLUTION

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR 0.9 MG/ML SOLUTION

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR LAR 10 MG SRER

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR LAR 20 MG SRER

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR LAR 30 MG SRER

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR LAR 40 MG SRER

- Tier: 4
- Limits & Restrictions: PA, S

## SIGNIFOR LAR 60 MG SRER

- Tier: 4
- Limits & Restrictions: PA, S

## UREA CYCLE DISORDER - AGENTS

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<th>Product Description</th>
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<tbody>
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<td>Pheburane 483 mg/gm pellet</td>
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<td>PA, S</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td><strong>VASOPRESSIN</strong></td>
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<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate tab 0.2 mg</td>
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<td><strong>DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION</strong></td>
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<td>desmopressin acetate inj 4 mcg/ml</td>
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<td><strong>QL</strong> 1 / 90 day(s)</td>
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<tr>
<td>desmopressin acetate preservative free (pf) inj 4 mcg/ml</td>
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<tr>
<td>desmopressin acetate nasal spray soln 0.01%</td>
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<td><strong>STIMATE 1.5 MG/ML SOLUTION</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>QL</strong> 1 / 180 day(s)</td>
</tr>
<tr>
<td>vasopressin iv soln 20 unit/ml (for iv infusion)</td>
<td>2</td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td>vasopressin iv soln 20 unit/ml (for iv infusion)</td>
<td>2</td>
<td><strong>PA</strong></td>
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<td><strong>VASOSTRICT 20 UNIT/ML SOLUTION</strong></td>
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<td><strong>PA</strong></td>
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<td></td>
<td><strong>ESTROGENS</strong></td>
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<tr>
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<td><strong>ESTROGEN &amp; ANDROGEN</strong></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
<td>1</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
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<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
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<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
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<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</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><strong>ESTROGEN &amp; PROGESTIN</strong></td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
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<td></td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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<tr>
<td>PREMPRO 0.3-1.5 MG TAB</td>
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<tr>
<td>PREMPRO 0.45-1.5 MG TAB</td>
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<td></td>
</tr>
<tr>
<td>PREMPRO 0.625-2.5 MG TAB</td>
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<td></td>
</tr>
<tr>
<td>PREMPRO 0.625-5 MG TAB</td>
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<tr>
<td><strong>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</strong></td>
<td></td>
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<tr>
<td>ORIAHNN 300-1-0.5 &amp; 300 MG CAP THPK</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</strong></td>
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<tr>
<td>DUAVEE 0.45-20 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</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>estradiol td patch twice weekly 0.1 mg/24hr</td>
<td>1</td>
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</tr>
<tr>
<td>ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL</td>
<td>3</td>
<td>QL 26 / 30 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch weekly 0.025 mg/24hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch weekly 0.05 mg/24hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.06 mg/24hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</td>
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<td></td>
</tr>
<tr>
<td>estradiol td patch weekly 0.075 mg/24hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch weekly 0.1 mg/24hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol td gel 0.25 mg/0.25gm (0.1%)</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>estradiol td gel 0.5 mg/0.5gm (0.1%)</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>estradiol td gel 0.75 mg/0.75gm (0.1%)</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>estradiol tab 1 mg</td>
<td>1</td>
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</tr>
<tr>
<td>estradiol td gel 1 mg/gm (0.1%)</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>estradiol td gel 1.25 mg/1.25gm (0.1%)</td>
<td>2</td>
<td>QL 37.5 / 30 day(s)</td>
</tr>
<tr>
<td>estradiol tab 2 mg</td>
<td>1</td>
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<tr>
<td>estradiol valerate im in oil 10 mg/ml</td>
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<td></td>
</tr>
<tr>
<td>estradiol valerate im in oil 20 mg/ml</td>
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<tr>
<td>estradiol valerate im in oil 40 mg/ml</td>
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<td>EVAMIST 1.53 MG/SPRAY SOLUTION</td>
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<td>QL 16.2 / 30 DAYS</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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<td>-----------------------</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr</td>
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<td></td>
</tr>
<tr>
<td>MENEST 0.3 MG TAB</td>
<td>2</td>
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<tr>
<td>MENEST 0.625 MG TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MENEST 1.25 MG TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MENEST 2.5 MG TAB</td>
<td>2</td>
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<tr>
<td>MENOSTAR 14 MCG/24HR PATCH WK</td>
<td>3</td>
<td><strong>QL</strong> 4 / 28 DAYS</td>
</tr>
<tr>
<td>PREMARIN 0.3 MG TAB</td>
<td>2</td>
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</tr>
<tr>
<td>PREMARIN 0.45 MG TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREMARIN 0.625 MG TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREMARIN 0.9 MG TAB</td>
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<td>PREMARIN 1.25 MG TAB</td>
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**FLUOROQUINOLONES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>BAXDELA 300 MG RECON SOLN</td>
<td>3</td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</td>
<td>1</td>
<td><strong>AL</strong> Up to 8 yrs old</td>
</tr>
<tr>
<td>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</td>
<td>1</td>
<td><strong>AL</strong> Up to 8 yrs old</td>
</tr>
<tr>
<td>CIPROFLOXACIN HCL 100 MG TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tab 250 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tab 500 mg (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tab 750 mg (base equiv)</td>
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</tr>
<tr>
<td>CIPROFLOXACIN-CIPROFLOX HCL ER 1000 MG TAB ER 24H</td>
<td>1</td>
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</tr>
<tr>
<td>LEVOFLOXACIN 25 MG/ML SOLUTION</td>
<td>1</td>
<td><strong>AL</strong> 0 to 8 yrs old</td>
</tr>
<tr>
<td>levofloxacin iv soln 25 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin oral soln 25 mg/ml</td>
<td>1</td>
<td><strong>AL</strong> 0 to 8 yrs old</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>levofloxacin tab 250 mg</td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td>levofloxacin tab 500 mg</td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td>levofloxacin tab 750 mg</td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td>moxifloxacin hcl tab 400 mg (base equiv)</td>
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<td>QL 14 / 0 DAYS</td>
</tr>
<tr>
<td>OFLOXACIN 300 MG TAB</td>
<td>2</td>
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<tr>
<td>ofloxacin tab 400 mg</td>
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**GASTROINTESTINAL AGENTS - MISC.**

**5-HT4 RECEPTOR AGONISTS**

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>MOTEGRITY 1 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>MOTEGRITY 2 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
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</table>

**CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>TRULANCE 3 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
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**FARNESOID X RECEPTOR (FXR) AGONISTS**

<table>
<thead>
<tr>
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<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>OCALIVA 10 MG TAB</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>OCALIVA 5 MG TAB</td>
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**GALLSTONE SOLUBILIZING AGENTS**

<table>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ursodiol tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol cap 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol tab 500 mg</td>
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**GASTROINTESTINAL ANTIALLERGY AGENTS**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>cromolyn sodium oral conc 100 mg/5ml</td>
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**GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>lubiprostone cap 24 mcg</td>
<td>2</td>
<td>QL 60 / 30 day(s)</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><em>lubiprostone cap 8 mcg</em></td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL STIMULANTS</strong></td>
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</tr>
<tr>
<td><em>metoclopramide hcl tab 10 mg (base equivalent)</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>metoclopramide hcl tab 5 mg (base equivalent)</em></td>
<td>1</td>
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</tr>
<tr>
<td><strong>METOCLOPRAMIDE HCL 5 MG TAB DISP</strong></td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td><em>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</em></td>
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<tr>
<td><strong>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</strong></td>
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<tr>
<td><em>LINZESS 145 MCG CAP</em></td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>LINZESS 290 MCG CAP</em></td>
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</tr>
<tr>
<td><em>LINZESS 72 MCG CAP</em></td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</strong></td>
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<tr>
<td><em>VIBERZI 100 MG TAB</em></td>
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<td>PA</td>
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<tr>
<td><em>VIBERZI 75 MG TAB</em></td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</strong></td>
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</tr>
<tr>
<td><em>alosetron hcl tab 0.5 mg (base equiv)</em></td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td><em>alosetron hcl tab 1 mg (base equiv)</em></td>
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<td>QL 60 / 30 DAYS</td>
</tr>
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<td><strong>INFLAMMATORY BOWEL AGENTS</strong></td>
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<tr>
<td><em>balsalazide disodium cap 750 mg</em></td>
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<tr>
<td><em>DIPENTUM 250 MG CAP</em></td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><em>mesalamine tab delayed release 1.2 gm</em></td>
<td>2</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td><em>mesalamine suppos 1000 mg</em></td>
<td>2</td>
<td>QL 30 / 30 DAYS</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>mesalamine enema 4 gm</td>
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<td>QL 1680 / 28 DAYS</td>
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<tr>
<td>mesalamine cap dr 400 mg</td>
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<td>QL 6 / 1 day(s)</td>
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<tr>
<td>MESALAMINE 800 MG TAB DR</td>
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<td>QL 180 / 30 day(s)</td>
</tr>
<tr>
<td>mesalamine tab delayed release 800 mg</td>
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<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine cap er 24hr 0.375 gm</td>
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<td>mesalamine cap er 500 mg</td>
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<td>QL 240 / 30 day(s)</td>
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<td><em>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</em>*</td>
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<td>QL 1 / 1 day(s)</td>
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<td>PENTASA 250 MG CAP ER</td>
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<td>SKYRIZI 360 MG/2.4ML SOLN CART</td>
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<td>MOVANTIK 25 MG TAB</td>
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<td>SYMPROIC 0.2 MG TAB</td>
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<td>calcium acetate (phosphate binder) tab 667 mg</td>
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<tr>
<td>lanthanum carbonate chew tab 500 mg (elemental)</td>
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<td>lanthanum carbonate chew tab 750 mg (elemental)</td>
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<td>sevelamer carbonate packet 2.4 gm</td>
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<td>dutasteride cap 0.5 mg</td>
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<td>alfuzosin hcl tab er 24hr 10 mg</td>
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<td>silodosin cap 4 mg</td>
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<td>silodosin cap 8 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>tamsulosin hcl cap 0.4 mg</td>
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**CITRATES**

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<td>potassium citrate tab er 10 meq (1080 mg)</td>
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<td>potassium citrate tab er 15 meq (1620 mg)</td>
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<td>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</td>
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**CYSTINOSIS AGENTS**

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<td>CYSTAGON 150 MG CAP</td>
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**INTERSTITIAL CYSTITIS AGENTS**

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<td>ELMIRON 100 MG CAP</td>
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**PHOSPHATES**

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<td>K-PHOS NO 2 305-700 MG TAB</td>
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**URINARY ANALGESICS**

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**GOUT AGENTS**

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<tbody>
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<td>colchicine w/ probenecid tab 0.5-500 mg</td>
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<tr>
<td>allopurinol tab 100 mg</td>
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<td>allopurinol tab 300 mg</td>
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<tr>
<td>colchicine cap 0.6 mg</td>
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<td>QL 60 / 30 day(s)</td>
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<tr>
<td>colchicine tab 0.6 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>febuxostat tab 80 mg</td>
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<td>FYLNETRA 6 MG/0.6ML SOLN PRSYR</td>
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<td>QL 1.2 / 28 day(s)</td>
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<tr>
<td>GRANIX 300 MCG/0.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 10 / 28 day(s)</td>
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<tr>
<td>GRANIX 300 MCG/ML SOLUTION</td>
<td>2</td>
<td>QL 20 / 28 day(s)</td>
</tr>
<tr>
<td>GRANIX 480 MCG/0.8ML SOLN PRSYR</td>
<td>2</td>
<td>QL 16 / 28 day(s)</td>
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<td>GRANIX 480 MCG/1.6ML SOLUTION</td>
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<td>QL 32 / 28 day(s)</td>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>NIVESTYM 300 MCG/0.5ML SOLN PRSYR</td>
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<td>NIVESTYM 300 MCG/ML SOLUTION</td>
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<td>QL 20 / 28 day(s)</td>
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<td>NIVESTYM 480 MCG/0.8ML SOLN PRSYR</td>
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<td>QL 16 / 28 day(s)</td>
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<tr>
<td>NIVESTYM 480 MCG/1.6ML SOLUTION</td>
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<td>NYVEPRIA 6 MG/0.6ML SOLN PRSYR</td>
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<td>QL 1.2 / 28 day(s)</td>
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<td>RELEUKO 300 MCG/0.5ML SOLN PRSYR</td>
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<td>RELEUKO 300 MCG/ML SOLUTION</td>
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<td>QL 20 / 28 day(s)</td>
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<td>QL 16 / 28 day(s)</td>
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<td>RELEUKO 480 MCG/1.6ML SOLUTION</td>
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<td>QL 32 / 28 day(s)</td>
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<td>UDENYCA 6 MG/0.6ML SOLN A-INJ</td>
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<td>UDENYCA 6 MG/0.6ML SOLN PRSYR</td>
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<td>ZARXIO 300 MCG/0.5ML SOLN PRSYR</td>
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<td>ZARXIO 480 MCG/0.8ML SOLN PRSYR</td>
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<td>ZIEXTENZO 6 MG/0.6ML SOLN PRSYR</td>
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<td>QL 1.2 / 28 day(s)</td>
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<td><strong>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</strong></td>
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<tr>
<td>PROMACTA 12.5 MG PACKET</td>
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<tr>
<td>PROMACTA 12.5 MG TAB</td>
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<tr>
<td>PROMACTA 25 MG PACKET</td>
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<td>PROMACTA 25 MG TAB</td>
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<tr>
<td>PROMACTA 50 MG TAB</td>
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<tr>
<td>PROMACTA 75 MG TAB</td>
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<tr>
<td>aminocaproic acid oral soln 0.25 gm/ml</td>
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<td>aminocaproic acid tab 1000 mg</td>
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<tr>
<td>aminocaproic acid tab 500 mg</td>
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<td>tranexamic acid tab 650 mg</td>
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<td><strong>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</strong></td>
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<td><strong>BARBITURATE HYPNOTICS</strong></td>
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<tr>
<td>phenobarbital tab 100 mg</td>
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<td>phenobarbital tab 15 mg</td>
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<td>phenobarbital tab 16.2 mg</td>
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<td>phenobarbital elixir 20 mg/5ml</td>
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<tr>
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<td>phenobarbital tab 32.4 mg</td>
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<td>phenobarbital tab 60 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>phenobarbital tab 64.8 mg</td>
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<td>phenobarbital tab 97.2 mg</td>
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<td><strong>BENZODIAZEPINE HYPNOTICS</strong></td>
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<td>FLURAZEPAM HCL 15 MG CAP</td>
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<tr>
<td>FLURAZEPAM HCL 30 MG CAP</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>midazolam hcl inj pf 10 mg/2ml (base equivalent)</td>
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</tr>
<tr>
<td>midazolam hcl inj pf 5 mg/ml (base equivalent)</td>
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<tr>
<td>temazepam cap 15 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>temazepam cap 22.5 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>temazepam cap 30 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>temazepam cap 7.5 mg</td>
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<tr>
<td>triazolam tab 0.125 mg</td>
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<tr>
<td>triazolam tab 0.25 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td><strong>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</strong></td>
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<tr>
<td>eszopiclone tab 1 mg</td>
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<tr>
<td>eszopiclone tab 2 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>eszopiclone tab 3 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>zaleplon cap 10 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>zaleplon cap 5 mg</td>
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<td>QL 4 / 1 day(s)</td>
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<td>zolpidem tartrate tab 10 mg</td>
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<tr>
<td>zolpidem tartrate tab 5 mg</td>
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<td>QL 2 / 1 day(s)</td>
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<tr>
<td>zolpidem tartrate tab er 12.5 mg</td>
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<tr>
<td>zolpidem tartrate tab er 6.25 mg</td>
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<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong></td>
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<tr>
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<td>BELSOMRA 15 MG TAB</td>
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<td>BELSOMRA 5 MG TAB</td>
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<td>DAYVIGO 10 MG TAB</td>
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<td>DAYVIGO 5 MG TAB</td>
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<td><strong>SELECTIVE MELATONIN RECEPTOR AGONISTS</strong></td>
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<tr>
<td><strong>ramelteon tab 8 mg</strong></td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td><strong>LAXATIVES</strong></td>
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<td><strong>BOWEL EVACUANT COMBINATIONS</strong></td>
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<td>GAVILYTE-C 240 GM RECON SOLN</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>PRE Preventative</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<td>PRE Preventative</td>
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<tr>
<td>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>PREPOPIK 10-3.5-12 MG-GM-GM PACKET</td>
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<td><strong>LAXATIVES - MISCELLANEOUS</strong></td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>AZITHROMYCIN 1 GM PACKET</td>
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<td><em>azithromycin for susp 100 mg/5ml</em></td>
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<td>QL 30 / 5 DAYS</td>
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<td><em>azithromycin for susp 200 mg/5ml</em></td>
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<td>QL 90 / 5 DAYS</td>
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<td><em>azithromycin tab 250 mg</em></td>
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<tr>
<td><em>azithromycin tab 600 mg</em></td>
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<td><strong>CLARITHROMYCIN</strong></td>
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<td><strong>ERYTHROMYCIN ETHYLsuccinate 400 mg TAB</strong></td>
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<td>ERYTHROCIN STEARATE 250 MG TAB</td>
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<td>DIFICID 200 MG TAB</td>
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<td>CERVICAL CAPS</td>
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<td>FEMCAP 26 MM DEVICE</td>
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<td>WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM</td>
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<td>DEXCOM G6 RECEIVER DEVICE</td>
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<td>QL 1 / 365 day(s)</td>
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<tr>
<td>DEXCOM G6 SENSOR MISC</td>
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<td>QL 3 / 30 day(s)</td>
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<tr>
<td>DEXCOM G6 TRANSMITTER MISC</td>
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<td>QL 1 / 90 day(s)</td>
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<tr>
<td>DEXCOM G7 RECEIVER DEVICE</td>
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<td>QL 1 / 365 day(s)</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>DEXCOM G7 SENSOR MISC</td>
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<td>EASY TOUCH LANCETS 33G/TWIST MISC</td>
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<td>FREESTYLE LIBRE 14 DAY READER DEVICE</td>
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<td>FREESTYLE LIBRE 14 DAY SENSOR MISC</td>
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<td>QL 1 / 365 day(s)</td>
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<td>FREESTYLE LIBRE 2 SENSOR MISC</td>
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<td>SURE COMFORT INSULIN SYRINGE 31G X 5/16&quot; 0.5 ML</td>
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<tr>
<td>MISC</td>
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<tr>
<td>SURE COMFORT PEN NEEDLES 31G X 6 MM MISC</td>
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<td>SURE COMFORT PEN NEEDLES 32G X 4 MM MISC</td>
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<tr>
<td>ULTICARE INSULIN SAFETY SYR 29G X 1/2&quot; 0.5 ML MISC</td>
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<td>ULTICARE INSULIN SAFETY SYR 29G X 1/2&quot; 1 ML MISC</td>
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<tr>
<td>ULTILET INSULIN SYRINGE 31G X 15/64&quot; 0.3 ML MISC</td>
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<td><strong>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</strong></td>
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<tr>
<td>AEROCHAMBER MINI CHAMBER DEVICE</td>
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<tr>
<td>AEROCHAMBER MV MISC</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU MISC</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU LARGE MISC</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU MEDIUM MISC</td>
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<tr>
<td>AEROCHAMBER PLUS FLO-VU SMALL MISC</td>
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</tr>
<tr>
<td>AEROCHAMBER PLUS FLO-VU W/MASK MISC</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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<tr>
<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/SMALL MISC</td>
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<tr>
<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>
<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>EASIVENT MASK MEDIUM</td>
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<tr>
<td>EASIVENT MASK SMALL</td>
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<tr>
<td>MICROCHAMBER</td>
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<tr>
<td>MICROSPACER</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-LG MASK</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-MED MASK</td>
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<tr>
<td>OPTICHAMBER ADVANTAGE-SM MASK</td>
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<tr>
<td>OPTICHAMBER DIAMOND</td>
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<tr>
<td>OPTICHAMBER DIAMOND-LG MASK</td>
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<tr>
<td>OPTICHAMBER DIAMOND-MD MASK</td>
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<tr>
<td>OPTICHAMBER DIAMOND-SM MASK</td>
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<tr>
<td>VALVED HOLDING CHAMBER</td>
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**MIGRAINE PRODUCTS**

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>NURTEC 75 MG TAB DISP</td>
<td>3</td>
<td>QL 8 / 30 day(s)</td>
</tr>
<tr>
<td>QULIPTA 10 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>QULIPTA 30 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>QULIPTA 60 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>UBRELVY 100 MG TAB</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>UBRELVY 50 MG TAB</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
</tr>
</tbody>
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**CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**

<table>
<thead>
<tr>
<th>Product</th>
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<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>AIMOVIG 140 MG/ML SOLN A-INJ</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>AIMOVIG 70 MG/ML SOLN A-INJ</td>
<td>3</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>AJOVY 225 MG/1.5ML SOLN A-INJ</td>
<td>2</td>
<td>QL 1.5 / 30 day(s)</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>AJOVY 225 MG/1.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1.5 / 30 DAYS</td>
</tr>
<tr>
<td>EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR</td>
<td>2</td>
<td>QL 3 / 30 day(s)</td>
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<tr>
<td>EMGALITY 120 MG/ML SOLN A-INJ</td>
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<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>EMGALITY 120 MG/ML SOLN PRSYR</td>
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<td>QL 1 / 30 DAYS</td>
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<tr>
<td>ERGOT COMBINATIONS</td>
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<tr>
<td>ergotamine w/ caffeine tab 1-100 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>dihydroergotamine mesylate inj 1 mg/ml</td>
<td>2</td>
<td>QL 24 / 30 DAYS</td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal spray 4 mg/ml</td>
<td>2</td>
<td>QL 16 / 30 DAYS</td>
</tr>
<tr>
<td>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</td>
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</tr>
<tr>
<td>almotriptan malate tab 12.5 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>almotriptan malate tab 6.25 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>eletriptan hydrobromide tab 20 mg (base equivalent)</td>
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<td>QL 9 / 28 DAYS</td>
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<tr>
<td>eletriptan hydrobromide tab 40 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>frovatriptan succinate tab 2.5 mg (base equivalent)</td>
<td>2</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl tab 1 mg (base equiv)</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl tab 2.5 mg (base equiv)</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 10 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 5 mg (base equivalent)</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan nasal spray 20 mg/act</td>
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<td>QL 6 / 28 DAYS</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>sumatriptan nasal spray 5 mg/act</td>
<td>1</td>
<td>QL 6 / 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate tab 100 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate tab 25 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
</tr>
<tr>
<td>sumatriptan succinate tab 50 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
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<tr>
<td>SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR</td>
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<tr>
<td>sumatriptan succinate inj 6 mg/0.5ml</td>
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<td>QL 5 / 28 day(s)</td>
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<tr>
<td>ZOLMITRIPTAN 2.5 MG SOLUTION</td>
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<td>QL 6 / 28 day(s)</td>
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<td>zolmitriptan tab 2.5 mg</td>
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<td>QL 12 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan orally disintegrating tab 2.5 mg</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan nasal spray 5 mg/spray unit</td>
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<td>QL 6 / 28 day(s)</td>
</tr>
<tr>
<td>zolmitriptan tab 5 mg</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan orally disintegrating tab 5 mg</td>
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<td>QL 9 / 30 DAYS</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</strong></td>
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<tr>
<td>REYVOW 100 MG TAB</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
</tr>
<tr>
<td>REYVOW 50 MG TAB</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
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<tr>
<td><strong>MINERALS &amp; ELECTROLYTES</strong></td>
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<tr>
<td><strong>FLUORIDE</strong></td>
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<tr>
<td>FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION</td>
<td>2</td>
<td>AL1 Up to 8 yrs old</td>
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<td>PRE Preventative</td>
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<tr>
<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
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<td>PRE 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>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</td>
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<tr>
<td>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</td>
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<td>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</td>
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<tr>
<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
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**PHOSPHATE**

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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>potassium phosphate monobasic tab 500 mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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**POTASSIUM**

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<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
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<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
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<tr>
<td>potassium chloride tab er 10 meq</td>
<td>1</td>
</tr>
<tr>
<td>potassium chloride powder packet 20 meq</td>
<td>2</td>
</tr>
<tr>
<td>potassium chloride tab er 8 meq (600 mg)</td>
<td>1</td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 10 meq</td>
<td>1</td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
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<tr>
<td>potassium chloride microencapsulated crys er tab 20 meq</td>
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<tr>
<td>potassium chloride cap er 10 meq</td>
<td>1</td>
</tr>
<tr>
<td>potassium chloride cap er 8 meq</td>
<td>1</td>
</tr>
<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
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<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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</tr>
<tr>
<td>potassium chloride powder packet 20 meq</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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<tr>
<td>potassium chloride microencapsulated crys er tab 10 meq</td>
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</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
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</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 20 meq</td>
<td>1</td>
</tr>
<tr>
<td>potassium chloride cap er 10 meq</td>
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<tr>
<td>potassium chloride tab er 10 meq</td>
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<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
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<tr>
<td>potassium chloride tab er 20 meq (1500 mg)</td>
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<td>potassium chloride cap er 8 meq</td>
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<td>potassium chloride tab er 8 meq (600 mg)</td>
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<tr>
<td>POTASSIUM CHLORIDE ER 8 MEQ TAB ER</td>
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**MISCELLANEOUS THERAPEUTIC CLASSES**

**ANTILEPTOTICS**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>THALOMID 100 MG CAP</td>
<td>4</td>
<td>PA S</td>
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<tr>
<td>THALOMID 150 MG CAP</td>
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<td>PA S</td>
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<tr>
<td>THALOMID 200 MG CAP</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>THALOMID 50 MG CAP</td>
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<td>PA S</td>
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**B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS**

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<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>BENLYSTA 200 MG/ML SOLN A-INJ</td>
<td>4</td>
<td>PA S</td>
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<tr>
<td>BENLYSTA 200 MG/ML SOLN PRSYR</td>
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**CHELATING AGENTS**

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<td>trientine hcl cap 250 mg</td>
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<td>PA S</td>
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<tr>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------</td>
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</tr>
<tr>
<td>penicillamine cap 250 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>penicillamine tab 250 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>trientine hcl cap 250 mg</td>
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<td>PA</td>
</tr>
<tr>
<td><strong>CYCLOSPORINE ANALOGS</strong></td>
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<tr>
<td>cyclosporine cap 100 mg</td>
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<td></td>
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<tr>
<td>cyclosporine cap 25 mg</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 100 mg</td>
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<td>QL 4 / 1 day(s)</td>
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<tr>
<td>cyclosporine modified oral soln 100 mg/ml</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 25 mg</td>
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<td>QL 4 / 1 day(s)</td>
</tr>
<tr>
<td>cyclosporine modified cap 50 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 100 mg</td>
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<td>QL 4 / 1 day(s)</td>
</tr>
<tr>
<td>cyclosporine modified oral soln 100 mg/ml</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 25 mg</td>
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<td>QL 4 / 1 day(s)</td>
</tr>
<tr>
<td>LUPKYNIS 7.9 MG CAP</td>
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<tr>
<td>NEORAL 100 MG CAP</td>
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<td>NEORAL 100 MG/ML SOLUTION</td>
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<tr>
<td>NEORAL 25 MG CAP</td>
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<td><strong>ENZYMES</strong></td>
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<tr>
<td>XIAFLEX 0.9 MG RECON SOLN</td>
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<th>PRODUCT DESCRIPTION</th>
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**INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**

- mycophenolate mofetil for oral susp 200 mg/ml 2 PA AL1 Up to 8 yrs old
- mycophenolate mofetil cap 250 mg 1
- mycophenolate mofetil tab 500 mg 1
- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 2
- mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 2

**IRRIGATION SOLUTIONS**

- *irrigation solution, physiological** 3
- *irrigation solution, physiological** 3

**MACROLIDE IMMUNOSUPPRESSANTS**

- ASTAGRAF XL 0.5 MG CAP ER 24H 3 QL 45 / 30 DAYS
- ASTAGRAF XL 1 MG CAP ER 24H 3 QL 45 / 30 DAYS
- ASTAGRAF XL 5 MG CAP ER 24H 3 QL 45 / 30 DAYS
- ENVARSUS XR 0.75 MG TAB ER 24H 3 PA
- ENVARSUS XR 1 MG TAB ER 24H 3 PA
- ENVARSUS XR 4 MG TAB ER 24H 3 PA
- everolimus tab 0.25 mg 2 QL 120 / 30 day(s)
- everolimus tab 0.5 mg 2 QL 120 / 30 day(s)
- everolimus tab 0.75 mg 2 QL 60 / 30 day(s)
- everolimus tab 1 mg 2 QL 60 / 30 day(s)
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<td>sirolimus oral soln 1 mg/ml</td>
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<td>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</td>
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<td>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SIMBRINZA 1-0.2 % SUSPENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTIFICIAL TEAR INSERTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACRISERT 5 MG INSERT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>BETA-BLOCKERS - OPHTHALMIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAXOLOL HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETOPTIC-S 0.25 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARTEOLOL HCL 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOBUNOLOL HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5%</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><strong>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>CYCLOPLEGIC MYDRIATICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>atropine sulfate ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>homatropine hbr ophth soln 5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XIIDRA 5 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>MIOTICS - CHOLINESTERASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE 0.125 % RECON SOLN</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>MIOTICS - DIRECT ACTING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zinc-polymyxin 5(3.5)mg-400unt-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zinc-polymyxin 5(3.5)mg-400unt-10000unt op oin</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>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIALLERGIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALOCRIL 2 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ALOMIDE 0.1 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>azelastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bepotastine besilate ophth soln 1.5%</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>CROMOLYN SODIUM 4 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LASTACAFT 0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZASITE 1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BACITRACIN 500 UNIT/GM OINTMENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE 0.6 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 5 MG/GM OINTMENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ophth oint 5 mg/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gatifloxacin ophth soln 0.5%</td>
<td>1</td>
<td>QL 2.5 / 30 DAYS</td>
</tr>
<tr>
<td>gentamicin sulfate ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOFLOXACIN 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofoxacin ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOFLOXACIN 1.5 % SOLUTION</td>
<td>2</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>MOXEZA 0.5 % SOLUTION</td>
<td>3</td>
<td>QL 3 / 30 DAYS</td>
</tr>
<tr>
<td>MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl ophth soln 0.5% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tobramycin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC ANTIFUNGAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATACYN 5 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC ANTVIRALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIFLURIDINE 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN 0.15 % GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC CARBONIC ANHYDRASE INHIBITORS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>brinzolamide ophth susp 1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC IMMUNOMODULATORS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>cyclosporine (ophth) emulsion 0.05%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC KINASE INHIBITORS - COMBINATIONS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</td>
<td>1</td>
<td>QL 3.4 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLURBIPROFEN SODIUM 0.03 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ILEVRO 0.3 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEVANAC 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC RHO KINASE INHIBITORS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RHOPRESSA 0.02 % SOLUTION</td>
<td>3</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><strong>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRACLONIDINE HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>apraclonidine hcl ophth soln 0.5% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate ophth soln 0.2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC STEROID COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX 0.3-0.1 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC STEROIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALREX 0.2 % SUSPENSION</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>difluprednate ophth emulsion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLAREX 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FML 0.1 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FML FORTE 0.25 % SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX 0.5 % OINTMENT</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>LOTEPRDNOL ETABONATE 0.5 % GEL</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>loteprednol etabonate ophth gel 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophth susp 0.5%</td>
<td>1</td>
<td>QL 15 / 30 DAYS</td>
</tr>
<tr>
<td>MAXIDEX 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED MILD 0.12 % SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE 1 % SUSPENSION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE P-F 1 % SUSPENSION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td><strong>OPHTHALMIC SULFONAMIDES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMICS - CYSTINOSIS AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYSTADROPS 0.37 % SOLUTION</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>CYSTARAN 0.44 % SOLUTION</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>PROSTAGLANDINS - OPHTHALMIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>latanoprost ophth soln 0.005%</td>
<td>1</td>
<td>QL 5 / 30 DAYS</td>
</tr>
<tr>
<td>LUMIGAN 0.01 % SOLUTION</td>
<td>2</td>
<td>QL 7 / 30 DAYS</td>
</tr>
<tr>
<td>tafurleprost preservative free (pf) ophth soln 0.0015%</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>OTIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTIC AGENTS - MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid otic soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OTIC ANTI-INFECTIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN HCL 0.2 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin otic soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OTIPRIO 6 % SUSPENSION</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPRO HC 0.2-1 % SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OTOVELE 0.3-0.025 % SOLUTION</td>
<td>3</td>
<td>ST</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><strong>OTIC STEROIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide (otic) oil 0.01%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide (otic) oil 0.01%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone w/ acetic acid otic soln 1-2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE-ACETIC ACID 1-2 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OXYTOCICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>methylergonovine maleate tab 0.2 mg</td>
<td>2</td>
<td>QL 28 / 30 DAYS</td>
</tr>
<tr>
<td>methylergonovine maleate tab 0.2 mg</td>
<td>2</td>
<td>QL 28 / 30 DAYS</td>
</tr>
<tr>
<td><strong>PASSIVE IMMUNIZING AND TREATMENT AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIVIRAL MONOClonAL ANTIBODIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEYFORTUS 100 MG/ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1 / 0 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AL1 Up to 0.67 yrs old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 365 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>BEYFORTUS 50 MG/0.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 0.5 / 0 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AL1 Up to 0.67 yrs old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 365 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRE Preventative</td>
</tr>
<tr>
<td>SYNAGIS 100 MG/ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>SYNAGIS 50 MG/0.5ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td><strong>IMMUNE SERUMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIZENTRA 1 GM/5ML SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HIZENTRA 1 GM/5ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HIZENTRA 10 GM/50ML SOLUTION</td>
<td>4</td>
<td>PA S</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>HIZENTRA 2 GM/10ML SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HIZENTRA 2 GM/10ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HIZENTRA 4 GM/20ML SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HIZENTRA 4 GM/20ML SOLUTION</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td><strong>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYQVIA 10 GM/100ML KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HYQVIA 2.5 GM/25ML KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HYQVIA 20 GM/200ML KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HYQVIA 30 GM/300ML KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>HYQVIA 5 GM/50ML KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td><strong>PENICILLINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMINOPENICILLINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMOXICILLIN 125 MG CHEW TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) for susp</em> 125 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) for susp</em> 200 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) cap</em> 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AMOXICILLIN 250 MG CHEW TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) for susp</em> 250 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) for susp</em> 400 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>amoxicillin (trihydrate) cap</em> 500 mg</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>amoxicillin (trihydrate) tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin (trihydrate) tab 875 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AMPICILLIN 500 MG CAP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>NATURAL PENICILLINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium tab 500 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>PENICILLIN COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate tab 250-125 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate tab 500-125 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin &amp; k clavulanate tab 875-125 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>PENICILLINASE-RESISTANT PENICILLINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dicloxacillin sodium cap 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dicloxacillin sodium cap 500 mg</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
| nafcillin sodium for inj 1 gm | 2 | PA
<p>| <strong>PROGESTINS</strong> | | |
| medroxyprogesterone acetate tab 10 mg | 1 | |
| medroxyprogesterone acetate tab 2.5 mg | 1 | |
| medroxyprogesterone acetate tab 5 mg | 1 | |
| megestrol acetate susp 625 mg/5ml | 1 | |
| norethindrone acetate tab 5 mg | 1 | |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>progesterone cap 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>progesterone cap 200 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCOHOL DETERRENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acamprosate calcium tab delayed release 333 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHOLINOMIMETICS - ACHE INHIBITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>donepezil hydrochloride tab 10 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride orally disintegrating tab 10 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride tab 23 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride orally disintegrating tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 12 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 4 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 8 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 16 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 24 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 8 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 13.3 mg / 24 hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 4.6 mg / 24 hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 9.5 mg / 24 hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 1.5 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 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>rivastigmine tartrate cap 3 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 4.5 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 6 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
</tbody>
</table>

**FIBROMYALGIA AGENT - SNRIS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVELLA 100 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 12.5 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 25 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 50 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG MISC</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**MOVEMENT DISORDER DRUG THERAPY**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>tetrabenazine tab 12.5 mg</td>
<td>2</td>
<td>QL 3 / 1 day(s)</td>
</tr>
<tr>
<td>tetrabenazine tab 25 mg</td>
<td>2</td>
<td>QL 3 / 1 day(s)</td>
</tr>
</tbody>
</table>

**MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>teriflunomide tab 14 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>teriflunomide tab 7 mg</td>
<td>4</td>
<td>PA</td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>glatiramer acetate soln prefilled syringe 20 mg/ml</td>
<td>4</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>glatiramer acetate soln prefilled syringe 40 mg/ml</td>
<td>4</td>
<td>QL 12 / 28 day(s)</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>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (10 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (6 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS) 10 MG TAB THPK</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETASERON 0.3 MG KIT</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>REBIF 22 MCG/0.5ML SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>REBIF 44 MCG/0.5ML SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</td>
<td>4</td>
<td>PA S</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>REBIF TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN PRSYR</td>
<td>4</td>
<td>PA S</td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES**

| KESIMPTA 20 MG/0.4ML SOLN A-INJ | 4 | PA S |

**MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS**

<table>
<thead>
<tr>
<th>dimension</th>
<th>fumarate capsule delayed release 120 mg</th>
<th>1</th>
<th>QL</th>
<th>2 / 1 day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>dimethyl fumarate capsule delayed release 240 mg</td>
<td>1</td>
<td>QL</td>
<td>2 / 1 day(s)</td>
<td></td>
</tr>
<tr>
<td>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</td>
<td>1</td>
<td>QL</td>
<td>2 / 1 day(s)</td>
<td></td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS**

| dimension | dalfampridine tab er 12hr 10 mg | 2 | QL | 60 / 30 DAYS |

**N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>memantine hcl tab 10 mg</th>
<th>1</th>
<th>QL</th>
<th>60 / 30 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>memantine hcl oral solution 2 mg/ml</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl oral solution 2 mg/ml</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</td>
<td>1</td>
<td>QL</td>
<td>49 / 30 days</td>
</tr>
<tr>
<td>memantine hcl tab 5 mg</td>
<td>1</td>
<td>QL</td>
<td>120 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 14 mg</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 21 mg</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 28 mg</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 7 mg</td>
<td>1</td>
<td>QL</td>
<td>30 / 30 DAYS</td>
</tr>
</tbody>
</table>

**PHENOTHIAZINES & TRICYCLIC AGENTS**

<table>
<thead>
<tr>
<th>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB</td>
<td>1</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB</td>
<td>1</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB</td>
<td>1</td>
</tr>
<tr>
<td>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</td>
<td></td>
</tr>
<tr>
<td>pregabalin tab er 24hr 165 mg</td>
<td>2</td>
</tr>
<tr>
<td>pregabalin tab er 24hr 330 mg</td>
<td>2</td>
</tr>
<tr>
<td>pregabalin tab er 24hr 82.5 mg</td>
<td>2</td>
</tr>
<tr>
<td>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRRS</td>
<td></td>
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<td>FLUOXETINE HCL (PMDD) 10 MG TAB</td>
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<td>APO-VARENICLINE 0.5 MG TAB</td>
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<td>APO-VARENICLINE 1 MG TAB</td>
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<td>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</td>
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<td>CHANTIX 0.5 MG TAB</td>
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<td>CHANTIX CONTINUING MONTH PAK 1 MG TAB</td>
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<td>CHANTIX STARTING MONTH PAK 0.5 MG X 11 &amp; 1 MG X 42 TAB THPK</td>
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| NICOTROL 10 MG INHALER | 2 | QL 672 / 30 DAYS  
PRE Preventative |
| NICOTROL NS 10 MG/ML SOLUTION | 2 | QL 120 / 30 DAYS  
PRE Preventative |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack | 2 | QL 53 / 0 day(s)  
MFL 1 / 365 day(s)  
PRE Preventative |
| varenicline tartrate tab 0.5 mg (base equiv) | 2 | QL 60 / 30 day(s)  
PRE Preventative |
| varenicline tartrate tab 1 mg (base equiv) | 2 | QL 60 / 30 day(s)  
PRE Preventative |
| varenicline tartrate tab 1 mg (base equiv) | 2 | QL 60 / 30 day(s)  
PRE Preventative |
<p>| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS | | |
| fingolimod hcl cap 0.5 mg (base equiv) | 1 | QL 1 / 1 day(s) |
| GILENYA 0.25 MG CAP | 4 | PA S |
| MAYZENT 0.25 MG TAB | 4 | PA S |
| MAYZENT 1 MG TAB | 4 | PA S |
| MAYZENT 2 MG TAB | 4 | PA S |
| MAYZENT STARTER PACK 0.25 MG TAB THPK | 4 | PA S |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK | 4 | PA S |
| PONVORY 20 MG TAB | 4 | PA S |</p>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>PONVORY STARTER PACK 2, 3, 4, 5, 6, 7, 8, 9 &amp; 10 MG TAB THPK</td>
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<td>ZEPOSIA 0.92 MG CAP</td>
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<td>ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG &amp; 3 X 0.46MG CAP THPK</td>
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<td>ARALAST NP 1000 MG RECON SOLN</td>
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<td>ARALAST NP 500 MG RECON SOLN</td>
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<td>GLASSIA 1000 MG/50ML SOLUTION</td>
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<td>PROLASTIN-C 1000 MG RECON SOLN</td>
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<td>PROLASTIN-C 1000 MG/20ML SOLUTION</td>
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<td>ZEMAIRA 1000 MG RECON SOLN</td>
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*thyroid tab 120 mg (2 grain)*
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## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
### ANTICHOLINERGIC COMBINATIONS

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

### ANTISPASMODICS

- **dicyclomine hcl cap 10 mg**
  - TIER: 1

- **dicyclomine hcl oral soln 10 mg/5ml**
  - TIER: 1
  - **AL1** Up to 8 yrs old

- **dicyclomine hcl tab 20 mg**
  - TIER: 1

### BELLADONNA ALKALOIDS

- **hyoscyamine sulfate sl tab 0.125 mg**
  - TIER: 1

- **hyoscyamine sulfate tab 0.125 mg**
  - TIER: 1

- **hyoscyamine sulfate tab er 12hr 0.375 mg**
  - TIER: 1

- **hyoscyamine sulfate sl tab 0.125 mg**
  - TIER: 1

- **hyoscyamine sulfate sl tab 0.125 mg**
  - TIER: 1

- **hyoscyamine sulfate tab er 12hr 0.375 mg**
  - TIER: 1

- **SYMAX DUOTAB 0.375 MG TAB ER**
  - TIER: 3
  - **PA**

- **hyoscyamine sulfate sl tab 0.125 mg**
  - TIER: 1

- **hyoscyamine sulfate tab er 12hr 0.375 mg**
  - TIER: 1

### H-2 ANTAGONISTS

- **CIMETIDINE HCL 300 MG/5ML SOLUTION**
  - TIER: 1
  - **AL1** Up to 8 yrs old

- **cimetidine hcl soln 300 mg/5ml**
  - TIER: 1
  - **AL1** Up to 8 yrs old

- **cimetidine hcl soln 300 mg/5ml**
  - TIER: 1
  - **AL1** Up to 8 yrs old

- **famotidine tab 20 mg**
  - TIER: 1

- **famotidine tab 40 mg**
  - TIER: 1

- **famotidine for susp 40 mg/5ml**
  - TIER: 1

- **NIZATIDINE 150 MG CAP**
  - TIER: 1

- **nizatidine cap 150 mg**
  - TIER: 1

- **NIZATIDINE 300 MG CAP**
  - TIER: 1

- **nizatidine cap 300 mg**
  - TIER: 1
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<td>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</td>
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<td>ranitidine hcl tab 150 mg</td>
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<td>oxybutynin chloride tab 5 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>oxybutynin chloride solution 5 mg/5ml</td>
<td>1</td>
<td>QL 600 / 30 day(s)</td>
</tr>
<tr>
<td>oxybutynin chloride tab er 24hr 10 mg</td>
<td>1</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 15 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 5 mg</td>
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<tr>
<td>solifenacin succinate tab 10 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>solifenacin succinate tab 5 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate tab 1 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate tab 2 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate cap er 24hr 2 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tolterodine tartrate cap er 24hr 4 mg</td>
<td>1</td>
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</tr>
<tr>
<td>trospium chloride tab 20 mg</td>
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</tr>
<tr>
<td>trospium chloride cap er 24hr 60 mg</td>
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<tr>
<td>VESICARE LS 5 MG/5ML SUSPENSION</td>
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<td>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</td>
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<td>QL 30 / 30 DAYS</td>
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<td>MYRBETRIQ 25 MG TAB ER 24H</td>
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</tr>
<tr>
<td>MYRBETRIQ 8 MG/ML SRER</td>
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<td>ST 10 / 1 day(s)</td>
</tr>
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<td>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>bethanechol chloride tab 10 mg</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>bethanechol chloride tab 5 mg</td>
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<tr>
<td>bethanechol chloride tab 50 mg</td>
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</tbody>
</table>

**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

| flavoxate hcl tab 100 mg            | 1    |                                       |

**VACCINES**

**BACTERIAL VACCINES**

| ACTHIB RECON SOLN                    | 2    | PRE Preventative                      |
| BEXSERO SUSP PRSYR                  | 2    | PRE Preventative                      |
| HIBERIX 10 MCG RECON SOLN           | 2    | PRE Preventative                      |
| MENACTRA SOLUTION                   | 2    | PRE Preventative                      |
| MENQUADFI SOLUTION                  | 2    | PRE Preventative                      |
| MENVEO RECON SOLN                   | 2    | PRE Preventative                      |
| MENVEO SOLUTION                     | 2    | PRE Preventative                      |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION | 2    | PRE Preventative                      |
| PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE| 2    | PRE Preventative                      |
| PREVNAR 13 SUSPENSION               | 2    | PRE Preventative                      |
| PREVNAR 20 0.5 ML SUSP PRSYR        | 2    | PRE Preventative                      |
| TRUMENBA SUSP PRSYR                 | 2    | PRE Preventative                      |
| VAXNEUVANCE 0.5 ML SUSP PRSYR       | 2    | PRE Preventative                      |

**VIRAL VACCINE COMBINATIONS**

<p>| M-M-R II RECON SOLN                 | 2    | AL1 Up to 59 yrs old PRE Preventative |
| PRIORIX RECON SUSP                  | 2    | PRE Preventative                      |
| PROQUAD RECON SUSP                  | 2    | AL1 Up to 59 yrs old PRE Preventative |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR| 2    | PRE Preventative                      |</p>
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tbody>
<tr>
<td>ABRYSVO 120 MCG/0.5ML RECON SOLN</td>
<td>2</td>
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<tr>
<td>ACAM2000 RECON SOLN</td>
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<tr>
<td>AFLURIA QUADRIVALENT SUSPENSION</td>
<td>2</td>
<td>QL 0.5 / 0 DAYS Preventative</td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR</td>
<td>2</td>
<td>QL 0.5 / 0 DAYS Preventative</td>
</tr>
<tr>
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<td>AREXVY 120 MCG/0.5ML RECON SUSP</td>
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<td>AL1 At least 60 yrs old</td>
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<td>ASTRazeneca COVID-19 VACCINE 0.5 ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) Preventative</td>
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<tr>
<td>COMIRNaty 30 MCG/0.3ML SUSP PRSYR</td>
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<td>MFL 3 / 1 year(s) Preventative</td>
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<td>COMIRNaty 30 MCG/0.3ML SUSPENSION</td>
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<tr>
<td>ENGERIX-B 10 MCG/0.5ML SUSP PRSYR</td>
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<td>ENGERIX-B 20 MCG/ML SUSP PRSYR</td>
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<td>PRE Preventative</td>
</tr>
<tr>
<td>FLUAD 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS Preventative</td>
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<td>FLUARIx QUADRIVALENT 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS Preventative</td>
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<tr>
<td>FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR</td>
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<td>QL 0.5 / 0 day(s) Preventative</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>QL 0.5 / 0 day(s)</td>
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<tr>
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<td>QL 0.5 / 0 DAYS</td>
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<tr>
<td>FLUMIST QUADRIVALENT SUSPENSION</td>
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<td>QL 0.5 / 0 DAYS</td>
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<tr>
<td>FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
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<tr>
<td>FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
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<tr>
<td></td>
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<tr>
<td>FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR</td>
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<td>QL 0.5 / 0 DAYS</td>
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<td>PRE Preventative</td>
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<tr>
<td>FLUZONE QUADRIVALENT 0.5 ML SUSPENSION</td>
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<td>QL 0.5 / 0 DAYS</td>
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<tr>
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<tr>
<td>GARDASIL 9 SUSP PRSYR</td>
<td>2</td>
<td>AL1 9 to 45 yrs old</td>
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<tr>
<td>GARDASIL 9 SUSPENSION</td>
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<tr>
<td>HAVRIX 1440 EL U/ML SUSPENSION</td>
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<tr>
<td>HAVRIX 720 EL U/0.5ML SUSPENSION</td>
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<td>HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR</td>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>IPOL INJECTABLE</td>
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<tr>
<td>JYNNEOS 0.5 ML SUSPENSION</td>
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<tr>
<td>MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<tr>
<td>MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 365 day(s) PRE Preventative</td>
</tr>
<tr>
<td>MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION</td>
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<td>MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION</td>
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<td>MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<tr>
<td>NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<tr>
<td>PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>PFIZER COVID-19 VACC BIVALENT 30 MCG/0.3ML SUSPENSION</td>
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<td>PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION</td>
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<td>PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION</td>
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<td>MFL 3 / 365 day(s) PRE Preventative</td>
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<td>PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION</td>
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<td>PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<tr>
<td>PREHEVBRO 10 MCG/ML SUSPENSION</td>
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<tr>
<td>RECOMBIVAX HB 10 MCG/ML SUSP PRSYR</td>
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<td>RECOMBIVAX HB 10 MCG/ML SUSPENSION</td>
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<td>RECOMBIVAX HB 40 MCG/ML SUSPENSION</td>
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<td>PRE Preventative</td>
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<tr>
<td>ROTARIX RECON SUSP</td>
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<td>AL1 Up to 8 yrs old PRE Preventative</td>
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<tr>
<td>ROTATEQ SOLUTION</td>
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<td>SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION</td>
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<td>SHINGRIX 50 MCG/0.5ML RECON SUSP</td>
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<td>SPIKEVAX 50 MCG/0.5ML SUSP PRSYR</td>
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<td>MFL 3 / 1 year(s) PRE Preventative</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION</td>
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<td>MFL 3 / 1 year(s)</td>
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<tr>
<td>VAQTA 25 UNIT/0.5ML SUSPENSION</td>
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<td>PRE Preventative</td>
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<tr>
<td>VAQTA 50 UNIT/ML SUSPENSION</td>
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<td>VARIVAX 1350 PFU/0.5ML INJECTABLE</td>
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<td>ZOSTAVAX 19400 UNT/0.65ML RECON SUSP</td>
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<td>PRE Preventative</td>
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<tr>
<td>VAGINAL AND RELATED PRODUCTS</td>
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<td>IMIDAZOLE-RELATED ANTIFUNGALS</td>
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<tr>
<td>terconazole vaginal cream 0.4%</td>
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<td>QL 450 / 30 DAYS</td>
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<tr>
<td>terconazole vaginal cream 0.8%</td>
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<td>terconazole vaginal suppos 80 mg</td>
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<td>QL 3 / 3 DAYS</td>
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<td>VAGINAL ANTI-INFECTIVES</td>
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<tr>
<td>clindamycin phosphate vaginal cream 2%</td>
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<td>metronidazole vaginal gel 0.75%</td>
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<td>VANDAZOLE 0.75 % GEL</td>
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<tr>
<td>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</td>
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<td>PHEXXI 1.8-1-0.4 % GEL</td>
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<td>QL 60 / 30 day(s)</td>
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<tr>
<td>VAGINAL ESTROGENS</td>
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<td>estradiol vaginal cream 0.1 mg/gm</td>
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<tr>
<td>ESTRING 2 MG RING</td>
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<td>QL 1 / 90 DAYS</td>
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<td>ESTRING 7.5 MCG/24HR RING</td>
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<td>QL 1 / 90 DAYS</td>
</tr>
<tr>
<td>FEMRING 0.05 MG/24HR RING</td>
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<td>QL 1 / 84 DAYS</td>
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<td>FEMRING 0.1 MG/24HR RING</td>
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<td>PREMARIN 0.625 MG/GM CREAM</td>
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<td>PA</td>
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<td>CRINONE 8 % GEL</td>
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