How to use the Preferred Drug List for the Preventive Maintenance Qualified High Deductible Plan

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.

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

- **Tier 0**: Preventive Drugs required by the Affordable Care Act (ACA)
- **Tier 1**: Preferred Generics
- **Tier 1M**: Preventive Maintenance Preferred Generics*
- **Tier 2**: Non-Preferred Generics / Preferred Brands
- **Tier 2 M**: Preventive Maintenance Non-Preferred Generics / Preventive Maintenance 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)

*For Qualified High Deductible Plans with a Preventive Maintenance benefit included drugs in Tier 1M and Tier 2M have deductible waived and a different benefit than the regular Tier 1 and Tier 2.

If you have any questions about the Preferred Drug List 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 drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug filled history; and how to set up mail order.

**HOW DRUGS ARE CHOSEN FOR THE PDL**

Drugs approved by the U.S. Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical &Therapeutics (P&T) Committee utilizing the following criteria:

a) The drug is efficacious 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 drugs that could be used in its place
c) The drug demonstrates a strong therapeutic outcome
d) The drug demonstrates safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New 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 drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will 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 clinically and cost-effective medications.

Members will receive notices related to drug modifications at the point of sale when they present a prescription that is impacted by modifications to the PDL. Network pharmacies are required to communicate these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL will receive written communication of change.

**PREVENTIVE DRUGS**

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.
PRIOR AUTHORIZATION (PA)
To ensure appropriate utilization, some generic and brand medications 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 Prior Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, 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 prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

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 medications 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 schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantity limits 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 safety, cost, and a member’s health. In Step Therapy, the covered drugs are arranged in a series of “steps”. The program typically starts with generic drugs as the “first step.” These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the “second step” if your provider determines the “second step” products are medically necessity for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. 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 Step Therapy. 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 Step Therapy, 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.

THERAPEUTIC INTERCHANGE (TI)
Therapeutic interchange is the practice of replacing, with your physician’s approval, a prescription medication originally prescribed with a chemically different medication. Medications 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 and administered by a team of physicians, pharmacists, and other medical practitioners who are experts in the diagnosis and treatment of disease. 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 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.

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

BRAND-GENERIC CHARGE (Ancillary Charge)
A Brand-Generic Charge is applied if you receive a brand name drug, regardless of reason or medical necessity, or if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Charge is the difference in cost from the generic to the brand name 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.

GENERIC MANDATORY PLAN
The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.
MAIL ORDER
Mail order is when a 90 day supply of a generic or brand name drug (Tier 0, 1, 2, and 3) is mailed directly to you through a designated Mail Order Pharmacy. Not all medications are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY
The Plan requires that all medications noted as Specialty drugs (Tier 4) be filled through the Plan’s designated Specialty Pharmacies. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS
The FDA requires that drugs used in the U.S. be safe and effective. The label information of a medication outlines drug use for "approved" doses and specific conditions or disease states. The use of a 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 drug. Off-label use of a medication is not covered unless it meets the Plan’s off-label use policy. A Prior Authorization is required when a medication 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 are not a covered benefit.

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

PAPER CLAIMS FILING LIMITS
Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is 90 days from the date of service for all original claims. Paper claims will be reimbursed off of what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.
<table>
<thead>
<tr>
<th>TIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>Preferred Brands/Non-Preferred Generics</td>
</tr>
<tr>
<td>3</td>
<td>Non-Preferred Brands</td>
</tr>
<tr>
<td>4</td>
<td>Specialty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered per prescription, or within a specific timeframe.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td></td>
<td>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
</tr>
<tr>
<td></td>
<td>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Limit</td>
</tr>
<tr>
<td></td>
<td>This prescription drug may only be covered for a single gender.</td>
</tr>
<tr>
<td>AL1</td>
<td>Age Limit</td>
</tr>
<tr>
<td></td>
<td>This prescription drug may only be covered if you meet the minimum or maximum age limit.</td>
</tr>
<tr>
<td>MFL</td>
<td>Max Fill Limit</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the number of times this drug can be refilled.</td>
</tr>
<tr>
<td>MDS1</td>
<td>Max Days Supply</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered.</td>
</tr>
<tr>
<td>S</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
</tr>
<tr>
<td>PREV</td>
<td>Preventative</td>
</tr>
<tr>
<td>MAIN</td>
<td>Maintenance</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIAINTS</td>
<td></td>
</tr>
<tr>
<td>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl 0.1 mg tab er 12h</td>
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<td>guanfacine hcl 1 mg tab er 24h</td>
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</tr>
<tr>
<td>guanfacine hcl 2 mg tab er 24h</td>
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</tr>
<tr>
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</tr>
<tr>
<td>guanfacine hcl 4 mg tab er 24h</td>
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<td>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</td>
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<tr>
<td>atomoxetine hcl 10 mg cap</td>
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<tr>
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<td>AMPHETAMINE MIXTURES</td>
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<td>amphetamine-dextroamphetamine 10 mg tab</td>
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<td>amphetamine-dextroamphetamine 15 mg tab</td>
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<td>amphetamine-dextroamphetamine 7.5 mg tab</td>
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<tr>
<td>amphetamine sulfate 10 mg tab</td>
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<tr>
<td>amphetamine sulfate 5 mg tab</td>
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**AMPETAMINES**

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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>ADZENYS ER 1.25 MG/ML SUSP amphetamine</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 12.5 MG TAB ER DISP amphetamine</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AL1 At least 6 yrs old</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 15.7 MG TAB ER DISP amphetamine</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AL1 At least 6 yrs old</td>
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<tr>
<td>ADZENYS XR-ODT 18.8 MG TAB ER DISP amphetamine</td>
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<td>QL 60 / 30 DAYS</td>
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<td></td>
<td></td>
<td>PA</td>
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<td></td>
<td></td>
<td>AL1 At least 6 yrs old</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 3.1 MG TAB ER DISP amphetamine</td>
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<td>QL 60 / 30 DAYS</td>
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<td></td>
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<td>PA</td>
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<tr>
<td></td>
<td></td>
<td>AL1 At least 6 yrs old</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 6.3 MG TAB ER DISP amphetamine</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td></td>
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<td>PA</td>
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<td></td>
<td></td>
<td>AL1 At least 6 yrs old</td>
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<td></td>
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<td>AL1 At least 6 yrs old</td>
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<tr>
<td>AMPHETAMINE ER 1.25 MG/ML SUSP amphetamine</td>
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<td>PA</td>
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<tr>
<td>amphetamine sulfate 10 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<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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<td>dexedrine 10 mg tab</td>
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<tr>
<td>VYVANSE 10 MG CAP</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>lisdexamfetamine dimesylate</td>
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<td></td>
</tr>
<tr>
<td>VYVANSE 10 MG CHEW TAB</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>lisdexamfetamine dimesylate</td>
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<tr>
<td>VYVANSE 20 MG CAP</td>
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<tr>
<td>VYVANSE 20 MG CHEW TAB</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>VYVANSE 30 MG CAP</td>
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</tr>
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<td></td>
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<tr>
<td>VYVANSE 30 MG CHEW TAB</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
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<tr>
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<tr>
<td>VYVANSE 40 MG CHEW TAB</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>VYVANSE 50 MG CAP</td>
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</tr>
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<td></td>
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<tr>
<td>VYVANSE 50 MG CHEW TAB</td>
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<tr>
<td>lisdexamfetamine dimesylate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Tier</td>
<td>Limits &amp; Restrictions</td>
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<tr>
<td><strong>Vyvanse 60 MG Cap</strong> lisdexamfetamine dimesylate</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
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<td><strong>Vyvanse 60 MG Chew Tab</strong> lisdexamfetamine dimesylate</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
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<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td><strong>Zenzedi 15 MG Tab</strong> dextroamphetamine sulfate</td>
<td>3</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>Zenzedi 2.5 MG Tab</strong> dextroamphetamine sulfate</td>
<td>3</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>Zenzedi 20 MG Tab</strong> dextroamphetamine sulfate</td>
<td>3</td>
<td>QL 90 / 30 DAYS</td>
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<tr>
<td><strong>Zenzedi 30 MG Tab</strong> dextroamphetamine sulfate</td>
<td>3</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>Zenzedi 7.5 MG Tab</strong> dextroamphetamine sulfate</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td><strong>Analeptics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caffeine citrate 20 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Caffeine citrate 60 mg/3ml solution</td>
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<td></td>
</tr>
<tr>
<td>Caffeine citrate 60 mg/3ml solution</td>
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<td></td>
</tr>
<tr>
<td><strong>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIS)</strong></td>
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</tr>
<tr>
<td>Sunos 150 MG Tab solriamfetol hcl</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>Sunos 75 MG Tab solriamfetol hcl</td>
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<td>PA</td>
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<td><strong>Stimulants - Misc.</strong></td>
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</tr>
<tr>
<td>Armodafinil 150 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>Armodafinil 200 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>Armodafinil 250 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
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**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - CI'S**

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**ALTERNATIVE MEDICINE - RE'S**

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<tr>
<th>RED YEAST RICE 500 MG/0.5GM POWDER</th>
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**AMINOGLYCOSIDES**

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| PAROMOMYCIN SULFATE 250 MG CAP       | 1    |
| paromomycin sulfate                  |      |

| paromomycin sulfate 250 mg cap       | 1    |
|                                     |      |

| TOBI PODHALER 28 MG CAP              | 4    |
| tobramycin                           |      |

| tobramycin 300 mg/5ml nebu soln       | 4    |
|                                     |      |

**ANALGESICS - ANTI-INFLAMMATORY**

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

| HUMIRA 10 MG/0.1ML PREF SY KT         | 4    |
| adalimumab                           |      |

| HUMIRA 10 MG/0.2ML PREF SY KT         | 4    |
| adalimumab                           |      |

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<tr>
<th>PRODUCT DESCRIPTION</th>
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**Dihydrocodeine Combinations**

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**Hydrocodone Combinations**

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<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tbody>
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**OPIOID AGONISTS**

<p>| ABSTRAL 100 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |
| ABSTRAL 200 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |
| ABSTRAL 300 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |
| ABSTRAL 400 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |
| ABSTRAL 600 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |
| ABSTRAL 800 MCG SL TAB    | 3    | QL 120 / 30 DAYS          |
|                          |      | PA                         |
|                          |      | MFL 1 / 60 DAYS           |
|                          |      | MDS1 7 / 1 DAY            |</p>
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| **LAZANDA 300 MCG/ACT SOLUTION**  
*fentanyl citrate* | 3 | **QL** 5 / 30 DAYS  
**PA**  
**MFL** 1 / 60 DAYS  
**MDS1** 7 / 1 DAY |
| **LAZANDA 400 MCG/ACT SOLUTION**  
*fentanyl citrate* | 3 | **QL** 5 / 30 DAYS  
**PA**  
**MFL** 1 / 60 DAYS  
**MDS1** 7 / 1 DAY |
| *methadone hcl 10 mg tab* | 1 | **QL** 60 / 30 DAYS  
**PA** |
| **METHADONE HCL 10 MG/5ML SOLUTION**  
*methadone hcl* | 1 | **QL** 240 / 30 DAYS  
**PA** |
| *methadone hcl 10 mg/5ml solution* | 1 | **QL** 240 / 30 DAYS  
**PA** |
| *methadone hcl 10 mg/ml conc* | 1 | **QL** 60 / 30 DAYS  
**PA** |
| **METHADONE HCL 10 MG/ML SOLUTION**  
*methadone hcl* | 1 | **QL** 240 / 30 DAYS  
**PA** |
| *methadone hcl 10 mg/ml solution* | 1 | **QL** 240 / 30 DAYS  
**PA** |
| *methadone hcl 40 mg tab sol* | 1 | **QL** 30 / 30 DAYS  
**PA** |
| *methadone hcl 5 mg tab* | 1 | **QL** 60 / 30 DAYS  
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**PA** |
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| *methadone hcl intensol 10 mg/ml conc* | 1 | **QL** 60 / 30 DAYS  
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<tr>
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<tr>
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<tr>
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<tr>
<td><strong>OXYCODONE-IBUPROFEN 5-400 MG TAB</strong></td>
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<td><strong>BELBUCA 300 MCG FILM</strong></td>
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<td>buprenorphine 5 mcg/hr patch wk</td>
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<td>buprenorphine 7.5 mcg/hr patch wk</td>
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<tr>
<td>Buprenorphine hcl 2 mg sl tab</td>
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<tr>
<td>Buprenorphine hcl 8 mg sl tab</td>
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## PRODUCT DESCRIPTION

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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl 8-2 mg film</td>
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<td>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>butorphanol tartrate 10 mg/ml solution</td>
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**ANORECTAL AND RELATED PRODUCTS**

**INTRARECTAL STEROIDS**

- colocort 100 mg/60ml enema | 1 | |

**CORTIFOAM 10 % FOAM**

- hydrocortisone acetate (intrarectal) | 3 |
- hydrocortisone 100 mg/60ml enema | 1 |

**UCERIS 2 MG/ACT FOAM**

- budesonide (intrarectal) | 3 |

**RECTAL ANESTHETIC/STEROIDS**

**ANALPRAM-HC 2.5-1 % LOTION**

- hydrocortisone acetate w/ pramoxine | 3 |
- hydrocort-pramoxine (perianal) 2.5-1 % cream | 1 |
- hydrocortisone ace-pramoxine 1-1 % cream | 1 |
- lidocaine-hydrocort (perianal) 3-0.5 % cream | 1 |
- lidocort 3-0.5 % cream | 1 |
- pramcort 1-1 % cream | 1 |

**PROCTOFOAM HC 1-1 % FOAM**

- hydrocortisone acetate w/ pramoxine | 2 |

**RECTAL STEROIDS**

- anucort-hc 25 mg suppos | 2 |
- ANUSOL-HC 2.5 % CREAM
  - hydrocortisone (rectal) | 1 |
- anusol-hc 25 mg suppos | 2 |
- hemmorex-hc 25 mg suppos | 2 |
- hemmorex-hc 30 mg suppos | 2 |
- hydrocortisone (perianal) 1 % cream | 1 |
- hydrocortisone (perianal) 2.5 % cream | 1 |
- hydrocortisone acetate 25 mg suppos | 2 |
- hydrocortisone acetate 30 mg suppos | 2 |
- procto-med hc 2.5 % cream | 1 |
- procto-pak 1 % cream | 1 |
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<th>PRODUCT DESCRIPTION</th>
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<td>proctozone-hc 2.5 % cream</td>
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<td>EMVERM 100 MG CHEW TAB</td>
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**ANTIANXIETY AGENTS**

**ANTIANXIETY AGENTS - MISC.**

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**BENZODIAZEPINES**

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<td>MULTAQ 400 MG TAB</td>
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<td><strong>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</strong></td>
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<td><strong>ADRENERGIC COMBINATIONS</strong></td>
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<td>ANORO ELLIPTA 62.5-25 MCG/INH AER POW BA</td>
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<tr>
<td>BREO ELLIPTA 100-25 MCG/INH AER POW BA</td>
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<tr>
<td>fluticasone furoate-vilanterol</td>
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<td>BREO ELLIPTA 200-25 MCG/INH AER POW BA</td>
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<td>QL 28 / 14 DAYS</td>
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<td>budesonide-glycopyrrolate-formoterol fumarate</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN  
ipratropium-albuterol | 2 | QL 4 / 30 DAYS  
MAIN Maintenance |
| DULERA 100-5 MCG/ACT AEROSOL  
mometasone furoate-formoterol fumarate dihydrate | 2 | QL 13 / 30 DAYS  
MAIN Maintenance |
| DULERA 200-5 MCG/ACT AEROSOL  
mometasone furoate-formoterol fumarate dihydrate | 2 | QL 13 / 30 DAYS  
MAIN Maintenance |
| DULERA 50-5 MCG/ACT AEROSOL  
mometasone furoate-formoterol fumarate dihydrate | 2 | QL 13 / 30 DAYS  
MAIN Maintenance |
| fluticasone-salmeterol 100-50 mcg/dose aer pow ba | 2 | QL 60 / 30 DAYS  
MAIN Maintenance |
| FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA  
fluticasone-salmeterol | 1 | QL 1 / 30 DAYS  
MAIN Maintenance |
| FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA  
fluticasone-salmeterol | 1 | QL 1 / 30 DAYS  
MAIN Maintenance |
| fluticasone-salmeterol 250-50 mcg/dose aer pow ba | 2 | QL 60 / 30 DAYS  
MAIN Maintenance |
| fluticasone-salmeterol 500-50 mcg/dose aer pow ba | 2 | QL 60 / 30 DAYS  
MAIN Maintenance |
| FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA  
fluticasone-salmeterol | 1 | QL 1 / 30 DAYS  
MAIN Maintenance |
| ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution | 1 | MAIN Maintenance |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN  
tiotropium bromide-olodaterol hcl | 2 | QL 4 / 30 DAYS  
MAIN Maintenance |
| SYMBCICORT 160-4.5 MCG/ACT AEROSOL  
budesonide-formoterol fumarate dihydrate | 2 | QL 10.2 / 30 DAYS  
MAIN Maintenance |
| SYMBCICORT 80-4.5 MCG/ACT AEROSOL  
budesonide-formoterol fumarate dihydrate | 2 | QL 10.2 / 30 DAYS  
MAIN Maintenance |
| TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA  
fluticasone-umeclidinium-vilanterol | 2 | QL 2 / 1 day(s)  
MAIN Maintenance |
<table>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>TRELEGY ELLIPTA 200-62.5-25 MCG/INH AER POW BA fluticasone-umeclidinium-vilanterol</td>
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<td>ANTI-IGE MONOCLONAL ANTIBODIES</td>
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<td>XOLAIR 150 MG RECON SOLN omalizumab</td>
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<tr>
<td>XOLAIR 150 MG/ML SOLN PRSYR omalizumab</td>
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<td>PA</td>
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<tr>
<td>XOLAIR 75 MG/0.5ML SOLN PRSYR omalizumab</td>
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<td>ANTI-INFLAMMATORY AGENTS</td>
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<td>BETA ADRENERGICS</td>
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<td>albuterol sulfate 2 mg tab</td>
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<td>albuterol sulfate 2 mg/5ml syrup</td>
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<tr>
<td>albuterol sulfate 4 mg tab</td>
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<td>ALBUTEROL SULFATE ER 4 MG TAB ER 12H albuterol sulfate</td>
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<td>ALBUTEROL SULFATE ER 8 MG TAB ER 12H albuterol sulfate</td>
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<tr>
<td>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</td>
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<td>QL 18 / 15 day(s)</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
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<td>BROVANA 15 MCG/2ML NEBU SOLN</td>
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<tr>
<td>levalbuterol hcl 0.31 mg/3ml nebu soln</td>
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<td>QL 270 / 30 DAYS</td>
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<tr>
<td>levalbuterol hcl 0.63 mg/3ml nebu soln</td>
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<td>LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL</td>
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<td>PERFOROMIST 20 MCG/2ML NEBU SOLN</td>
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## Product Description

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<td>XOPENEX 1.25 MG/3ML NEBU SOLN levalbuterol hcl</td>
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### Bronchodilators - Anticholinergics

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<td>YUPELRI 175 MCG/3ML SOLUTION revefenacin</td>
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### Interleukin-5 Antagonists (IgG1 Kappa)

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<td>FASENRA PEN 30 MG/ML SOLN A-INJ benralizumab</td>
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<td>ASMANEX (30 METERED DOSES) 220 MCG/INH AER POW BA</td>
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<td>ASMANEX (60 METERED DOSES) 220 MCG/INH AER POW BA</td>
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| FLOVENT HFA 44 MCG/ACT AEROSOL  
  fluticasone propionate hfa | 2 | QL 10.6 / 30 DAYS  
  MAIN Maintenance |
| PULMICORT FLEXHALER 180 MCG/ACT AER POW BA  
  budesonide (inhalation) | 2 | QL 2 / 30 DAYS  
  MAIN Maintenance |
| PULMICORT FLEXHALER 90 MCG/ACT AER POW BA  
  budesonide (inhalation) | 2 | QL 2 / 30 DAYS  
  MAIN Maintenance |
| QVAR 40 MCG/ACT AERO SOLN  
  beclomethasone dipropionate | 2 | QL 34.8 / 30 DAYS  
  MAIN Maintenance |
| QVAR 80 MCG/ACT AERO SOLN  
  beclomethasone dipropionate | 2 | QL 18 / 30 DAYS  
  MAIN Maintenance |
| QVAR REDIHALER 40 MCG/ACT AERO BA  
  beclomethasone dipropionate hfa | 2 | QL 10.6 / 30 DAYS  
  MAIN Maintenance |
| QVAR REDIHALER 80 MCG/ACT AERO BA  
  beclomethasone dipropionate hfa | 2 | QL 10.6 / 30 DAYS  
  MAIN Maintenance |
| XANTHINES | | |
| ELIXOPHYLLIN 80 MG/15ML ELIXIR  
  theophylline | 1 | MAIN Maintenance |
| THEO-24 100 MG CAP ER 24H  
  theophylline | 2 | MAIN Maintenance |
| THEO-24 200 MG CAP ER 24H  
  theophylline | 2 | MAIN Maintenance |
| THEO-24 300 MG CAP ER 24H  
  theophylline | 2 | MAIN Maintenance |
| THEO-24 400 MG CAP ER 24H  
  theophylline | 2 | MAIN Maintenance |
| theochron 300 mg tab er 12h | 1 | MAIN Maintenance |
| theophylline 80 mg/15ml solution | 1 | MAIN Maintenance |
| theophylline er 100 mg tab er 12h | 1 | MAIN Maintenance |
| theophylline er 200 mg tab er 12h | 1 | MAIN Maintenance |
| theophylline er 300 mg tab er 12h | 1 | MAIN Maintenance |
| THEOPHYLLINE ER 300 MG TAB ER 12H  
  theophylline | 1 | MAIN Maintenance |
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### LOW MOLECULAR WEIGHT HEPARINS

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### ANTICONVULSANTS - BENZODIAZEPINES

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**CARBAMATES**

| Carbamazepine 400 mg tab             | 1    |                         |
| carbamazepine 600 mg tab             | 1    |                         |
| felbamate 600 mg/5ml suspension      | 1    | MAIN Maintenance        |

**FELBATOL 400 MG TAB**

| Felbamate 600 mg tab                  | 3    |                         |

**FELBATOL 600 MG/5ML SUSPENSION**

| Felbamate 150 & 200 mg tab            | 3    |                         |

**XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK**

| Cenobamate 100 mg tab                 | 3    | PA                     |
| cenobamate 14 X 12.5 mg & 14 X 25 mg tab THPK | 3    | PA                     |
| cenobamate 14 X 150 mg & 14 X200 mg tab THPK | 3    | PA                     |
| cenobamate 14 X 50 mg & 14 X100 mg tab THPK | 3    | PA                     |
| cenobamate 150 mg tab                 | 3    | PA                     |
| cenobamate 200 mg tab                 | 3    | PA                     |
| cenobamate 50 mg tab                  | 3    | PA                     |

**GABA MODULATORS**

<p>| Gabapentin 12 MG TAB                  | 3    |                         |
| gabapentin 16 MG TAB                  | 3    |                         |</p>
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**HYDANTOINS**

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**SUCCINIMIDES**

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<td>SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK esketamine hcl</td>
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**DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES**

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**HUMAN INSULIN**

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**MEGLITINIDE ANALOGUES**

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**PROGESTERONE RECEPTOR ANTAGONISTS**

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

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**SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**

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**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

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**SULFONYLUREAS**

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<td>DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID diphenoxylate w/ atropine</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>VASCEPA 1 GM CAP</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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**FIBRIC ACID DERIVATIVES**

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Last Updated: 02/2021
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## PRODUCT DESCRIPTION

### TIER LIMITS & RESTRICTIONS

### ANTIHYPERTENSIVES - MISC.

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### BETA BLOCKER & DIURETIC COMBINATIONS

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### DIRECT RENIN INHIBITORS

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**ANTIESTROGENS**

| SOLTAMOX 10 MG/5ML SOLUTION | 3 PA |                       |
| tamoxifen citrate           |      |                       |
| tamoxifen citrate 10 mg tab | 1 PREV Preventative |
| tamoxifen citrate 20 mg tab | 1 PREV Preventative |
| toremifene citrate 60 mg tab| 2    |                       |

**ANTIMETABOLITES**

<p>| capecitabine 150 mg tab | 2    |                       |
| capecitabine 500 mg tab | 2    |                       |
| mercaptopurine 50 mg tab| 1    |                       |
| methotrexate 2.5 mg tab | 1    |                       |
| methotrexate sodium (pf) 1 gm/40ml solution| 1 |                       |
| methotrexate sodium (pf) 250 mg/10ml solution | 1 |                       |
| methotrexate sodium (pf) 50 mg/2ml solution | 1 |                       |
| methotrexate sodium 1 gm recon soln | 1 |                       |
| methotrexate sodium 2.5 mg tab | 1 |                       |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | 1 |                       |
| methotrexate sodium | 1 |                       |
| methotrexate sodium 50 mg/2ml solution | 1 |                       |
| PURIXAN 2000 MG/100ML SUSPENSION | 4 PA | Specialty Drug        |
| mercaptopurine | 4 S Specialty Drug |
| TABLOID 40 MG TAB | 4 PA | Specialty Drug        |
| thioguanine | 4 S Specialty Drug |</p>
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<tr>
<td><strong>ANTINEOPLASTIC - BCL-2 INHIBITORS</strong></td>
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<tr>
<td>VENCLEXTA 10 MG TAB venetoclax</td>
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<td>VENCLEXTA 100 MG TAB venetoclax</td>
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<td>VENCLEXTA 50 MG TAB venetoclax</td>
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<td>VENCLEXTA STARTING PACK 10 &amp; 50 &amp; 100 MG TAB THPK venetoclax</td>
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<tr>
<td>BRAFTOVI 50 MG CAP encorafenib</td>
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<td>BRAFTOVI 75 MG CAP encorafenib</td>
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<td>TAFINLAR 50 MG CAP dabrafenib mesylate</td>
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<td>TAFINLAR 75 MG CAP dabrafenib mesylate</td>
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<td>ZELBORAF 240 MG TAB vemurafenib</td>
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<tr>
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<td><strong>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</strong></td>
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<td>SUTENT 25 MG CAP sunitinib malate</td>
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<td>UKONIQ 200 MG TAB umbralisib tosylate</td>
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**ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS**

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**ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS**

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<td>BOSULIF 100 MG TAB bosutinib</td>
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<tr>
<td>BOSULIF 400 MG TAB bosutinib</td>
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<td>BRUKINSA 80 MG CAP</td>
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<td>CAPRELSA 100 MG TAB</td>
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<td>COMETRIQ (100 MG DAILY DOSE) 80 &amp; 20 MG KIT</td>
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<tr>
<td>COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG &amp; 80 MG KIT</td>
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<td>COMETRIQ (60 MG DAILY DOSE) 20 MG KIT</td>
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<td>erlotinib hcl 150 mg tab</td>
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**NONERGOLINE DOPAMINE RECEPTOR AGONISTS**

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| APTIVUS 100 MG/ML SOLUTION  
tipranavir | 4 | QL 300 / 30 DAYS  
S Specialty Drug |
| APTIVUS 250 MG CAP  
tipranavir | 4 | QL 120 / 30 DAYS  
S Specialty Drug |
| atazanavir sulfate 150 mg cap | 2 |  
| atazanavir sulfate 200 mg cap | 2 | QL 60 / 30 DAYS  
S Specialty Drug |
| atazanavir sulfate 300 mg cap | 2 | QL 30 / 30 DAYS  
S Specialty Drug |
| CRIXIVAN 200 MG CAP  
indinavir sulfate | 4 | QL 360 / 30 DAYS  
S Specialty Drug |
| CRIXIVAN 400 MG CAP  
indinavir sulfate | 4 | QL 180 / 30 DAYS  
S Specialty Drug |
| fosamprenavir calcium 700 mg tab | 4 | QL 120 / 30 DAYS  
S Specialty Drug |
| INVIRASE 200 MG CAP  
saquinavir mesylate | 4 | QL 300 / 30 DAYS  
S Specialty Drug |
| INVIRASE 500 MG TAB  
saquinavir mesylate | 4 | QL 120 / 30 DAYS  
S Specialty Drug |
| LEXIVA 50 MG/ML SUSPENSION  
fosamprenavir calcium | 4 | QL 1800 / 30 DAYS  
S Specialty Drug |
| LEXIVA 700 MG TAB  
fosamprenavir calcium | 4 | QL 120 / 30 DAYS  
S Specialty Drug |
| NORVIR 100 MG CAP  
ritonavir | 4 | QL 360 / 30 DAYS  
S Specialty Drug |
| NORVIR 80 MG/ML SOLUTION  
ritonavir | 4 | QL 480 / 30 DAYS  
S Specialty Drug |
| PREZISTA 100 MG/ML SUSPENSION  
darunavir ethanolate | 4 | QL 400 / 30 DAYS  
S Specialty Drug |
| PREZISTA 150 MG TAB  
darunavir ethanolate | 4 | QL 180 / 30 DAYS  
S Specialty Drug |
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<td>PREZISTA 800 MG TAB darunavir ethanolate</td>
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<tr>
<td>REYATAZ 50 MG PACKET atazanavir sulfate</td>
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<td>VIRACEPT 625 MG TAB nelfinavir mesylate</td>
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**Antiretrovirals - RTI-Non-Nucleoside Analogues**

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<th>Product Description</th>
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<tr>
<td>EDURANT 25 MG TAB rilpivirine hcl</td>
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<td>efavirenz 200 mg cap</td>
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<tr>
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<td>INTELENCE 100 MG TAB etravirine</td>
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<td>LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB</td>
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<td>famciclovir 250 mg tab</td>
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<td>MFL 1 / 180 DAYS</td>
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<td><em>carvedilol 12.5 mg tab</em></td>
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<td><em>carvedilol phosphate er 80 mg cap er 24h</em></td>
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<tr>
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<td>VERELAN PM 100 MG CAP ER 24H verapamil hcl</td>
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<td>VERELAN PM 300 MG CAP ER 24H verapamil hcl</td>
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**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

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<td>digitek 250 mcg tab</td>
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<tr>
<td>digox 125 mcg tab</td>
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<td>digox 250 mcg tab</td>
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<tr>
<td>DIGOXIN 0.05 MG/ML SOLUTION digoxin</td>
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<td>digoxin 0.05 mg/ml solution</td>
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<td>digoxin 250 mcg tab</td>
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**CARDIOVASCULAR AGENTS - MISC.**

**CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB**

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<thead>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>amlodipine-atorvastatin 10-10 mg tab</td>
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<td>QL 30 / 30 day(s) MAIN Maintenance</td>
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<td>amlodipine-atorvastatin 10-20 mg tab</td>
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<td>QL 30 / 30 day(s) MAIN Maintenance</td>
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<tr>
<td>amlodipine-atorvastatin 10-40 mg tab</td>
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<td>MAIN Maintenance</td>
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<td>amlodipine-atorvastatin 10-80 mg tab</td>
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<tr>
<td>amlodipine-atorvastatin 2.5-10 mg tab</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
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<tr>
<td>amlodipine-atorvastatin 2.5-20 mg tab</td>
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<td>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</td>
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<td>ENTRESTO 24-26 MG TAB sacubitril-valsartan</td>
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<td>ENTRESTO 97-103 MG TAB sacubitril-valsartan</td>
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<td>NITRATE &amp; VASODILATOR COMBINATIONS</td>
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<td>BIDIL 20-37.5 MG TAB isosorbide dinitrate-hydralazine hcl</td>
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<td>PERIPHERAL VASODILATORS</td>
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<td>isoxsuprine hcl 10 mg tab</td>
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<td>PRODUCT DESCRIPTION</td>
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**PROSTAGLANDIN VASODILATORS**

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<td>ORENITRAM 0.125 MG TAB ER</td>
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<td>treprostinil diolamine</td>
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<td>ORENITRAM 0.25 MG TAB ER</td>
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<td>treprostinil diolamine</td>
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<tr>
<td>ORENITRAM 2.5 MG TAB ER</td>
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<td>treprostinil diolamine</td>
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**PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

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<td>ADEMPAS 0.5 MG TAB</td>
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<tr>
<td>riociguat</td>
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<td>ADEMPAS 1 MG TAB</td>
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<td>riociguat</td>
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<tr>
<td>ADEMPAS 1.5 MG TAB</td>
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<tr>
<td>riociguat</td>
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<tr>
<td>ADEMPAS 2 MG TAB</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>riociguat</td>
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<tr>
<td>ADEMPAS 2.5 MG TAB</td>
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<td>PA S Specialty Drug</td>
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<td>riociguat</td>
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**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

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<tbody>
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<td>ambrisentan 10 mg tab</td>
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<tr>
<td>ambrisentan 5 mg tab</td>
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<tr>
<td>bosentan 125 mg tab</td>
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<tr>
<td><strong>bosentan 62.5 mg tab</strong></td>
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<td>PA</td>
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<tr>
<td><strong>OPSUMIT 10 MG TAB</strong></td>
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<td>PA</td>
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<td><strong>macitentan</strong></td>
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<td>Specialty Drug</td>
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<tr>
<td><strong>TRACLEER 32 MG TAB SOL</strong></td>
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<td><strong>bosentan</strong></td>
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<td>Specialty Drug</td>
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**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

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<td><strong>sildenafil citrate 10 mg/ml recon susp</strong></td>
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<td><strong>sildenafil citrate 20 mg tab</strong></td>
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<td><strong>tadalafil (pah) 20 mg tab</strong></td>
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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**CHEMICALS**

**BASES**

SODIUM HYDROXIDE 10 % SOLUTION
sodium hydroxide 3

**CONTRACEPTIVES**

**BIPHASIC CONTRACEPTIVES - ORAL**

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<td>LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB</td>
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## TRIPHASIC CONTRACEPTIVES - ORAL

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<td>prednisone 10 mg (48) tab thpk</td>
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<td>prednisone 2.5 mg tab</td>
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<tr>
<td>ANTITUSSIVE - NONNARCOTIC</td>
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<td>benzonatate 150 mg cap</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>HYCODAN 5-1.5 MG/5ML SYRUP</td>
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<tr>
<td>hydrocodone w/ homatropine</td>
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<td>MFL 1 / 60 day(s)</td>
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<td>hydrocodone-homatropine 5-1.5 mg tab</td>
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<td>MDS1 7 / 1 day(s)</td>
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<tr>
<td>hydrocodone-homatropine 5-1.5 mg/5ml syrup</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>hydromet 5-1.5 mg/5ml syrup</td>
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<td>QL 30 / 1 day(s)</td>
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<tr>
<td>hydromet 5-1.5 mg/5ml syrup</td>
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<td>MFL 1 / 60 day(s)</td>
</tr>
<tr>
<td>tussigon 5-1.5 mg tab</td>
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<td>MDS1 7 / 1 day(s)</td>
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<td><strong>DECONGESTANT &amp; ANTIHISTAMINE</strong></td>
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<td>promethazine vc plain 6.25-5 mg/5ml solution</td>
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<td>promethazine &amp; phenylephrine</td>
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<td><strong>IODINE EXPECTORANTS</strong></td>
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<td>SSKI 1 GM/ML SOLUTION</td>
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<td>potassium iodide (expectorant)</td>
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<tr>
<td>sodium chloride 3 % nebu soln</td>
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<td>sodium chloride 7 % nebu soln</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</strong></td>
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<td>PROMETHAZINE-DM 6.25-15 MG/ML SOLUTION</td>
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<td>bromfed dm 30-2-10 mg/5ml syrup</td>
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<td>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</td>
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<td><strong>OPIOID ANTITUSSIVE-ANTIHISTAMINE</strong></td>
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<td>hydrocod polst-cpm polst er 10-8 mg/5ml susp</td>
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<td>QL 50 / 5 DAYS MFL 3 / 180 DAYS</td>
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<tr>
<td>promethazine-codeine 6.25-10 mg/5ml solution</td>
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<td>QL 150 / 5 DAYS MFL 3 / 180 DAYS</td>
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<tr>
<td>promethazine-codeine 6.25-10 mg/5ml syrup</td>
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<td>QL 150 / 5 DAYS MFL 3 / 180 DAYS</td>
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<td>TUZISTRA XR 14.7-2.8 MG/5ML SUSP</td>
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<td>QL 100 / 5 DAYS MFL 3 / 180 DAYS</td>
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<td>codeine polistirex-chlorpheniramine polistirex</td>
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<tr>
<td><strong>OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</strong></td>
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<tr>
<td>promethazine vc/codeine 6.25-5-10 mg/5ml syrup</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>PROMETHAZINE-PHENYLEPH-CODEINE 6.25-5-10 MG/5ML SYRUP</td>
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<td>QL 120 / 30 DAYS</td>
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<td>promethazine-phenylephrine-codeine</td>
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<td>PSEUDOEPH-CHLORPHEN-HYDROCOD 60-4-5 MG/5ML SOLUTION</td>
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<td>ACZONE 7.5% GEL</td>
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<tr>
<td>dapsone (topical)</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>clindacin etz 1 % swab</td>
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<tr>
<td>clindacin-p 1 % swab</td>
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<tr>
<td>clindamycin phosphate 1 % foam</td>
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<tr>
<td>clindamycin phosphate 1 % gel</td>
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<tr>
<td>clindamycin phosphate 1 % lotion</td>
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<td>clindamycin phosphate 1 % swab</td>
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<td>dapsone 5 % gel</td>
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<td>DAPSONE 7.5 % GEL</td>
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<td>dapsone (topical)</td>
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<td>erythromycin 2 % gel</td>
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<td>erythromycin 2 % pad</td>
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<td>erythromycin 2 % solution</td>
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<tr>
<td>sulfacetamide sodium (acne) 10 % lotion</td>
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### ACNE COMBINATIONS

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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>adapalene-benzoyl peroxide 0.1-2.5 % gel</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>avar cleanser 10-5 % emulsion</td>
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<tr>
<td>avar-e emollient 10-5 % cream</td>
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<td>avar-e green 10-5 % cream</td>
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<td>benzoyl perox-hydrocortisone 5-0.5 % lotion</td>
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<tr>
<td>benzoyl peroxide-erythromycin 5-3 % gel</td>
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<tr>
<td>clindamycin phos-benzoyl perox 1-5 % gel</td>
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<tr>
<td>clindamycin phos-benzoyl perox 1.2-2.5 % gel</td>
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<tr>
<td>clindamycin phos-benzoyl perox 1.2-5 % gel</td>
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<tr>
<td>clindamycin-tretinoin 1.2-0.025 % gel</td>
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### INOVA 8 & 5 % KIT
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<td>benzoyl peroxide &amp; vitamin e</td>
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### INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % KIT
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<td>benzoyl peroxide &amp; salicylic acid &amp; vitamin e</td>
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<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<td>neuac 1.2-5 % gel</td>
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<tr>
<td>rosanil cleanser 10-5 % emulsion</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>sss 10-5 10-5 % cream</td>
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<tr>
<td>sulfacetamide sod-sulfur wash 9-4.5 % kit</td>
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<tr>
<td>sulfacetamide sodium-sulfur 10-2 % cream</td>
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<tr>
<td>sulfacetamide sodium-sulfur 10-2 % liquid</td>
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</tr>
<tr>
<td>sulfacetamide sodium-sulfur 10-4 % pad</td>
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<tr>
<td>sulfacetamide sodium-sulfur 10-5 % cream</td>
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<td>sulfacetamide sodium-sulfur 10-5 % emulsion</td>
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<td>SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION</td>
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<td>sulfacetamide sodium-sulfur 9.8-4.8 % cream</td>
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<td>sulfacetamide sodium-sulfur 9.8-4.8 % liquid</td>
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<td>sulfacleanse 8/4 8-4 % suspension</td>
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<td>vanoxide-hc 5-0.5 % lotion</td>
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**ACNE PRODUCTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>accutane 10 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>accutane 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>accutane 30 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>accutane 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>adapalene 0.1 % cream</td>
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<tr>
<td>adapalene 0.1 % gel</td>
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<td>ADAPALENE 0.1 % LOTION</td>
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<td>amnesteem 10 mg cap</td>
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<tr>
<td>amnesteem 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>Product Description</td>
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<td><strong>amnesteem 40 mg cap</strong></td>
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<td><strong>AZELEX 20% CREAM</strong></td>
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<td>azelaic acid (acne)</td>
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<tr>
<td><strong>benzepro creamy wash 7% liquid</strong></td>
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<tr>
<td><strong>benzepro foaming cloths 6% misc</strong></td>
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<td><strong>BENZOYL PEROXIDE 8% GEL</strong></td>
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<td><strong>bpo foaming cloths 6% misc</strong></td>
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<tr>
<td><strong>claravis 20 mg cap</strong></td>
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<td><strong>myorisan 40 mg cap</strong></td>
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<tr>
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<td>tretinoin microsphere 0.04 % gel</td>
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<td>tretinoin microsphere pump 0.04 % gel</td>
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AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

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ANTI-INFLAMMATORY AGENTS - TOPICAL

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ANTIBIOTIC STEROID COMBINATIONS - TOPICAL

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<td>FLUOROPLEX 1 % CREAM</td>
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<td>fluorouracil (topical)</td>
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<td>fluorouracil (topical)</td>
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<td>TOLAK 4 % CREAM</td>
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<th>PRODUCT DESCRIPTION</th>
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<td>sodium sulfacetamide wash 10 % liquid</td>
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<td>ARZOL SILVER NIT APPLICATORS 75-25 % MISC</td>
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<tr>
<td>grafco silver nit applicator 75-25 % misc</td>
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**CAUTERIZING AGENTS**

- **SILVER NITRATE 0.5 % SOLUTION**
  - silver nitrate
  - TIER: 1

- **SILVER NITRATE 10 % OINTMENT**
  - silver nitrate
  - TIER: 1

- **SILVER NITRATE 10 % SOLUTION**
  - silver nitrate
  - TIER: 1

- **SILVER NITRATE 25 % SOLUTION**
  - silver nitrate
  - TIER: 1

- **SILVER NITRATE 50 % SOLUTION**
  - silver nitrate
  - TIER: 1

**CORTICOSTEROIDS - TOPICAL**

- **ala-cort 1 % cream**
  - TIER: 1

- **ala-cort 2.5 % cream**
  - TIER: 1

- **alclometasone dipropionate 0.05 % cream**
  - TIER: 1

- **alclometasone dipropionate 0.05 % ointment**
  - TIER: 1

- **AMCINONIDE 0.1 % CREAM**
  - amcinonide
  - TIER: 2

- **AMCINONIDE 0.1 % LOTION**
  - amcinonide
  - TIER: 1

- **AMCINONIDE 0.1 % OINTMENT**
  - amcinonide
  - TIER: 1

- **beser 0.05 % lotion**
  - TIER: 2

- **betamethasone dipropionate 0.05 % cream**
  - TIER: 1

- **betamethasone dipropionate 0.05 % lotion**
  - TIER: 1

- **betamethasone dipropionate 0.05 % ointment**
  - TIER: 1

- **betamethasone dipropionate aug 0.05 % cream**
  - TIER: 1

- **betamethasone dipropionate aug 0.05 % lotion**
  - TIER: 1

- **betamethasone dipropionate aug 0.05 % ointment**
  - TIER: 1

- **betamethasone valerate 0.1 % cream**
  - TIER: 1

- **betamethasone valerate 0.1 % lotion**
  - TIER: 1

- **betamethasone valerate 0.1 % ointment**
  - TIER: 1
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<td>betamethasone valerate 0.12 % foam</td>
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<td>KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS</td>
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<tr>
<td>SALVAX DUO PLUS 6 &amp; 35 % KIT</td>
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<tr>
<td>salicylic acid &amp; urea in lactic acid vehicle</td>
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<tr>
<td>KERATOLYTIC/ANTIMITOTIC AGENTS</td>
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<tr>
<td>CONDYLOX 0.5 % GEL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>podofilox</td>
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<tr>
<td>keralyt 6 % shampoo</td>
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<tr>
<td>KERALYT SCALP 6 % KIT</td>
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<tr>
<td>salicylic acid</td>
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<tr>
<td>PODOCON 25 % SOLUTION</td>
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<tr>
<td>podophyllum resin</td>
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<tr>
<td>podofilox 0.5 % solution</td>
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<td>salacy n 6 % cream</td>
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<tr>
<td>salacy n 6 % lotion</td>
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<tr>
<td>salicylic acid 6 % cream</td>
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<td>salicylic acid 6 % foam</td>
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<tr>
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<tr>
<td>salitech forte 6 % lotion</td>
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<td>SALVAX 6 % FOAM</td>
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<td>salicylic acid</td>
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<td>LOCAL ANESTHETICS - TOPICAL</td>
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<td>ANACAIN 10 % OINTMENT</td>
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<tr>
<td>benzocaine (topical)</td>
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<tr>
<td>cidaleaze 3 % cream</td>
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<tr>
<td>lidocaine 5 % ointment</td>
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<tr>
<td>lidocaine 5 % patch</td>
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<td>QL 90 / 30 days</td>
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<tr>
<td>lidocaine hcl 3 % cream</td>
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<tr>
<td>lidocaine hcl urethral/mucosal 2 % gel</td>
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<td>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</td>
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<tr>
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<tr>
<td>lidocaine hcl urethral/mucosal 2 % prsyr</td>
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<tr>
<td>lidocaine pak 5 % ointment</td>
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<tr>
<td>lidopin 3 % cream</td>
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<tr>
<td>premium lidocaine 5 % ointment</td>
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<td>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</td>
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<tr>
<td>pimecrolimus 1 % cream</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>tacrolimus 0.03 % ointment</td>
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<td>tacrolimus 0.1 % ointment</td>
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<td>MISC. TOPICAL</td>
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<td>DRYSOL 20 % SOLUTION</td>
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<td>aluminum chloride</td>
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<td>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</td>
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<tr>
<td>tavaborole 5 % solution</td>
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<td>QL 10 / 30 day(s)</td>
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<tr>
<td>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</td>
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<td>EUCRISA 2 % OINTMENT</td>
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<td><strong>ROSACEA AGENTS</strong></td>
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<tr>
<td>azelaic acid 15 % gel</td>
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<td>QL 50 / 30 DAYS</td>
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<tr>
<td>metronidazole 0.75 % cream</td>
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<tr>
<td>metronidazole 0.75 % gel</td>
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<td>metronidazole 0.75 % lotion</td>
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<td>metronidazole 1 % gel</td>
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<tr>
<td>MIRVASO 0.33 % GEL</td>
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<tr>
<td>brimonidine tartrate (topical)</td>
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<tr>
<td>RHOFADE 1 % CREAM</td>
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<tr>
<td>oxymetazoline hcl (topical)</td>
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<td>rosadan 0.75 % cream</td>
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<td>rosadan 0.75 % gel</td>
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<td>SOOLANTRA 1 % CREAM</td>
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<td>ivermectin (rosacea)</td>
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<td><strong>SCABICIDES &amp; PEDICULICIDES</strong></td>
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<tr>
<td>EURAX 10 % CREAM</td>
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<tr>
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<td>LINDANE 1 % SHAMPOO</td>
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<td>malathion 0.5 % lotion</td>
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<td>OVIDE 0.5 % LOTION</td>
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<td>permethrin 5 % cream</td>
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<td>SPINOSAD 0.9 % SUSPENSION</td>
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<td>benzyl alcohol (pediculicide)</td>
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<td><strong>STEROID-LOCAL ANESTHETIC COMBINATIONS</strong></td>
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<td>CORTANE-B 10-10-1 MG/ML LOTION</td>
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<td>hydrocortisone-pramoxine-chloroxylenol</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>EPIFOAM 1-1 % FOAM</td>
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<tr>
<td>pramoxine-hc</td>
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<tr>
<td>hydrocortisone ace-pramoxine 2.5-1 % cream</td>
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<tr>
<td>NOVACORT 1-2 % GEL</td>
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<td>pramoxine-hc</td>
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<tr>
<td>PRAMOSONE 1-1 % CREAM</td>
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<td>pramoxine-hc</td>
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<td>PRAMOSONE E 1-2.5 % CREAM</td>
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<tr>
<td>pramoxine-hc emollient base</td>
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<tr>
<td>TOPICAL ANESTHETIC COMBINATIONS</td>
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<tr>
<td>CETACAINE 2-2-14 % AEROSOL</td>
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<tr>
<td>butamben-tetracaine-benzocaine</td>
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<tr>
<td>lidocaine-prilocaine 2.5-2.5 % cream</td>
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<tr>
<td>SYNERA 70-70 MG PATCH</td>
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<td>lidocaine-tetracaine</td>
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<tr>
<td>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</td>
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<tr>
<td>TARGRETIN 1 % GEL</td>
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<tr>
<td>bexarotene (topical)</td>
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<tr>
<td>TOPICAL STEROID COMBINATIONS</td>
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<tr>
<td>calcipotriene-betameth diprop 0.005-0.064 % suspension</td>
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<tr>
<td>SCALACORT DK 2 &amp; 2-2 % KIT</td>
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<tr>
<td>hydrocortisone &amp; salicylic acid-sulfur &amp; shampoo</td>
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<tr>
<td>TACLONEX 0.005-0.064 % SUSPENSION</td>
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<td>calcipotriene-betamethasone dipropionate</td>
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<td>ULTRAVATE X (CREAM) 0.05 &amp; 10 % KIT</td>
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<td>halobetasol propionate &amp; lactic acid</td>
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<td>ULTRAVATE X (OINTMENT) 0.05 &amp; 10 % KIT</td>
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<td>halobetasol propionate &amp; lactic acid</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<tr>
<td>WOUND CARE - GROWTH FACTOR AGENTS</td>
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<td>REGRANEX 0.01 % GEL</td>
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<td>becaplermin</td>
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<td>WOUND CLEANSERS/DECUBITUS ULCER THERAPY</td>
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<td>GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN</td>
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<td>glucagon hcl rdna (diagnostic)</td>
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<tr>
<td>GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN</td>
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<td>FREESTYLE INSULINX TEST STRIP</td>
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<td>CREON 12000 UNIT CP DR PART</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>CREON 36000 UNIT CP DR PART pancrelipase</td>
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<td><strong>BISPHOSPHONATES</strong></td>
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<td>ORFADIN 4 MG/ML SUSPENSION</td>
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### SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)

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### SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS

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<td><strong>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alosetron hcl 0.5 mg tab</td>
<td>2 QL</td>
<td>60 / 30 DAYS</td>
</tr>
<tr>
<td>alosetron hcl 1 mg tab</td>
<td>2 QL</td>
<td>60 / 30 DAYS</td>
</tr>
<tr>
<td><strong>INFLAMMATORY BOWEL AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRISO 0.375 GM CAP ER 24H</td>
<td>3 QL</td>
<td>4 / 1 day(s)</td>
</tr>
<tr>
<td><em>mesalamine</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>balsalazide disodium 750 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CANASA 1000 MG SUPPOS</td>
<td>2</td>
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</tr>
<tr>
<td><em>mesalamine</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPENTUM 250 MG CAP</td>
<td>3 PA</td>
<td></td>
</tr>
<tr>
<td><em>olsalazine sodium</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIAZO 1.1 GM TAB</td>
<td>3 QL</td>
<td>180 / 30 DAYS</td>
</tr>
<tr>
<td><em>balsalazide disodium</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mesalamine 1.2 gm tab dr</td>
<td>2 QL</td>
<td>120 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 1000 mg suppos</td>
<td>2 QL</td>
<td>30 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 4 gm enema</td>
<td>1 QL</td>
<td>1680 / 28 DAYS</td>
</tr>
<tr>
<td>mesalamine 400 mg cap dr</td>
<td>1 QL</td>
<td>6 / 1 day(s)</td>
</tr>
<tr>
<td>mesalamine 800 mg tab dr</td>
<td>2 QL</td>
<td>180 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine er 0.375 gm cap er 24h</td>
<td>2 QL</td>
<td>4 / 1 day(s)</td>
</tr>
<tr>
<td>mesalamine-cleanser 4 gm kit</td>
<td>1 QL</td>
<td>1680 / 28 DAYS</td>
</tr>
<tr>
<td>PENTASA 250 MG CAP ER</td>
<td>2 QL</td>
<td>90 / 30 DAYS</td>
</tr>
<tr>
<td><em>mesalamine</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PENTASA 500 MG CAP ER</td>
<td>2 QL</td>
<td>240 / 30 DAYS</td>
</tr>
<tr>
<td><em>mesalamine</em></td>
<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>sulfasalazine 500 mg tab</td>
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<tr>
<td>sulfasalazine 500 mg tab dr</td>
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<tr>
<td><strong>INTESTINAL ACIDIFIERS</strong></td>
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<tr>
<td>enulose 10 gm/15ml solution</td>
<td>1</td>
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</tr>
<tr>
<td>generlac 10 gm/15ml solution</td>
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</tr>
<tr>
<td>lactulose encephalopathy 10 gm/15ml solution</td>
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<tr>
<td><strong>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>MOVANTIK 12.5 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>naloxegol oxalate</td>
<td></td>
<td>PA</td>
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<tr>
<td>MOVANTIK 25 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<td>naloxegol oxalate</td>
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<td>PA</td>
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<tr>
<td>SYMPROIC 0.2 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>naldemedine tosylate</td>
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<td>PA</td>
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<tr>
<td><strong>PHOSPHATE BINDER AGENTS</strong></td>
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<tr>
<td>AURYXIA 1 GM 210 MG(FE) TAB</td>
<td>3</td>
<td>QL 360 / 30 DAYS</td>
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<tr>
<td>ferric citrate</td>
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<td>PA</td>
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<tr>
<td>calcium acetate (phos binder) 667 mg cap</td>
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<tr>
<td>calcium acetate (phos binder) 667 mg tab</td>
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<tr>
<td>calcium acetate 667 mg tab</td>
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<tr>
<td>FOSRENOl 1000 MG CHEW TAB</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
<td></td>
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<td>FOSRENOl 1000 MG PACKET</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<td>FOSRENOl 500 MG CHEW TAB</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<tr>
<td>FOSRENOl 750 MG CHEW TAB</td>
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<td>lanthanum carbonate</td>
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<tr>
<td>FOSRENOl 750 MG PACKET</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<td></td>
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<tr>
<td>lanthanum carbonate 1000 mg chew tab</td>
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<tr>
<td>lanthanum carbonate 500 mg chew tab</td>
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<tr>
<td>lanthanum carbonate 750 mg chew tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<tr>
<td>PHOSLYRA 667 MG/5ML SOLUTION</td>
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<tr>
<td>calcium acetate (phosphate binder)</td>
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<tr>
<td>sevelamer carbonate 0.8 gm packet</td>
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<tr>
<td>sevelamer carbonate 2.4 gm packet</td>
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<td>sevelamer carbonate 800 mg tab</td>
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<td>SEVELAMER HCL 400 MG TAB</td>
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<td>sevelamer hcl</td>
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<tr>
<td>sevelamer hcl 800 mg tab</td>
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<td>PA</td>
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<tr>
<td>VELPHORO 500 MG CHEW TAB</td>
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<td>PA</td>
</tr>
<tr>
<td>sucralfate oxyhydroxide</td>
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<tr>
<td>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</td>
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<tr>
<td>CIMZIA 2 X 200 MG KIT</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>certolizumab pegol</td>
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<td>Specialty Drug</td>
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<td>CIMZIA PREFILLED 2 X 200 MG/ML KIT</td>
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<td>PA</td>
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<tr>
<td>certolizumab pegol</td>
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<td>Specialty Drug</td>
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<tr>
<td>CIMZIA STARTER KIT 6 X 200 MG/ML KIT</td>
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<td>PA</td>
</tr>
<tr>
<td>certolizumab pegol</td>
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<td>Specialty Drug</td>
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<tr>
<td>GENITOURINARY AGENTS - MISCELLANEOUS</td>
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<tr>
<td>5-ALPHA REDUCTASE INHIBITORS</td>
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<tr>
<td>dutasteride 0.5 mg cap</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>finasteride 5 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>Male</td>
<td></td>
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<tr>
<td>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</td>
<td></td>
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<tr>
<td>alfuzosin hcl er 10 mg tab er 24h</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>CARDURA XL 4 MG TAB ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>doxazosin mesylate (bph)</td>
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<tr>
<td>CARDURA XL 8 MG TAB ER 24H</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>doxazosin mesylate (bph)</td>
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<tr>
<td>silodosin 4 mg cap</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>silodosin 8 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tamsulosin hcl 0.4 mg cap</td>
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<td>QL 60 / 30 DAYS</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><strong>ANTI-INFECTIVE GENITOURINARY IRRIGANTS</strong></td>
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<tr>
<td>NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION</td>
<td>1</td>
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<tr>
<td>neomycin/polyoxymycin b gu</td>
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<tr>
<td>neomycin-polyoxymycin b gu 40-200000 solution</td>
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<tr>
<td><strong>CITRATES</strong></td>
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<tr>
<td>CYTRA K CRYSTALS 3300-1002 MG PACKET</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium citrate-citric acid</td>
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<td></td>
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<tr>
<td>ORACIT 490-640 MG/5ML SOLUTION</td>
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<tr>
<td>sodium citrate &amp; citric acid</td>
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<tr>
<td>pot &amp; sod cit-cit ac 550-500-334 mg/5ml solution</td>
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<tr>
<td>potassium citrate er 10 meq (1080 mg) tab er</td>
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<tr>
<td>potassium citrate er 15 meq (1620 mg) tab er</td>
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<tr>
<td>potassium citrate er 5 meq (540 mg) tab er</td>
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<tr>
<td>potassium citrate-citric acid 1100-334 mg/5ml solution</td>
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<tr>
<td>potassium citrate-citric acid 3300-1002 mg packet</td>
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<tr>
<td>SHOHLS MODIFIED 500-334 MG/5ML SOLUTION</td>
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<td>sod citrate-citric acid 500-334 mg/5ml solution</td>
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<td>taron-crystals 3300-1002 mg packet</td>
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<tr>
<td>tricitrates 550-500-334 mg/5ml solution</td>
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<td></td>
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<tr>
<td>virtrate-2 500-334 mg/5ml solution</td>
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<tr>
<td>virtrate-3 550-500-334 mg/5ml solution</td>
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<tr>
<td>virtrate-k 1100-334 mg/5ml solution</td>
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<tr>
<td><strong>CYSTINOSIS AGENTS</strong></td>
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<tr>
<td>CYSTAGON 150 MG CAP</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<tr>
<td>cysteamine bitartrate</td>
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<tr>
<td>CYSTAGON 50 MG CAP</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>cysteamine bitartrate</td>
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<tr>
<td><strong>GENITOURINARY IRRIGANTS</strong></td>
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</tr>
<tr>
<td>aminoacetic acid 1.5 % solution</td>
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<tr>
<td>curity sterile saline 0.9 % solution</td>
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<td></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>
<tr>
<td>glycine 1.5 % solution</td>
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<tr>
<td>glycine urologic 1.5 % solution</td>
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<tr>
<td>RESECTISOL 5 % SOLUTION mannnitol (gu irrigant)</td>
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<tr>
<td>sodium chloride 0.9 % solution</td>
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<tr>
<td>SORBITOL 3 % SOLUTION sorbitol irrigation</td>
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<tr>
<td>SORBITOL 3.3 % SOLUTION sorbitol irrigation</td>
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<tr>
<td>SORBITOL-MANNITOL 2.7-0.54 GM/100ML SOLUTION sorbitol-mannitol</td>
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<td>INTERSTITIAL CYSTITIS AGENTS</td>
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<tr>
<td>ELMIRON 100 MG CAP pentosan polysulfate sodium</td>
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<td>PA</td>
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<td>PHOSPHATES</td>
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<tr>
<td>K-PHOS NO 2 305-700 MG TAB potassium &amp; sodium acid phosphates</td>
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<tr>
<td>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</td>
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<tr>
<td>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)</td>
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<tr>
<td>OXLUMO 94.5 MG/0.5ML SOLUTION lumasiran sodium</td>
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<td>URINARY ANALGESICS</td>
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<tr>
<td>phenazo 200 mg tab</td>
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<td>phenazopyridine hcl 100 mg tab</td>
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<td>phenazopyridine hcl 200 mg tab</td>
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<td>URINARY STONE AGENTS</td>
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<tr>
<td>LITHOSTAT 250 MG TAB acetohydroxamic acid</td>
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<td>PA</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>GOUT AGENTS</td>
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<tr>
<td>GOUT AGENT COMBINATIONS</td>
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<tr>
<td>colchicine-probenecid 0.5-500 mg tab</td>
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<td>allopurinol 100 mg tab</td>
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<td>allopurinol 300 mg tab</td>
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<tr>
<td>COLCHICINE 0.6 MG CAP</td>
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<tr>
<td>colchicine</td>
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<td>QL 60 / 30 DAYS</td>
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<td>colchicine 0.6 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>febuxostat 40 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<td>febuxostat 80 mg tab</td>
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<td>probenecid 500 mg tab</td>
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<tr>
<td>HEMATOLOGICAL AGENTS - MISC.</td>
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<tr>
<td>ANTI-VON WILLEBRAND FACTOR AGENTS</td>
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<tr>
<td>CABLIVI 11 MG KIT</td>
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<tr>
<td>caplacizumab-yhdp</td>
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<td>ANTIHEMOPHILIC PRODUCTS</td>
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<tr>
<td>ADVATE 1000 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>ADVATE 1500 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>ADVATE 2000 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>ADVATE 250 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<td>PA S Specialty Drug</td>
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<td>ADVATE 3000 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<tr>
<td>ADVATE 4000 UNIT RECON SOLN</td>
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<tr>
<td>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>ADVATE 500 UNIT RECON SOLN</td>
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<td><strong>BRADYKININ B2 RECEPTOR ANTAGONISTS</strong></td>
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<td><em>icatibant acetate 30 mg/3ml solution</em></td>
<td>4</td>
<td>PA</td>
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<tr>
<td><strong>Specialty Drug</strong></td>
<td></td>
<td>S</td>
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<tr>
<td><strong>C1 INHIBITORS</strong></td>
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<tr>
<td>BERINERT 500 UNIT KIT</td>
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<td>c1 esterase inhibitor (human)</td>
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<tr>
<td><strong>Specialty Drug</strong></td>
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<tr>
<td>HAEGARDA 2000 UNIT RECON SOLN</td>
<td>4</td>
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<tr>
<td>c1 esterase inhibitor (human)</td>
<td></td>
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<td><strong>Specialty Drug</strong></td>
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<td>HAEGARDA 3000 UNIT RECON SOLN</td>
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<td>PA</td>
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<td>c1 esterase inhibitor (human)</td>
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<td><strong>DIRECT-ACTING P2Y12 INHIBITORS</strong></td>
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<td>BRILINTA 60 MG TAB</td>
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<td>ticagrelor</td>
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<td>60 / 30 DAYS</td>
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<td>ticagrelor</td>
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<td>60 / 30 DAYS</td>
</tr>
<tr>
<td><strong>MAIN Maintenance</strong></td>
<td></td>
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<tr>
<td><strong>HEMATORHEOLOGIC AGENTS</strong></td>
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<td><em>pentoxifylline er 400 mg tab er</em></td>
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<td><strong>PHOSPHODIESTERASE III INHIBITORS</strong></td>
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<td><em>cilostazol 100 mg tab</em></td>
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<td><em>cilostazol 50 mg tab</em></td>
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<tr>
<td><strong>Maintenance</strong></td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>PLATELET AGGREGATION INHIBITOR COMBINATIONS</td>
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<td>aspirin-dipyridamole er 25-200 mg cap er 12h</td>
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<td>PLATELET AGGREGATION INHIBITORS</td>
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<td>ZONTIVITY 2.08 MG TAB</td>
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<td>anagrelide hcl 1 mg cap</td>
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<td>clopidogrel bisulfate 75 mg tab</td>
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<td>prasugrel hcl 10 mg tab</td>
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<td>prasugrel hcl 5 mg tab</td>
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<td>eliglustat tartrate</td>
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<td>HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>CXCR4 RECEPTOR ANTAGONIST</td>
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<td>MOZOBIL 24 MG/1.2ML SOLUTION</td>
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<td>plerixafor</td>
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<tr>
<td>DROXIA 300 MG CAP</td>
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<td>hydroxyurea (sickle cell anemia)</td>
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<tr>
<td>DROXIA 400 MG CAP</td>
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<td>hydroxyurea (sickle cell anemia)</td>
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<td>ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR</td>
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<td>darbepoetin alfa</td>
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<tr>
<td>darbepoetin alfa</td>
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<td>ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION</td>
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<td>ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR</td>
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<tr>
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<td>ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR</td>
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<td>ARANESP (ALBUMIN FREE) 300 MCG/ML SOLUTION</td>
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<tr>
<td>darbepoetin alfa</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR</td>
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<td>ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION</td>
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<tr>
<td>darbepoetin alfa</td>
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<tr>
<td>ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR</td>
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<td>ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR</td>
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<td>darbepoetin alfa</td>
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<td>MIRCERA 100 MCG/0.3ML SOLN PRSYR</td>
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<td>methoxy polyethylene glycol-epoetin beta</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</td>
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<td>GRANIX 300 MCG/0.5ML SOLN PRSYR</td>
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<td>GRANIX 480 MCG/1.6ML SOLUTION</td>
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<td>tbo-filgrastim</td>
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<tr>
<td>NEULASTA ONPRO 6 MG/0.6ML PREF SY KT</td>
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<td>pegfilgrastim</td>
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<td>NIVESTYM 300 MCG/0.5ML SOLN PRSYR</td>
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<td>filgrastim-aafi</td>
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<td>NIVESTYM 480 MCG/0.8ML SOLN PRSYR</td>
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<td>PA S Specialty Drug</td>
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<td>filgrastim-aafi</td>
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<td>UDENYCA 6 MG/0.6ML SOLN PRSYR</td>
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<td>pegfilgrastim-cbqv</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>ZIEEXTENZO 6 MG/0.6ML SOLN PRSYR pegfilgrastim-bmez</td>
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<td>PA S Specialty Drug</td>
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**THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**

| NPLATE 250 MCG RECON SOLN romiplostim          | 4    | PA S Specialty Drug   |
| NPLATE 500 MCG RECON SOLN romiplostim          | 4    | PA S Specialty Drug   |
| PROMACTA 12.5 MG PACKET eltrombopag olamine    | 4    | PA S Specialty Drug   |
| PROMACTA 12.5 MG TAB eltrombopag olamine       | 4    | PA S Specialty Drug   |
| PROMACTA 25 MG PACKET eltrombopag olamine      | 4    | PA S Specialty Drug   |
| PROMACTA 25 MG TAB eltrombopag olamine         | 4    | PA S Specialty Drug   |
| PROMACTA 50 MG TAB eltrombopag olamine         | 4    | PA S Specialty Drug   |
| PROMACTA 75 MG TAB eltrombopag olamine         | 4    | PA S Specialty Drug   |

**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

| aminocaproic acid 0.25 gm/ml solution          | 2    |
| aminocaproic acid 1000 mg tab                 | 2    |
| aminocaproic acid 500 mg tab                  | 2    |
| tranexamic acid 650 mg tab                     | 1    | QL 30 / 30 DAYS       |

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

**BARBITURATE HYPNOTICS**

<p>| BUTISOL SODIUM 30 MG TAB butabarbital sodium   | 3    |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenobarbital 100 mg tab</td>
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<tr>
<td>phenobarbital 15 mg tab</td>
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<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 16.2 mg tab</td>
<td>1</td>
<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 20 mg/5ml elixir</td>
<td>1</td>
<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 20 mg/5ml solution</td>
<td>1</td>
<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 30 mg tab</td>
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<td>MAIN Maintenance</td>
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<tr>
<td>phenobarbital 32.4 mg tab</td>
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<td>phenobarbital 60 mg tab</td>
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<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 64.8 mg tab</td>
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<td>MAIN Maintenance</td>
</tr>
<tr>
<td>phenobarbital 97.2 mg tab</td>
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<td>MAIN Maintenance</td>
</tr>
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<td><strong>BENZODIAZEPINE HYPNOTICS</strong></td>
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<tr>
<td>estazolam 1 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>estazolam 2 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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**GLUCOSE MONITORING TEST SUPPLIES**

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<td>DEVICE</td>
<td>spacer/aerosol-holding chambers</td>
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<td>EASIVENT MASK MEDIUM</td>
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**MIGRAINE PRODUCTS**

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

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>NURTEC 75 MG TAB DISP</td>
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<tr>
<td>UBRELVY 100 MG TAB</td>
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<td>ubrogepant</td>
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**CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**

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<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>AJOVY 225 MG/1.5ML SOLN A-INJ</td>
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<td>AJOVY 225 MG/1.5ML SOLN PRSYR</td>
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<td>EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR</td>
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<td><strong>ERGOT COMBINATIONS</strong></td>
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<tr>
<td>ergotamine-caffeine 1-100 mg tab</td>
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<tr>
<td>dihydroergotamine mesylate 1 mg/ml solution</td>
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<td>QL 24 / 30 DAYS</td>
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<tr>
<td>dihydroergotamine mesylate 4 mg/ml solution</td>
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<td><strong>ERGOMAR 2 MG SL TAB</strong></td>
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<tr>
<td>ergotamine tartrate</td>
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<td><strong>MIGRAINE PRODUCTS - NSAIDS</strong></td>
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<tr>
<td>CAMBIA 50 MG PACKET</td>
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<td>diclofenac potassium (migraine)</td>
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<td><strong>SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS</strong></td>
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<tr>
<td>TREXIMET 10-60 MG TAB</td>
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<td>sumatriptan-naproxen sodium</td>
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<tr>
<td><strong>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</strong></td>
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<tr>
<td>almotriptan malate 12.5 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
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<td>naratriptan hcl 2.5 mg tab</td>
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<tr>
<td>sumatriptan 20 mg/act solution</td>
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<tr>
<td>sumatriptan 5 mg/act solution</td>
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<tr>
<td>sumatriptan succinate 25 mg tab</td>
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<tr>
<td>sumatriptan succinate 50 mg tab</td>
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</tr>
<tr>
<td>sumatriptan succinate 6 mg/0.5ml soln a-inj</td>
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<td>ZOMIG 5 MG SOLUTION zolmitriptan</td>
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<td>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</td>
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<td>REYVOW 100 MG TAB lasmiditan succinate</td>
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<td>MINERALS &amp; ELECTROLYTES</td>
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<td>BICARBONATES</td>
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<td><strong>FLUORIDE</strong></td>
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<tr>
<td>fluoritab 1.1 (0.5 f) mg chew tab</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>fluoritab 2.2 (1 f) mg chew tab</td>
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<td>PREV Preventative</td>
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<td><strong>FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION</strong></td>
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<tr>
<td><strong>GALZIN 25 MG CAP</strong></td>
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<tr>
<td>BENLYSTA 120 MG RECON SOLN</td>
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<td>PA S</td>
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<tr>
<td>belimumab</td>
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<td>BENLYSTA 200 MG/ML SOLN A-INJ</td>
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<td>PA S</td>
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<td><strong>CHELATING AGENTS</strong></td>
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<td>penicillamine 250 mg cap</td>
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<tr>
<td>penicillamine 250 mg tab</td>
<td>4</td>
<td>PA S</td>
</tr>
<tr>
<td>trientine hcl 250 mg cap</td>
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<td><strong>CYCLOSPORINE ANALOGS</strong></td>
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<td>cyclosporine 100 mg cap</td>
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<tr>
<td>cyclosporine 25 mg cap</td>
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<td>cyclosporine modified 100 mg cap</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>cyclosporine modified 100 mg/ml solution</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified 25 mg cap</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified 50 mg cap</td>
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<tr>
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<td>QL 90 / 30 DAYS</td>
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</tr>
<tr>
<td>gengraf 25 mg cap</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>gengraf 50 mg cap</td>
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**ENZYMES**

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<tr>
<td>XIAFLEX 0.9 MG RECON SOLN</td>
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<td>collagenase clostridium histolyticum</td>
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**IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES**

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<td>REVLIMID 10 MG CAP</td>
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<td>REVLIMID 15 MG CAP</td>
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<tr>
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<td>REVLIMID 2.5 MG CAP</td>
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<td>REVLIMID 25 MG CAP</td>
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<tr>
<td>REVLIMID 5 MG CAP</td>
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**INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**

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<td>mycophenolate mofetil 250 mg cap</td>
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<td>mycophenolate mofetil 500 mg tab</td>
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<td>mycophenolate sodium 180 mg tab dr</td>
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<td>mycophenolate sodium 360 mg tab dr</td>
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<td>IRRIGATION SOLUTIONS</td>
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<td>ringers irrigation solution</td>
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<tr>
<td>sterile water for irrigation solution</td>
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<td></td>
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<tr>
<td>tis-u-sol solution</td>
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<tr>
<td>water for irrigation, sterile solution</td>
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<tr>
<td>MACROLIDE IMMUNOSUPPRESSANTS</td>
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<td>ASTAGRAF XL 0.5 MG CAP ER 24H tacrolimus</td>
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<td>PA</td>
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<tr>
<td>ASTAGRAF XL 1 MG CAP ER 24H tacrolimus</td>
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<td>PA</td>
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<tr>
<td>ASTAGRAF XL 5 MG CAP ER 24H tacrolimus</td>
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<td>ENVARSUS XR 0.75 MG TAB ER 24H tacrolimus</td>
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<tr>
<td>ENVARSUS XR 4 MG TAB ER 24H tacrolimus</td>
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<td>PROGRAF 1 MG CAP tacrolimus</td>
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<tr>
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<td>sirolimus 1 mg tab</td>
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<tr>
<td>sirolimus 1 mg/ml solution</td>
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<td>PA, Up to 8 yrs old, S</td>
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**Specialty Drug**
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<tbody>
<tr>
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<td>tacrolimus 0.5 mg cap</td>
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<td>tacrolimus 1 mg cap</td>
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<td>tacrolimus 5 mg cap</td>
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<td>satralizumab-mwge</td>
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<td>patiromer sorbitex calcium</td>
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<td>lidocaine hcl (mouth-throat)</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>miconazole (mouth-throat)</td>
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<td>ANTISEPTIC COMBINATIONS - MOUTH/THROAT</td>
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<td>DEBACTEROL 30-50 % SOLUTION</td>
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<td>DEBACTEROL 30-50 % SOLUTION</td>
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<td>ANTISEPTICS - MOUTH/THROAT</td>
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<td>periogard 0.12 % solution</td>
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<td>oralone 0.1 % paste</td>
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<td>COMPLETENATE 29-1 MG CHEW TAB</td>
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<td>ENBRACE HR CAP</td>
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<td>M-NATAL PLUS 27-1 MG TAB</td>
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<td>NEONATAL PLUS 27-1 MG TAB</td>
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<td>O-CAL FA 27-1 MG TAB</td>
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<td>O-CAL PRENATAL TAB</td>
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<td>OB COMPLETE/DHA 30-10-1-200 MG CAP</td>
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<td>ONE VITE WOMENS PLUS 27-1 MG TAB</td>
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<td>PNV FOLIC ACID + IRON 27-1 MG TAB</td>
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<td>PNV PRENATAL PLUS MULTIVITAMIN 27-1 MG TAB</td>
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<td>PRENATA 29-1 MG CHEW TAB</td>
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<td>PRENATABS RX 29-1 MG TAB</td>
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<td>ipratropium bromide 0.06 % solution</td>
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<td>BECONASE AQ 42 MCG/SPRAY SUSPENSION</td>
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<td>beclomethasone diprop monohyd</td>
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<td>FLUNISOLIDE 25 MCG/ACT (0.025%) SOLUTION</td>
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<td>fluticasone propionate 50 mcg/act suspension</td>
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<td>QL 16 / 30 DAYS</td>
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<td>mometasone furoate 50 mcg/act suspension</td>
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<td>OMNARIS 50 MCG/ACT SUSPENSION</td>
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<td>PRODUCT DESCRIPTION</td>
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| QNASL 80 MCG/ACT AERO SOLN  
beclomethasone dipropionate (nasal) | 3 | QL 10.6 / 30 DAYS |
| QNASL CHILDRENS 40 MCG/ACT AERO SOLN  
beclomethasone dipropionate (nasal) | 3 | QL 4.9 / 30 DAYS |
| XHANCE 93 MCG/ACT EXHU  
fluticasone propionate (nasal) | 2 | PA |
| NEUROMUSCULAR AGENTS |  |  |
| BENZATHIAZOLES |  |  |
| riluzole 50 mg tab | 1 |  |
| SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS |  |  |
| EVRYSDI 0.75 MG/ML RECON SOLN  
risdiplam | 4 | PA  
S Specialty Drug |
| NUTRIENTS |  |  |
| LIPIDS |  |  |
| DOJOLVI 100 % LIQUID  
triheptanoin | 4 | PA  
S Specialty Drug |
| LIPOTROPIC COMBINATIONS |  |  |
| LECITHIN GRANULES  
lecithin | 3 |  |
| OPHTHALMIC AGENTS |  |  |
| ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB |  |  |
| SIMBRINZA 1-0.2 % SUSPENSION  
brinzolamide-brimonidine tartrate | 3 |  |
| BETA-BLOCKERS - OPHTHALMIC |  |  |
| betaxolol hcl 0.5 % solution | 1 |  |
| BETIMOL 0.25 % SOLUTION  
timolol | 3 |  |
| BETIMOL 0.5 % SOLUTION  
timolol | 3 |  |
| BETOPTIC-S 0.25 % SUSPENSION  
betaxolol hcl (ophth) | 3 |  |
| CARTEOLOL HCL 1 % SOLUTION  
carteolol hcl (ophth) | 1 |  |
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**BETA-BLOCKERS - OPHTHALMIC COMBINATIONS**

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<td>XIIDRA 5 % SOLUTION</td>
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<td>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</td>
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<tr>
<td>ak-poly-bac 500-10000 unit/gm ointment</td>
<td>1</td>
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<tr>
<td>bacitracin-polymyxin b 500-10000 unit/gm ointment</td>
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<tr>
<td>neo-polycin 3.5-400-10000 ointment</td>
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</tr>
<tr>
<td>neo-mycin-bacitracin zn-polymyx 3.5-400-10000 ointment</td>
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<tr>
<td>neo-mycin-bacitracin zn-polymyx 5-400-10000 ointment</td>
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<tr>
<td>NEOMYCIN-POLYMIXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
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<tr>
<td>neomycin-polymyxin-gramicidin</td>
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<tr>
<td>polycin 500-10000 unit/gm ointment</td>
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<tr>
<td>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</td>
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<tr>
<td>OPHTHALMIC ANTIALLERGIC</td>
<td></td>
<td></td>
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<tr>
<td>ALOCRI 2 % SOLUTION</td>
<td>2</td>
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<tr>
<td>nedocromil sodium (ophth)</td>
<td></td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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</tr>
<tr>
<td>ALOMIDE 0.1 % SOLUTION</td>
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</tr>
<tr>
<td>lodoxamide tromethamine</td>
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</tr>
<tr>
<td>azelastine hcl 0.05 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BEPREVE 1.5 % SOLUTION</td>
<td>3</td>
<td>QL 10 / 30 DAYS</td>
</tr>
<tr>
<td>bepotastine besilate</td>
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<tr>
<td>cromolyn sodium 4 % solution</td>
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<td></td>
</tr>
<tr>
<td>EMADINE 0.05 % SOLUTION</td>
<td>3</td>
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</tr>
<tr>
<td>emedastine difumarate</td>
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<tr>
<td>epinastine hcl 0.05 % solution</td>
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<tr>
<td>LASTACAFT 0.25 % SOLUTION</td>
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<td>alcaftadine</td>
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<td>olopatadine hcl 0.1 % solution</td>
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<tr>
<td>olopatadine hcl 0.2 % solution</td>
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</tr>
<tr>
<td>PAZEO 0.7 % SOLUTION</td>
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<td>QL 2.5 / 18 DAYS</td>
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<tr>
<td>olopatadine hcl</td>
<td></td>
<td>PA 2.5 / 18 DAYS</td>
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<td>OPHTHALMIC ANTIBIOTICS</td>
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<td>AZASITE 1 % SOLUTION</td>
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<tr>
<td>azithromycin (ophth)</td>
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<td>BACITRACIN 500 UNIT/GM OINTMENT</td>
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<tr>
<td>bacitracin (ophthalmic)</td>
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<tr>
<td>BESIVANCE 0.6 % SUSPENSION</td>
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<tr>
<td>besifloxacin hcl</td>
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<td>CILOXAN 0.3 % OINTMENT</td>
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<tr>
<td>ciprofloxacin hcl (ophth)</td>
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<td>ciprofloxacin hcl 0.3 % solution</td>
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<tr>
<td>erythromycin 5 mg/gm ointment</td>
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<td>QL 2.5 / 30 DAYS</td>
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<td>GENTAK 0.3 % OINTMENT</td>
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<td>gentamicin sulfate (ophth)</td>
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<td>levofloxacin 0.5 % solution</td>
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<tr>
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<tr>
<td>ofloxacin 0.3 % solution</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>tobramycin 0.3 % solution</td>
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<td>TOBREX 0.3 % OINTMENT</td>
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<td>tobramycin (ophth)</td>
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<td>OPTHALMIC ANTIFUNGAL</td>
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<td>NATACYN 5 % SUSPENSION</td>
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<td>natamycin</td>
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<td>BETADINE OPTHALMIC PREP 5 % SOLUTION</td>
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<td>povidone-iodine (ophth)</td>
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<td>Povidone-Iodine 5 % Solution</td>
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<td>TRIFLURIDINE 1 % SOLUTION</td>
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<td>trifluridine</td>
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<td>trifluridine 1 % solution</td>
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<tr>
<td>ZIRGAN 0.15 % GEL</td>
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<td>ganciclovir ophthalmic</td>
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<td>OPTHALMIC CARBONIC ANHYDRASE INHIBITORS</td>
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<td>AZOPT 1 % SUSPENSION</td>
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<tr>
<td>brinzolamide</td>
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<td>dorzolamide hcl 2 % solution</td>
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<td>FLUCaine 0.25-0.5 % solution</td>
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<tr>
<td>PAREMYD 1-0.25 % SOLUTION</td>
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<tr>
<td>hydroxyamphetamine-tropicamide</td>
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<tr>
<td>proparacaine-fluorescein 0.5-0.25 % solution</td>
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<tr>
<td>OPTHALMIC IMMUNOMODULATORS</td>
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<td>RESTASIS 0.05 % EMULSION</td>
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<tr>
<td>cyclosporine (ophth)</td>
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<td>RESTASIS MULTIDOSE 0.05 % EMULSION</td>
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<tr>
<td>cyclosporine (ophth)</td>
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<tr>
<td>OPTHALMIC KINASE INHIBITORS - COMBINATIONS</td>
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<tr>
<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
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<tr>
<td>netarsudil dimesylate-latanoprost</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<tr>
<td>OPHTHALMIC LOCAL ANESTHETICS</td>
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<tr>
<td>AKTEN 3.5 % GEL</td>
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<tr>
<td>lidocaine hcl (ophth)</td>
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<tr>
<td>altacaine 0.5 % solution</td>
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</tr>
<tr>
<td>altacaine 0.5 % solution</td>
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<tr>
<td>proparacaine hcl 0.5 % solution</td>
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<tr>
<td>tetracaine hcl 0.5 % solution</td>
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<tr>
<td>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</td>
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<tr>
<td>ACUVAIL 0.45 % SOLUTION</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ketorolac tromethamine (ophth)</td>
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<tr>
<td>bromfenac sodium (once-daily) 0.09 % solution</td>
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<td>QL 3.4 / 30 DAYS</td>
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<tr>
<td>diclofenac sodium 0.1 % solution</td>
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</tr>
<tr>
<td>FLURBIPROFEN SODIUM 0.03 % SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>flurbiprofen sodium</td>
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<td></td>
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<tr>
<td>NEVANAC 0.1 % SUSPENSION</td>
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</tr>
<tr>
<td>nepafenac</td>
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<tr>
<td>PROLENSA 0.07 % SOLUTION</td>
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<td>QL 3 / 30 DAYS</td>
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<td>bromfenac sodium (ophth)</td>
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<td></td>
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<td>OPHTHALMIC RHO KINASE INHIBITORS</td>
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<tr>
<td>RHOPRESSA 0.02 % SOLUTION</td>
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<td>PA</td>
</tr>
<tr>
<td>netarsudil dimesylate</td>
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<tr>
<td>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</td>
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<tr>
<td>ALPHAGAN P 0.1 % SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>brimonidine tartrate</td>
<td></td>
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<tr>
<td>apraclonidine hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate 0.15 % solution</td>
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<td></td>
</tr>
<tr>
<td>brimonidine tartrate 0.2 % solution</td>
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<td></td>
</tr>
<tr>
<td>IOPIDINE 1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>apraclonidine hcl</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td><strong>OPHTHALMIC STEROID COMBINATIONS</strong></td>
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<tr>
<td>bacitra-neomycin-polymyxin-hc 1 % ointment</td>
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<td></td>
</tr>
<tr>
<td>BLEPHAMIDE 10-0.2 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sod-prednisolone</td>
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</tr>
<tr>
<td>BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT</td>
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</tr>
<tr>
<td>sulfacetamide sod-prednisolone</td>
<td></td>
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</tr>
<tr>
<td>neo-polycin hc 1 % ointment</td>
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</tr>
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<td>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</td>
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<td>NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION</td>
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<td>neomycin-polymyxin-hc (ophth)</td>
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<td>PRED-G 0.3-1 % SUSPENSION</td>
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<tr>
<td>gentamicin-prednisolone acetate</td>
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<td>PRED-G S.O.P. 0.3-0.6 % OINTMENT</td>
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<td>gentamicin-prednisolone acetate</td>
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<tr>
<td>TOBRADEX 0.3-0.1 % OINTMENT</td>
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<tr>
<td>tobramycin-dexamethasone</td>
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<td>TOBRADEX ST 0.3-0.05 % SUSPENSION</td>
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<td><strong>QL 5 / 30 DAYS</strong></td>
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<tr>
<td>tobramycin-dexamethasone</td>
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<td>tobramycin-dexamethasone 0.3-0.1 % suspension</td>
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<td>ZYLET 0.5-0.3 % SUSPENSION</td>
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<td>loteprednol etabonate-tobramycin</td>
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<td><strong>OPHTHALMIC STEROIDS</strong></td>
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<td>ALREX 0.2 % SUSPENSION</td>
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<td>DUREZOL 0.05 % EMULSION</td>
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<td>FLAREX 0.1 % SUSPENSION</td>
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<td>fluorometholone 0.1 % suspension</td>
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<td>LOTE MAX 0.5 % GEL</td>
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<td>LOTE MAX 0.5 % OINTMENT</td>
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<td>MAXIDEX 0.1 % SUSPENSION</td>
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<td>QL 10 / 30 DAYS</td>
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<td>OPHTHALMIC SULFONAMIDES</td>
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<tr>
<td>OPHTHALMICS - CYSTINOSIS AGENTS</td>
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<td>CYSTADROPS 0.37 % SOLUTION</td>
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<td>CYSTARAN 0.44 % SOLUTION</td>
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### PASSIVE IMMUNIZING AND TREATMENT AGENTS

#### ANTIVIRAL MONOCLONAL ANTIBODIES

- **SYNAGIS 100 MG/ML SOLUTION**
  - palivizumab
  - TIER: 4
  - PA: 4
  - Specialty Drug
- **SYNAGIS 50 MG/0.5ML SOLUTION**
  - palivizumab
  - TIER: 4
  - PA: 4
  - Specialty Drug

### PASSIVE IMMUNIZING AGENTS - COMBINATIONS

- **HYQVIA 10 GM/100ML KIT**
  - immune globulin (human)-hyaluronidase (human recombinant)
  - TIER: 4
  - PA: 4
  - Specialty Drug
- **HYQVIA 2.5 GM/25ML KIT**
  - immune globulin (human)-hyaluronidase (human recombinant)
  - TIER: 4
  - PA: 4
  - Specialty Drug
- **HYQVIA 20 GM/200ML KIT**
  - immune globulin (human)-hyaluronidase (human recombinant)
  - TIER: 4
  - PA: 4
  - Specialty Drug
- **HYQVIA 30 GM/300ML KIT**
  - immune globulin (human)-hyaluronidase (human recombinant)
  - TIER: 4
  - PA: 4
  - Specialty Drug
- **HYQVIA 5 GM/50ML KIT**
  - immune globulin (human)-hyaluronidase (human recombinant)
  - TIER: 4
  - PA: 4
  - Specialty Drug

### PENICILLINS

#### AMINOPENICILLINS

- **AMOXICILLIN 125 MG CHEW TAB**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 125 mg/5ml recon susp**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 200 mg/5ml recon susp**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 250 mg cap**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 250 MG CHEW TAB**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 250 mg/5ml recon susp**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 400 mg/5ml recon susp**
  - amoxicillin
  - TIER: 1
- **AMOXICILLIN 500 mg cap**
  - amoxicillin
  - TIER: 1
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<td>AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT interferon beta-1a</td>
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<td>EXTAVIA 0.3 MG KIT interferon beta-1b</td>
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<td>PLEGRIDY STARTER PACK 63 &amp; 94 MCG/0.5ML SOLN PRSYR peginterferon beta-1a</td>
<td>4</td>
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<tr>
<td>REBIF 22 MCG/0.5ML SOLN PRSYR interferon beta-1a</td>
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<tr>
<td>REBIF 44 MCG/0.5ML SOLN PRSYR interferon beta-1a</td>
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<tr>
<td>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ interferon beta-1a</td>
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<td>PA</td>
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<tr>
<td>REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ interferon beta-1a</td>
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</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</td>
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<tr>
<td>interferon beta-1a</td>
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<tr>
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<td>interferon beta-1a</td>
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<tr>
<td>KESIMPTA 20 MG/0.4ML SOLN A-INJ</td>
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<td>ofatumumab (ms)</td>
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<td>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</td>
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<tr>
<td>BAFIERTAM 95 MG CAP DR</td>
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<tr>
<td>monomethyl fumarate</td>
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<tr>
<td>dimethyl fumarate 120 mg cap dr</td>
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<tr>
<td>dimethyl fumarate 240 mg cap dr</td>
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<tr>
<td>dimethyl fumarate starter pack 120 &amp; 240 mg misc</td>
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<tr>
<td>TECFIDERA 120 &amp; 240 MG MISC</td>
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<td>VUMERITY (STARTER) 231 MG CAP DR</td>
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<td>diroximel fumarate</td>
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<tr>
<td>diroximel fumarate</td>
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<td>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</td>
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### PRODUCT DESCRIPTION

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<tr>
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#### N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS

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<tr>
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<tbody>
<tr>
<td>memantine hcl 10 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>memantine hcl 10 mg/5ml solution</td>
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<tr>
<td>memantine hcl 2 mg/ml solution</td>
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<tr>
<td>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</td>
<td>1</td>
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</tr>
<tr>
<td>memantine hcl 5 mg tab</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl 14 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>memantine hcl 21 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>memantine hcl 28 mg cap er 24h</td>
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<tr>
<td>memantine hcl 7 mg cap er 24h</td>
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<tr>
<td>NAMENDA XR TITRATION PACK 7 &amp; 14 &amp; 21 &amp; 28 MG CAP ER 24H</td>
<td>3</td>
<td>QL 28 / 365 DAYS</td>
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#### PHENOTHIAZINES & TRICYCLIC AGENTS

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<th>Product</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</td>
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<td>PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB</td>
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<td>PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB</td>
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<td>PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB</td>
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#### POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

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<tr>
<th>Product</th>
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<tr>
<td>LYRICA CR 165 MG TAB ER 24H</td>
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<tr>
<td>LYRICA CR 330 MG TAB ER 24H</td>
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<td>PA</td>
</tr>
<tr>
<td>LYRICA CR 82.5 MG TAB ER 24H</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG CAP</td>
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<td>QL 90 / 30 DAYS Main</td>
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<tr>
<td>fluoxetine hcl (pmdd)</td>
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<td>Maintenance</td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG TAB</td>
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<td>QL 90 / 30 DAYS Main</td>
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<td>FLUOXETINE HCL (PMDD) 20 MG CAP</td>
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<td>Maintenance</td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 20 MG TAB</td>
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<td>QL 90 / 30 DAYS Main</td>
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<td>fluoxetine hcl (pmdd)</td>
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<td>Maintenance</td>
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<td>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</td>
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<tr>
<td>NUEDEXTA 20-10 MG CAP</td>
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<td>PA</td>
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<tr>
<td>dextromethorphan hbr-quinidine sulfate</td>
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<td>ERGOLOID MESYLATES 1 MG TAB</td>
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<td>ergoloid mesylates</td>
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<td>pimozide</td>
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<tr>
<td>pimozide</td>
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<td>SMOKING DETERRENTS</td>
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<tr>
<td>bupropion hcl er (smoking det) 150 mg tab er 12h</td>
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<td>PREV Preventative</td>
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<tr>
<td>CHANTIX 0.5 MG TAB</td>
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<tr>
<td>varenicline tartrate</td>
<td></td>
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</tr>
<tr>
<td>CHANTIX 1 MG TAB</td>
<td>2</td>
<td>PREV Preventative</td>
</tr>
<tr>
<td>varenicline tartrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK 1 MG TAB</td>
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<td>PREV Preventative</td>
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<tr>
<td>varenicline tartrate</td>
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<tr>
<td>CHANTIX STARTING MONTH PAK 0.5 MG X 11 &amp; 1 MG X 42 TAB</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>varenicline tartrate</td>
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<tr>
<td>NICOTROL 10 MG INHALER</td>
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<td>NICOTROL NS 10 MG/ML SOLUTION</td>
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<td>PREV Preventative</td>
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<tr>
<td>nicotine</td>
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<tr>
<td>ZYBAN 150 MG TAB ER 12H</td>
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<tr>
<td>bupropion hcl (smoking deterrent)</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>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</strong></td>
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</table>
| GILENYA 0.25 MG CAP  
* fingolimod hcl *                                      | 4    | PA                    |
| GILENYA 0.5 MG CAP  
* fingolimod hcl *                                      | 4    | PA                    |
| MAYZENT 0.25 MG TAB  
* siponimod fumarate *                                     | 4    | PA                    |
| MAYZENT 2 MG TAB  
* siponimod fumarate *                                     | 4    | PA                    |
| MAYZENT STARTER PACK 0.25 MG TAB THPK  
* siponimod fumarate *                                     | 4    | PA                    |
| ZEPOSIA 0.92 MG CAP  
* ozanimod hcl *                                          | 4    | PA                    |
| ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK  
* ozanimod hcl *                                          | 4    | PA                    |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK  
* ozanimod hcl *                                          | 4    | PA                    |
| **VASOMOTOR SYMPTOM AGENTS - SSRIS**                                                |      |                       |
| paroxetine mesylate 7.5 mg cap                                                     | 1    | QL 30 / 30 DAYS       |
| **RESPIRATORY AGENTS - MISC.**                                                      |      |                       |
| **ALPHA-PROTEINASE INHIBITOR (HUMAN)**                                             |      |                       |
| ARALAST NP 1000 MG RECON SOLN  
* alpha1-proteinase inhibitor (human) *                                      | 4    | PA                    |
| ARALAST NP 500 MG RECON SOLN  
* alpha1-proteinase inhibitor (human) *                                      | 4    | PA                    |
| GLASSIA 1000 MG/50ML SOLUTION  
* alpha1-proteinase inhibitor (human) *                                      | 4    | PA                    |
| PROLASTIN-C 1000 MG RECON SOLN  
* alpha1-proteinase inhibitor (human) *                                      | 4    | PA                    |
<table>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>PROLASTIN-C 1000 MG/20ML SOLUTION</td>
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<td>alpha1-proteinase inhibitor (human)</td>
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<tr>
<td>ZEMAIRA 1000 MG RECON SOLN</td>
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<td>alpha1-proteinase inhibitor (human)</td>
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<td>CFTR POTENTIATORS</td>
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<td>KALYDECO 150 MG TAB</td>
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<td>KALYDECO 25 MG PACKET</td>
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<tr>
<td>CYSTIC FIBROSIS AGENT - COMBINATIONS</td>
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<tr>
<td>ORKAMBI 100-125 MG PACKET</td>
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<td>lumacaftor-ivacaftor</td>
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<tr>
<td>ORKAMBI 100-125 MG TAB</td>
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<td>ORKAMBI 200-125 MG TAB</td>
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<tr>
<td>SYMDEKO 100-150 &amp; 150 MG TAB THPK</td>
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<td>tezacaftor-ivacaftor</td>
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<tr>
<td>SYMDEKO 50-75 &amp; 75 MG TAB THPK</td>
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<tr>
<td>TRIKAFTA 100-50-75 &amp; 150 MG TAB THPK</td>
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<td>elexacaftor-tezacaftor-ivacaftor</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>OFEV 100 MG CAP</td>
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<tr>
<td>coremino 135 mg tab er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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**THYROID AGENTS**

**ANTITHYROID AGENTS**

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## PRODUCT DESCRIPTION

### TOXOIDS

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### ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTIHOLINERGIC COMBINATIONS

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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

- MYRBETRIQ 25 MG TAB ER 24H
  - Mirabegron
  - Tier: 3
  - Limits & Restrictions: QL 30 / 30 DAYS

- MYRBETRIQ 50 MG TAB ER 24H
  - Mirabegron
  - Tier: 3
  - Limits & Restrictions: QL 30 / 30 DAYS

**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

- Bethanechol chloride 10 mg tab
  - Tier: 1

- Bethanechol chloride 25 mg tab
  - Tier: 1

- Bethanechol chloride 5 mg tab
  - Tier: 1

- Bethanechol chloride 50 mg tab
  - Tier: 1

**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

- Flavoxate hcl 100 mg tab
  - Tier: 1

**VACCINES**

**BACTERIAL VACCINE COMBINATIONS**

- Menhibrix 5-5-2.5 MCG RECON SOLN
  - Meningococcal (c & y)-haemophilus b tetanus tox conj vaccine
  - Tier: 2
  - Limits & Restrictions: PREV Preventative

**BACTERIAL VACCINES**

- ActHib RECON SOLN
  - Haemophilus b polysac conj vac
  - Tier: 2
  - Limits & Restrictions: PREV Preventative

- Bexsero SUSP PRSYR
  - Meningococcal vac group b (recombant omv adjuvanted)
  - Tier: 2
  - Limits & Restrictions: PREV Preventative

- Hiberix 10 MCG RECON SOLN
  - Haemophilus b polysac conj vac
  - Tier: 2
  - Limits & Restrictions: PREV Preventative

- Menactra INJECTABLE
  - Meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine
  - Tier: 2
  - Limits & Restrictions: PREV Preventative
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**VIRAL VACCINE COMBINATIONS**

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**VIRAL VACCINES**

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<td>PRODUCT DESCRIPTION</td>
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<td>AL1 At least 50 yrs old&lt;br&gt;PREV Preventative</td>
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<td><strong>VAQTA 25 UNIT/0.5ML SUSPENSION</strong>&lt;br&gt;hepatitis a vaccine</td>
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