Commercial Group
Preferred Drug List
How to use the Preferred Drug List

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

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

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics/Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan’s designated Specialty Pharmacy)

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

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

HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL

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

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

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

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

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

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

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

INSULIN PRESCRIPTION PRICING CAP INFORMATION FOR UTAH RESIDENTS ONLY

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

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

PRESCRIPTION DRUG LIMITS & REQUIREMENTS

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

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

QUANTITY LIMIT (QL)
Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some prescription drugs have the potential to be abused, misused, shared, or have a manufacturer’s limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.
STEP THERAPY (ST)
Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around effectiveness, safety, and value. In ST, the covered prescription drugs are arranged in a series of “steps”. The program typically starts with generic prescription drugs as the “first step.” These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with prescription drug that is more affordable. More expensive brand-name prescription drugs are usually considered in the “second step”. Step Therapy is developed under the guidance and direction of the P&T Committee. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires ST. This means if you don’t want to pay full price for your prescription drug, your doctor needs to write a new prescription for a “first-step” drug. With ST, if you’ve already tried and failed the “first-step” drug, can’t take the “first-step” drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

ADDITIONAL POLICIES AND PROCESSES

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

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

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

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

OFF-LABEL USE OF PRESCRIPTION DRUGS
The FDA requires that prescription drugs used in the U.S. be safe and effective. The label information of a prescription drug outlines use for "approved" doses and specific conditions or disease states. The use of a prescription drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the prescription drug. Off-label use of a prescription drug is not covered unless it meets the Plan’s off-label use policy. A Prior Authorization is required when a prescription drug is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational or experimental are not a covered benefit.
PAPER CLAIMS FILING LIMITS
Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is within 365 days from the date of service for all original claims. Paper claims will be reimbursed based on what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

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

THERAPEUTIC INTERCHANGE (TI)
Therapeutic interchange is the practice of replacing, with your physician’s approval, a prescription drug originally prescribed with a chemically different but therapeutically equivalent prescription drug. Prescription drugs used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed under the guidance of the P&T Committee. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a prescription drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.
<table>
<thead>
<tr>
<th>TIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>PREFERRED BRANDS/Non-PREFERRED GENERICS</td>
</tr>
<tr>
<td>3</td>
<td>Non-Preferred Brands</td>
</tr>
<tr>
<td>4</td>
<td>Specialty</td>
</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 time frame.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td></td>
<td>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
</tr>
<tr>
<td></td>
<td>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Limit</td>
</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></td>
<td>Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
</tr>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</td>
<td></td>
</tr>
<tr>
<td>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</td>
<td></td>
</tr>
<tr>
<td><strong>clonidine hcl tab er 12hr 0.1 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>guanfacine hcl tab er 24hr 1 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>guanfacine hcl tab er 24hr 2 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>guanfacine hcl tab er 24hr 3 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>guanfacine hcl tab er 24hr 4 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</td>
<td></td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 10 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 100 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 18 mg (base equiv)</strong></td>
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</tr>
<tr>
<td><strong>atomoxetine hcl cap 25 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 40 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 60 mg (base equiv)</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>atomoxetine hcl cap 80 mg (base equiv)</strong></td>
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<tr>
<td>AMPHETAMINE MIXTURES</td>
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</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 10 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 15 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 20 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 25 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 30 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine cap er 24hr 5 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine tab 10 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>amphetamine-dextroamphetamine tab 12.5 mg</strong></td>
<td>1</td>
</tr>
<tr>
<td>Product Description</td>
<td>Tier</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 15 mg</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 20 mg</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 30 mg</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 5 mg</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine tab 7.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>AMPHETAMINES</td>
<td></td>
</tr>
<tr>
<td>ADZENYS ER 1.25 MG/ML SUSP</td>
<td>3</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 12.5 MG TAB ER DISP</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 15.7 MG TAB ER DISP</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 18.8 MG TAB ER DISP</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 3.1 MG TAB ER DISP</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 6.3 MG TAB ER DISP</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 9.4 MG TAB ER DISP</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHETAMINE ER 1.25 MG/ML SUSP</td>
<td>3</td>
</tr>
<tr>
<td>amphetamine sulfate tab 10 mg</td>
<td>2</td>
</tr>
<tr>
<td>amphetamine sulfate tab 5 mg</td>
<td>2</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tab 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>--------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tab 5 mg</td>
<td>1</td>
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<tr>
<td>dextroamphetamine sulfate cap er 24hr 10 mg</td>
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<tr>
<td>dextroamphetamine sulfate cap er 24hr 15 mg</td>
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</tr>
<tr>
<td>dextroamphetamine sulfate cap er 24hr 5 mg</td>
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</tr>
<tr>
<td>DYANAVEL XR 10 MG CHER</td>
<td>3</td>
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<tr>
<td>DYANAVEL XR 15 MG CHER</td>
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</tr>
<tr>
<td>DYANAVEL XR 2.5 MG/ML SUSP</td>
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</tr>
<tr>
<td>DYANAVEL XR 20 MG CHER</td>
<td>3</td>
</tr>
<tr>
<td>DYANAVEL XR 5 MG CHER</td>
<td>3</td>
</tr>
<tr>
<td>lisdexamfetamine dimesylate cap 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>lisdexamfetamine dimesylate chew tab 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>lisdexamfetamine dimesylate cap 20 mg</td>
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<td>lisdexamfetamine dimesylate chew tab 20 mg</td>
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<td>lisdexamfetamine dimesylate chew tab 60 mg</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------</td>
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<tr>
<td>lisdexamfetamine dimesylate cap 70 mg</td>
<td>1</td>
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<tr>
<td><strong>ANALEPTICS</strong></td>
<td></td>
</tr>
<tr>
<td>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</td>
<td>1</td>
</tr>
<tr>
<td>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</td>
<td>1</td>
</tr>
<tr>
<td>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</td>
<td>1</td>
</tr>
<tr>
<td><strong>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</strong></td>
<td></td>
</tr>
<tr>
<td>SUNOSI 150 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td>SUNOSI 75 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td><strong>STIMULANTS - MISC.</strong></td>
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<tr>
<td>armodafinil tab 150 mg</td>
<td>1</td>
</tr>
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<td>armodafinil tab 200 mg</td>
<td>2</td>
</tr>
<tr>
<td>armodafinil tab 250 mg</td>
<td>1</td>
</tr>
<tr>
<td>armodafinil tab 50 mg</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl tab 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl tab 2.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl tab 5 mg</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl cap er 24 hr 10 mg</td>
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<td>dexamethasone hcl cap er 24 hr 15 mg</td>
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<tr>
<td>dexamethasone hcl cap er 24 hr 5 mg</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate td patch 10 mg/9hr</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
</tr>
<tr>
<td>methylphenidate td patch 15 mg/9hr</td>
<td>2</td>
</tr>
<tr>
<td>methylphenidate td patch 20 mg/9hr</td>
<td>2</td>
</tr>
<tr>
<td>methylphenidate td patch 30 mg/9hr</td>
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</tr>
<tr>
<td>methylphenidate hcl chew tab 10 mg</td>
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</tr>
<tr>
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PAGE 7
LAST UPDATED 04/2024
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<td>OTEZLA 10 &amp; 20 &amp; 30 MG TAB THPK</td>
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<td>OTEZLA 30 MG TAB</td>
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<td>ORENCIA 50 MG/0.4ML SOLN PRSYR</td>
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<td>ORENCIA 87.5 MG/0.7ML SOLN PRSYR</td>
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<td>ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ</td>
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<td>ENBREL 25 MG RECON SOLN</td>
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**ANALGESICS - NONNARCOTIC**

**ANALGESICS-SEDATIVES**

- butalbital-acetaminophen-caffeine tab 50-325-40 mg
- butalbital-acetaminophen tab 50-325 mg
- butalbital-acetaminophen-caffeine cap 50-325-40 mg
- butalbital-acetaminophen-caffeine tab 50-325-40 mg
- butalbital-aspirin-caffeine cap 50-325-40 mg
- butalbital-acetaminophen-caffeine cap 50-325-40 mg
- TENCON 50-325 MG TAB
- butalbital-acetaminophen-caffeine cap 50-325-40 mg

**SALICYLATES**

- diflunisal tab 500 mg
- salsalate tab 500 mg
- salsalate tab 750 mg

**ANALGESICS - OPIOID**

**CODEINE COMBINATIONS**

- acetaminophen w/ codeine soln 120-12 mg/5ml

**MDS1**

- 7 / 1 day(s)
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
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<td>MDS1 7 / 1 day(s)</td>
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<td>acetaminophen w/ codeine tab 300-15 mg</td>
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<tr>
<td>acetaminophen w/ codeine tab 300-30 mg</td>
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<tr>
<td>acetaminophen w/ codeine tab 300-60 mg</td>
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<tr>
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<td>FENTANYL CITRATE 100 MCG TAB</td>
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<td>MFL 1 / 60 DAYS</td>
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<td>MFL 1 / 60 DAYS</td>
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<td>fentanyl citrate lozenge on a handle 1600 mcg</td>
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<td>MFL 1 / 60 DAYS</td>
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| OXYCODONE HCL ER 15 MG TB12 DETER | 2 | QL 60 / 30 DAYS |
| OXYCODONE HCL ER 20 MG TB12 DETER | 1 | QL 60 / 30 DAYS |
| OXYCODONE HCL ER 30 MG TB12 DETER | 2 | QL 60 / 30 DAYS |
| OXYCODONE HCL ER 40 MG TB12 DETER | 2 | QL 60 / 30 DAYS |
| OXYCODONE HCL ER 60 MG TB12 DETER | 2 | QL 60 / 30 DAYS |
| OXYCODONE HCL ER 80 MG TB12 DETER | 2 | QL 60 / 30 day(s) |
| oxymorphone hcl tab 10 mg | 1 | QL 90 / 30 DAYS  
|                      |      | MFL 1 / 60 DAYS  
|                      |      | MDS1 7 / 1 DAY |
| oxymorphone hcl tab 5 mg | 1 | QL 60 / 30 DAYS  
|                      |      | MFL 1 / 60 DAYS  
<p>|                      |      | MDS1 7 / 1 DAY |
| OXYMORPHONE HCL ER 10 MG TAB ER 12H | 1 | QL 60 / 30 DAYS |
| OXYMORPHONE HCL ER 15 MG TAB ER 12H | 2 | QL 60 / 30 DAYS |
| OXYMORPHONE HCL ER 20 MG TAB ER 12H | 2 | QL 60 / 30 DAYS |</p>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>SUBSYS 800 MCG LIQUID</td>
<td>3</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 7 / 1 DAY</td>
</tr>
<tr>
<td>TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H</td>
<td>1</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H</td>
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<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H</td>
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<tr>
<td>tramadol hcl tab 50 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
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<tr>
<td>tramadol hcl tab er 24hr biphasic release 100 mg</td>
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<td>QL 30 / 30 day(s)</td>
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<tr>
<td>tramadol hcl tab er 24hr biphasic release 200 mg</td>
<td>1</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr biphasic release 300 mg</td>
<td>1</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 100 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 200 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tramadol hcl tab er 24hr 300 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>OPIOID COMBINATIONS</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MDS1 7 / 1 DAY</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tab 2.5-325 mg</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFL 1 / 60 DAYS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MDS1 7 / 1 DAY</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>----------------------------</td>
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</tbody>
</table>
| oxycodone w/ acetaminophen tab 5-325 mg                  | 1    | QL 240 / 30 DAYS
|                                                           |      | MFL 1 / 60 DAYS
|                                                           |      | MDS1 7 / 1 DAY              |
| oxycodone w/ acetaminophen tab 7.5-325 mg                | 1    | QL 180 / 30 DAYS
|                                                           |      | MFL 1 / 60 DAYS
|                                                           |      | MDS1 7 / 1 DAY              |
| OXYCODONE-ASPIRIN 4.8355-325 MG TAB                      | 1    | QL 120 / 30 DAYS
|                                                           |      | MFL 1 / 60 DAYS
|                                                           |      | MDS1 7 / 1 DAY              |
| OXYCODONE-IBUPROFEN 5-400 MG TAB                         | 1    | QL 120 / 30 DAYS
|                                                           |      | MFL 1 / 60 DAYS
<p>|                                                           |      | MDS1 7 / 1 DAY              |
| OPIOID PARTIAL AGONISTS                                   |      |                            |
| BELBUCA 150 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 300 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 450 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 600 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 75 MCG FILM                                       | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 750 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BELBUCA 900 MCG FILM                                      | 3    | QL 60 / 30 day(s)           |
|                                                           |      | ST                          |
| BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR                 | 3    | S  Specialty Drug           |
| BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR                 | 3    | S  Specialty Drug           |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>BRIXADI 128 MG/0.36ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>BRIXADI 64 MG/0.18ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>BRIXADI 96 MG/0.27ML SOLN PRSYR</td>
<td>3</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>BUNAVAIL 2.1-0.3 MG FILM</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>BUNAVAIL 4.2-0.7 MG FILM</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>BUNAVAIL 6.3-1 MG FILM</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 10 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 15 mcg/hr</td>
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<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 20 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 5 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine td patch weekly 7.5 mcg/hr</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl sl tab 2 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl sl tab 8 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>butorphanol tartrate nasal soln 10 mg/ml</td>
<td>1</td>
<td>QL 2.5 / 30 DAYS</td>
</tr>
<tr>
<td>pentazocine w/ naloxone tab 50-0.5 mg</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>SUBLOCADE 100 MG/0.5ML SOLN PRSYR</td>
<td>3</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>SUBLOCADE 300 MG/1.5ML SOLN PRSYR</td>
<td>3</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>ZUBSOLV 1.4-0.36 MG SL TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>ZUBSOLV 11.4-2.9 MG SL TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ZUBSOLV 2.9-0.71 MG SL TAB</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>ZUBSOLV 5.7-1.4 MG SL TAB</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>ZUBSOLV 8.6-2.1 MG SL TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
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**TRAMADOL COMBINATIONS**

<table>
<thead>
<tr>
<th>TRAMADOL COMBINATIONS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>tramadol-acetaminophen tab 37.5-325 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
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**ANDROGENS-ANABOLIC**

**ANABOLIC STEROIDS**

<table>
<thead>
<tr>
<th>ANABOLIC STEROIDS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXANDROLINE 10 MG TAB</td>
<td>1</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>oxandrolone tab 10 mg</td>
<td>1</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>OXANDROLINE 2.5 MG TAB</td>
<td>1</td>
<td>QL 120 / 30 day(s)</td>
</tr>
<tr>
<td>oxandrolone tab 2.5 mg</td>
<td>1</td>
<td>QL 120 / 30 day(s)</td>
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</table>

**ANDROGENS**

<table>
<thead>
<tr>
<th>ANDROGENS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>danazol cap 100 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>danazol cap 200 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>danazol cap 50 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methyltestosterone cap 10 mg</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>NATESTO 5.5 MG/ACT GEL</td>
<td>3</td>
<td>QL 21.96 / 30 DAYS</td>
</tr>
<tr>
<td>testosterone td gel 20.25 mg/act (1.62%)</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>testosterone td gel 10mg/act (2%)</td>
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<td></td>
</tr>
<tr>
<td>TESTOSTERONE 12.5 MG/ACT (1%) GEL</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>testosterone td gel 12.5 mg/act (1%)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone td gel 20.25 mg/act (1.62%)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone td soln 30 mg/act</td>
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<tr>
<td>testosterone cypionate im inj in oil 100 mg/ml</td>
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<tr>
<td>TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION</td>
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<tr>
<td>testosterone cypionate im inj in oil 200 mg/ml</td>
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<tr>
<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
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<td>ANORECTAL AND RELATED PRODUCTS</td>
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<tr>
<td>INTRARECTAL STEROIDS</td>
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<tr>
<td>budesonide rectal foam 2 mg/act</td>
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<td>QL 133.6 / 30 day(s)</td>
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<tr>
<td>hydrocortisone enema 100 mg/60ml</td>
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<tr>
<td>CORTIFOAM 10 % FOAM</td>
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<tr>
<td>hydrocortisone enema 100 mg/60ml</td>
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<tr>
<td>RECTAL ANESTHETIC/STEROIDS</td>
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<tr>
<td>ANALPRAM-HC 2.5-1 % LOTION</td>
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<tr>
<td>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</td>
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<tr>
<td>HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM</td>
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<tr>
<td>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</td>
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<tr>
<td>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</td>
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<tr>
<td>PROCTOFOAM HC 1-1 % FOAM</td>
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<tr>
<td>RECTAL STEROIDS</td>
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<td>hydrocortisone acetate suppos 25 mg</td>
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<tr>
<td>hydrocortisone acetate suppos 25 mg</td>
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<td>hydrocortisone acetate suppos 25 mg</td>
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<tr>
<td>hydrocortisone acetate suppos 30 mg</td>
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<tr>
<td>hydrocortisone perianal cream 1%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<td></td>
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<tr>
<td>hydrocortisone acetate suppos 25 mg</td>
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<td></td>
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<tr>
<td>hydrocortisone acetate suppos 30 mg</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<tr>
<td>hydrocortisone perianal cream 1%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<tr>
<td>hydrocortisone perianal cream 2.5%</td>
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<td><strong>ANTHELMINTICS</strong></td>
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<tr>
<td>albendazole tab 200 mg</td>
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<td>QL 4 / 30 day(s)</td>
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<tr>
<td>EMVERM 100 MG CHEW TAB</td>
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<td>QL 6 / 3 DAYS</td>
</tr>
<tr>
<td>ivermectin tab 3 mg</td>
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<td>QL 6 / 1 day(s)</td>
</tr>
<tr>
<td>praziquantel tab 600 mg</td>
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<tr>
<td><strong>ANTI-INFECTIVE AGENTS - MISC.</strong></td>
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<tr>
<td>IMPAVIDO 50 MG CAP</td>
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<td>QL 84 / 28 DAYS</td>
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<tr>
<td>metronidazole tab 250 mg</td>
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<tr>
<td>metronidazole cap 375 mg</td>
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<td>metronidazole tab 500 mg</td>
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<td>pentamidine isethionate for nebulization soln 300 mg</td>
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<td>tinidazole tab 250 mg</td>
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<td>trimethoprim tab 100 mg</td>
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<tr>
<td>XIFAXAN 200 MG TAB</td>
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<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>XIFAXAN 550 MG TAB</td>
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<td><strong>ANTI-INFECTIVE MISC. - COMBINATIONS</strong></td>
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<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 400-80 mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 800-160 mg</td>
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<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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<tr>
<td><strong>ANTIPROTOZOAL AGENTS</strong></td>
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<tr>
<td>ALINIA 100 MG/5ML RECON SUSP</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>atovaquone susp 750 mg/5ml</td>
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</tr>
<tr>
<td>LAMPIT 120 MG TAB</td>
<td>3</td>
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<tr>
<td>LAMPIT 30 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitazoxanide tab 500 mg</td>
<td>2</td>
<td>QL 20 / 10 day(s)</td>
</tr>
<tr>
<td><strong>GLYCOPEPTIDES</strong></td>
<td></td>
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</tr>
<tr>
<td>FIRVANQ 25 MG/ML RECON SOLN</td>
<td>3</td>
<td>AL1 0 to 8 yrs old</td>
</tr>
<tr>
<td>FIRVANQ 50 MG/ML RECON SOLN</td>
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<td>AL1 0 to 8 yrs old</td>
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<tr>
<td>vancomycin hcl cap 125 mg (base equivalent)</td>
<td>2</td>
<td>QL 56 / 14 DAYS</td>
</tr>
<tr>
<td>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</td>
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<td>AL1 0 to 8 yrs old</td>
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<tr>
<td>vancomycin hcl cap 250 mg (base equivalent)</td>
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<td>QL 56 / 14 DAYS</td>
</tr>
<tr>
<td>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</td>
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<td>AL1 0 to 8 yrs old</td>
</tr>
<tr>
<td>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</td>
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<td>AL1 0 to 8 yrs old</td>
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<td><strong>LEPROSTATICS</strong></td>
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<td>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</td>
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<td>linezolid iv soln 600 mg/300ml (2 mg/ml)</td>
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<td>nitroglycerin td patch 24hr 0.4 mg/hr</td>
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<td>NITRO-TIME 6.5 MG CAP ER</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<td>QL 90 / 30 DAYS</td>
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<td>alprazolam tab 1 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>alprazolam tab er 24hr 3 mg</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 60 / 30 DAYS</td>
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</tr>
<tr>
<td>BREO ELLIPTA 50-25 MCG/INH AER POW BA</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN</td>
<td>2</td>
<td>QL 4 / 30 DAYS</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 100-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA</td>
<td>1</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA</td>
<td>1</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 250-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 500-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA</td>
<td>1</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN</td>
<td>2</td>
<td>QL 4 / 30 DAYS</td>
</tr>
<tr>
<td>SYMBICORT 160-4.5 MCG/ACT AEROSOL</td>
<td>2</td>
<td>QL 10.2 / 30 DAYS</td>
</tr>
<tr>
<td>SYMBICORT 80-4.5 MCG/ACT AEROSOL</td>
<td>2</td>
<td>QL 10.2 / 30 DAYS</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 2 / 1 day(s)</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 2 / 1 day(s)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 100-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 250-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>fluticasone-salmeterol aer powder ba 500-50 mcg/act</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
</tbody>
</table>

**ANTI-IGE MONOCLONAL ANTIBODIES**

- XOLAIR 150 MG RECON SOLN
- XOLAIR 150 MG/ML SOLN A-INJ
- XOLAIR 150 MG/ML SOLN PRSYR
- XOLAIR 300 MG/2ML SOLN A-INJ
- XOLAIR 300 MG/2ML SOLN PRSYR
- XOLAIR 75 MG/0.5ML SOLN A-INJ
- XOLAIR 75 MG/0.5ML SOLN PRSYR

**ANTI-INFLAMMATORY AGENTS**

- cromolyn sodium soln nebu 20 mg/2ml

**BETA ADRENERGICS**

- albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
- ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN
- albuterol sulfate soln nebu 0.5% (5 mg/ml)
- albuterol sulfate soln nebu 0.5% (5 mg/ml)
- albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)
- albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)
- albuterol sulfate tab 2 mg
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate soln nebu 0.5% (5 mg/ml)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tab 4 mg</td>
<td>2</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>ALBUTEROL SULFATE ER 4 MG TAB ER 12H</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL SULFATE ER 8 MG TAB ER 12H</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
<td>1</td>
<td>QL 18 / 15 day(s)</td>
</tr>
<tr>
<td>ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN</td>
<td>1</td>
<td>QL 18 / 15 day(s)</td>
</tr>
<tr>
<td>ARCAPTA NEOHALER 75 MCG CAP</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>BROVANA 15 MCG/2ML NEBU SOLN</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>formoterol fumarate soln nebu 20 mcg/2ml</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</td>
<td>1</td>
<td>QL 270 / 30 DAYS</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</td>
<td>1</td>
<td>QL 270 / 30 day(s)</td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</td>
<td>1</td>
<td>QL 270 / 30 DAYS</td>
</tr>
<tr>
<td>LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>SEREVENT DISKUS 50 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 28 / 14 DAYS</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN</td>
<td>3</td>
<td>QL 4 / 30 DAYS</td>
</tr>
<tr>
<td>terbutaline sulfate tab 2.5 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>terbutaline sulfate tab 5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>BRONCHODILATORS - ANTICHOLINERGICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROVENT HFA 17 MCG/ACT AERO SOLN</td>
<td>2</td>
<td>QL 25.8 / 28 DAYS</td>
</tr>
<tr>
<td>INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ipratropium bromide inhal soln 0.02%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SPIRIVA HANDIHALER 18 MCG CAP</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN</td>
<td>2</td>
<td>QL 4 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN</td>
<td>2</td>
<td>QL 4 / 30 DAYS</td>
</tr>
<tr>
<td>YUPELRI 175 MCG/3ML SOLUTION</td>
<td>3</td>
<td>QL 90 / 30 DAYS PA</td>
</tr>
</tbody>
</table>

**INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FASENRA 30 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>FASENRA PEN 30 MG/ML SOLN A-INJ</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>NUCALA 100 MG RECON SOLN</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>NUCALA 100 MG/ML SOLN A-INJ</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>NUCALA 100 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>NUCALA 40 MG/0.4ML SOLN PRSYR</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
</tbody>
</table>

**LEUKOTRIENE RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>montelukast sodium tab 10 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>montelukast sodium chew tab 4 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>montelukast sodium oral granules packet 4 mg (base equiv)</td>
<td>1</td>
<td>AL1 Up to 4 yrs old</td>
</tr>
<tr>
<td>montelukast sodium chew tab 5 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>zafirlukast tab 10 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>zafirlukast tab 20 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
</tbody>
</table>

**SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>roflumilast tab 250 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>roflumilast tab 500 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>STEROID INHALANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARNUITY ELLIPTA 100 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA 200 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA 50 MCG/ACT AER POW BA</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA</td>
<td>3</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX HFA 100 MCG/ACT AEROSOL</td>
<td>3</td>
<td>QL 13 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX HFA 200 MCG/ACT AEROSOL</td>
<td>3</td>
<td>QL 13 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX HFA 50 MCG/ACT AEROSOL</td>
<td>3</td>
<td>QL 13 / 30 day(s)</td>
</tr>
<tr>
<td>budesonide inhalation susp 0.25 mg/2ml</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>budesonide inhalation susp 0.5 mg/2ml</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>budesonide inhalation susp 1 mg/2ml</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>QVAR REDIHALER 40 MCG/ACT AERO BA</td>
<td>2</td>
<td>QL 10.6 / 30 DAYS</td>
</tr>
<tr>
<td>QVAR REDIHALER 80 MCG/ACT AERO BA</td>
<td>2</td>
<td>QL 10.6 / 30 DAYS</td>
</tr>
</tbody>
</table>
## PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Product</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEZSPIRE 210 MG/1.91ML SOLN A-INJ</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>TEZSPIRE 210 MG/1.91ML SOLN PRSYR</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
</tbody>
</table>

## XANTHINES

<table>
<thead>
<tr>
<th>Product</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>theophylline elixir 80 mg/15ml</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>THEO-24 100 MG CAP ER 24H</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>THEO-24 200 MG CAP ER 24H</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>THEO-24 300 MG CAP ER 24H</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>THEO-24 400 MG CAP ER 24H</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>theophylline elixir 80 mg/15ml</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>theophylline soln 80 mg/15ml</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>theophylline tab er 12hr 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline tab er 24hr 400 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline tab er 12hr 450 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline tab er 24hr 600 mg</td>
<td>1</td>
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</tr>
</tbody>
</table>

## ANTICOAGULANTS

### COUMARIN ANTICOAGULANTS

<table>
<thead>
<tr>
<th>Product</th>
<th>TIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>warfarin sodium tab 1 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 2 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 2.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 3 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 4 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 5 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 6 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 7.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 1 mg</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>warfarin sodium tab 10 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 2 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 2.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 3 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 4 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 5 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 6 mg</td>
<td>1</td>
</tr>
<tr>
<td>warfarin sodium tab 7.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>DIRECT FACTOR XA INHIBITORS</td>
<td></td>
</tr>
<tr>
<td>ELIQUIS 2.5 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>ELIQUIS 5 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</td>
<td>2</td>
</tr>
<tr>
<td>SAVAYSA 15 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td>SAVAYSA 30 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td>SAVAYSA 60 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td>XARELTO 1 MG/ML RECON SUSP</td>
<td>2</td>
</tr>
<tr>
<td>XARELTO 10 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>XARELTO 15 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>XARELTO 2.5 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>XARELTO 20 MG TAB</td>
<td>2</td>
</tr>
<tr>
<td>XARELTO STARTER PACK 15 &amp; 20 MG TAB THPK</td>
<td>2</td>
</tr>
<tr>
<td>HEPARINS AND HEPARINOID-LIKE AGENTS</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) lock flush pf iv soln 100 unit/ml</td>
<td>1</td>
</tr>
<tr>
<td>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL 4000-0.9 UNIT/L-% SOLUTION</td>
<td>1</td>
</tr>
<tr>
<td>heparin sod (porcine) lock flush iv soln 10 unit/ml</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION</td>
<td>1</td>
</tr>
<tr>
<td>heparin sod (porcine) lock flush pf iv soln 10 unit/ml</td>
<td>1</td>
</tr>
<tr>
<td>heparin sod (porcine) lock flush pf iv soln 100 unit/ml</td>
<td>1</td>
</tr>
<tr>
<td>HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION</td>
<td>1</td>
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**ANTICONVULSANTS - MISC.**

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PAGE 54
LAST UPDATED 04/2024
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PAGE 56
LAST UPDATED 04/2024
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<td>mirtazapine tab 30 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>bupropion hcl tab 75 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>bupropion hcl tab er 24hr 150 mg</td>
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<td>QL 3 / 1 day(s)</td>
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**GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**

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**MONOAMINE OXIDASE INHIBITORS (MAOIS)**

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<tr>
<td>EMSAM 6 MG/24HR PATCH 24HR</td>
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<td>QL 30 / 30 DAYS</td>
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<td>EMSAM 9 MG/24HR PATCH 24HR</td>
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<td>MARPLAN 10 MG TAB</td>
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<tr>
<td>PHENELZINE SULFATE 15 MG TAB</td>
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<td>phenelzine sulfate tab 15 mg</td>
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**N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

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<td>SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK</td>
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**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

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**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITORS**

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**ANTIDIABETIC - AMYLIN ANALOGS**

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<tbody>
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<td>SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>GLUCAGEN HYPOKIT 1 MG RECON SOLN</td>
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<td>GLUCAGON EMERGENCY 1 MG KIT</td>
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<td>ALOGLIPTIN BENZOATE 25 MG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>MOUNJARO 10 MG/0.5ML SOLN PEN</td>
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<tr>
<td>MOUNJARO 12.5 MG/0.5ML SOLN PEN</td>
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<td>QL 2 / 28 day(s)</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>MOUNJARO 2.5 MG/0.5ML SOLN PEN</td>
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<td>MOUNJARO 5 MG/0.5ML SOLN PEN</td>
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<td>MOUNJARO 7.5 MG/0.5ML SOLN PEN</td>
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<td>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</td>
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<tr>
<td>BYDUREON 2 MG PEN</td>
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<tr>
<td>BYDUREON BCISE 2 MG/0.85ML A-INJ</td>
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<td>QL 3.4 / 28 day(s)</td>
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<tr>
<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</td>
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<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN</td>
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<tr>
<td>OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN</td>
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<td>QL 3 / 28 day(s)</td>
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<tr>
<td>OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN</td>
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<td>OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN</td>
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<td>RYBELSUS 14 MG TAB</td>
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<td>RYBELSUS 3 MG TAB</td>
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<td>RYBELSUS 7 MG TAB</td>
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## PRODUCT DESCRIPTION

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<td>TRULICITY 4.5 MG/0.5ML SOLN PEN</td>
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<td>VICTOZA 18 MG/3ML SOLN PEN</td>
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<td>SOLIQUA 100-33 UNT-MCG/ML SOLN PEN</td>
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<td>nateglinide tab 60 mg</td>
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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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**SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**

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</tr>
<tr>
<td>glipizide tab 10 mg</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>glipizide tab 5 mg</td>
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<td>QL 240 / 30 DAYS</td>
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<tr>
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<tr>
<td>TOLBUTAMIDE 500 MG TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-500 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-850 mg</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>THIAZOLIDINEDIONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl tab 15 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl tab 30 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl tab 45 mg (base equiv)</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ANTIDIARRHEAL/PROBIOTIC AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYTESI 125 MG TAB DR</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIPERISTALTIC AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
<td>1</td>
<td>QL 80 / 10 DAYS</td>
</tr>
<tr>
<td>DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>loperamide hcl cap 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>MOTOFEN 1-0.025 MG TAB</td>
<td>3</td>
<td>QL 16 / 30 day(s)</td>
</tr>
<tr>
<td>opium tincture 1% (10 mg/ml) (morphine equiv)</td>
<td>1</td>
<td>MDS1 7 / 1 day(s)</td>
</tr>
<tr>
<td>PAREGORIC 2 MG/5ML TINCTURE</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
</tbody>
</table>

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

**ANTIDOTES - CHELATING AGENTS**

<p>| CHEMISTRY 100 MG CAP | 3 | PA |
| deferasirox for oral susp 125 mg | 4 | PA |
| deferasirox granules packet 180 mg | 4 | PA |
| deferasirox tab 180 mg | 4 | |
| deferasirox tab for oral susp 250 mg | 4 | PA |
| deferasirox granules packet 360 mg | 4 | PA |
| deferasirox tab 360 mg | 4 | |
| deferasirox tab for oral susp 500 mg | 4 | PA |
| deferasirox granules packet 90 mg | 4 | PA |
| deferasirox tab 90 mg | 4 | |
| deferasirox granules packet 180 mg | 4 | PA |
| deferasirox granules packet 360 mg | 4 | PA |
| deferasirox granules packet 90 mg | 4 | PA |
| deferiprone tab 1000 mg | 4 | PA Specialty Drug |
| deferiprone tab 500 mg | 4 | PA Specialty Drug |
| FERRIPROX 100 MG/ML SOLUTION | 4 | PA Specialty Drug |
| FERRIPROX TWICE-A-DAY 1000 MG TAB | 4 | PA Specialty Drug |
| RADIOGARDASE 0.5 GM CAP | 2 | |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPIOID ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLOXXADO 8 MG/0.1ML LIQUID</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>NALOXONE HCL 0.4 MG/ML SOLN CART</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl inj 0.4 mg/ml</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl soln prefilled syringe 2 mg/2ml</td>
<td>1</td>
<td>QL 4 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl nasal spray 4 mg/0.1ml</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>naloxone hcl inj 4 mg/10ml</td>
<td>1</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>naltrexone hcl tab 50 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>OPVEE 2.7 MG/0.1ML SOLUTION</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
</tr>
<tr>
<td>VIVITROL 380 MG RECON SUSP</td>
<td>4</td>
<td>MFL 1 / 28 DAYS S Specialty Drug</td>
</tr>
<tr>
<td>ZIMHI 5 MG/0.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td><strong>ANTIEMETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-HT3 RECEPTOR ANTAGONANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>granisetron hcl tab 1 mg</td>
<td>2</td>
<td>QL 14 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron orally disintegrating tab 4 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron orally disintegrating tab 8 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl tab 4 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl oral soln 4 mg/5ml</td>
<td>1</td>
<td>QL 100 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl tab 8 mg</td>
<td>1</td>
<td>QL 180 / 30 day(s)</td>
</tr>
<tr>
<td>SANCUSO 3.1 MG/24HR PATCH</td>
<td>3</td>
<td>QL 1 / 7 DAYS</td>
</tr>
<tr>
<td>SUSTOL 10 MG/0.4ML PRSYR</td>
<td>3</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>ZUPLENZ 4 MG FILM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZUPLENZ 8 MG FILM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------</td>
<td>----------------------</td>
</tr>
<tr>
<td>ANTIEMETIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AKYNZEO 300-0.5 MG CAP</td>
<td>3</td>
<td>QL 1 / 0 day(s)</td>
</tr>
<tr>
<td>ANTIEMETICS - ANTICHOLINERGIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tab 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tab 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>scopolamine td patch 72hr 1 mg/3days</td>
<td>1</td>
<td>QL 10 / 30 DAYS</td>
</tr>
<tr>
<td>trimethobenzamide hcl cap 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ANTIEMETICS - MISCELLANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dronabinol cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol cap 2.5 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol cap 5 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aprepitant capsule 125 mg</td>
<td>1</td>
<td>QL 1 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant capsule 80 mg</td>
<td>1</td>
<td>QL 2 / 21 day(s)</td>
</tr>
<tr>
<td>VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIFUNGALS</td>
<td></td>
<td></td>
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<tr>
<td>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREXAFEMME 150 MG TAB</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
</tr>
<tr>
<td>flucytosine cap 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flucytosine cap 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize susp 125 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize tab 500 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tab 125 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tab 250 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>nystatin tab 500000 unit</td>
<td>1</td>
<td></td>
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<tr>
<td>terbinafine hcl tab 250 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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</table>

**IMIDAZOLES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ketoconazole tab 200 mg</td>
<td>1</td>
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**TRIAZOLES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluconazole for susp 10 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 150 mg</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>fluconazole tab 200 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole for susp 40 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>itraconazole cap 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>posaconazole tab delayed release 100 mg</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>posaconazole susp 40 mg/ml</td>
<td>4</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>voriconazole tab 200 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>voriconazole for susp 40 mg/ml</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>voriconazole tab 50 mg</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
</tbody>
</table>

**ANTIHISTAMINES**

**ANTIHISTAMINES - ETHANOLAMINES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbinoxamine maleate tab 4 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CLEMASTINE FUMARATE 2.68 MG TAB</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>ANTIHISTAMINES - NON-SEDATING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desloratadine tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>DESLORATADINE 5 MG TAB DISP</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</td>
<td>1</td>
<td>QL 300 / 30 DAYS</td>
</tr>
<tr>
<td>levocetirizine dihydrochloride tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ANTIHISTAMINES - PHENOTHIAZINES</td>
<td></td>
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<tr>
<td>promethazine hcl suppos 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppos 25 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>promethazine hcl suppos 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tab 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppos 25 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>promethazine hcl tab 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral soln 6.25 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppos 12.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppos 25 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ANTIHISTAMINES - PIPERIDINES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl syrup 2 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl tab 4 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ANTIHYPERLIPIDEMICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXLIZET 180-10 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXLETOL 180 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHYPERLIPIDEMICS - MISC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>icosapent ethyl cap 0.5 gm</td>
<td>2</td>
<td>QL 8 / 1 day(s)</td>
</tr>
<tr>
<td>icosapent ethyl cap 1 gm</td>
<td>2</td>
<td>QL 4 / 1 day(s)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td><em>omega-3-acid ethyl esters cap 1 gm</em></td>
<td>1</td>
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</tr>
<tr>
<td><strong>BILE ACID SEQUESTRANTS</strong></td>
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<td></td>
</tr>
<tr>
<td><em>cholestyramine powder packets 4 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>cholestyramine powder 4 gm/dose</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>cholestyramine light powder packets 4 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>cholestyramine light powder 4 gm/dose</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>colesevelam hcl packet for susp 3.75 gm</em></td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>colesevelam hcl tab 625 mg</em></td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>colestipol hcl tab 1 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>colestipol hcl granules 5 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>colestipol hcl granule packets 5 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>cholestyramine light powder packets 4 gm</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>cholestyramine light powder 4 gm/dose</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>FIBRIC ACID DERIVATIVES</strong></td>
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<tr>
<td><em>fenofibrate micronized cap 134 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate tab 145 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate tab 160 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 200 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate tab 40 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate tab 48 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate tab 54 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 67 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 130 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 134 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 200 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 43 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td><em>fenofibrate micronized cap 67 mg</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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HMG COA REDUCTASE INHIBITORS

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<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
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<td>REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART</td>
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<td>REPATHA SURECLICK 140 MG/ML SOLN A-INJ</td>
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<td>LEQVIO 284 MG/1.5ML SOLN PRSYR</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</td>
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<td>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</td>
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<tr>
<td>amlodipine besylate-valtsartan tab 10-160 mg</td>
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<td>amlodipine besylate-valtsartan tab 10-320 mg</td>
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<td>amlodipine besylate-valtsartan tab 5-160 mg</td>
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<tr>
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<td>QL 90 / 30 DAYS</td>
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<td>clonidine td patch weekly 0.2 mg/24hr</td>
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<tr>
<td>clonidine td patch weekly 0.3 mg/24hr</td>
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<td>methyldopa tab 250 mg</td>
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<td>doxazosin mesylate tab 2 mg</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
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<td>doxazosin mesylate tab 4 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
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<td>prazosin hcl cap 1 mg</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>QL 30 / 30 DAYS</td>
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</tr>
<tr>
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<tr>
<td>terazosin hcl cap 5 mg (base equivalent)</td>
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<td>QL 30 / 30 DAYS</td>
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</tbody>
</table>

**ANTIHYPERTENSIVES - MISC.**

| VECAMYL 2.5 MG TAB                          | 3    | PA                    |

**BETA BLOCKER & DIURETIC COMBINATIONS**

| atenolol & chlorthalidone tab 100-25 mg     | 1    |                       |
| atenolol & chlorthalidone tab 50-25 mg      | 1    |                       |
| bisoprolol & hydrochlorothiazide tab 10-6.25 mg | 1    |                       |
| bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg | 1    |                       |
| bisoprolol & hydrochlorothiazide tab 5-6.25 mg | 1    |                       |
| DUTOPROL 100-12.5 MG TAB ER 24H             | 3    | QL 120 / 30 DAYS      |
| DUTOPROL 25-12.5 MG TAB ER 24H              | 3    |                       |
| DUTOPROL 50-12.5 MG TAB ER 24H              | 3    |                       |
| metoprolol & hydrochlorothiazide tab 100-25 mg | 1    |                       |
| metoprolol & hydrochlorothiazide tab 100-50 mg | 1    |                       |
| metoprolol & hydrochlorothiazide tab 50-25 mg | 1    |                       |

**DIRECT RENIN INHIBITORS**

| aliskiren fumarate tab 150 mg (base equivalent) | 2    |                       |
| aliskiren fumarate tab 300 mg (base equivalent) | 2    |                       |

**DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB**

<p>| TEKTURNA HCT 150-12.5 MG TAB                 | 3    | QL 30 / 30 DAYS       |
| TEKTURNA HCT 150-25 MG TAB                   | 3    | QL 30 / 30 DAYS       |
| TEKTURNA HCT 300-12.5 MG TAB                 | 3    | QL 30 / 30 DAYS       |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<td>TEKTURNA HCT 300-25 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
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**SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

- eplerenone tab 25 mg
  - TIER: 1
  - LIMITS & RESTRICTIONS: QL 60 / 30 DAYS
- eplerenone tab 50 mg
  - TIER: 1
  - LIMITS & RESTRICTIONS: QL 60 / 30 DAYS

**VASODILATORS**

- hydralazine hcl tab 10 mg
  - TIER: 1
- hydralazine hcl tab 100 mg
  - TIER: 1
- hydralazine hcl tab 25 mg
  - TIER: 1
- hydralazine hcl tab 50 mg
  - TIER: 1
- minoxidil tab 10 mg
  - TIER: 1
- minoxidil tab 2.5 mg
  - TIER: 1

**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

- atovaquone-proguanil hcl tab 250-100 mg
  - TIER: 1
- atovaquone-proguanil hcl tab 62.5-25 mg
  - TIER: 1

**COARTEM 20-120 MG TAB**

- chloroquine phosphate tab 250 mg
  - TIER: 1
- chloroquine phosphate tab 500 mg
  - TIER: 1
- hydroxychloroquine sulfate tab 100 mg
  - TIER: 1
- hydroxychloroquine sulfate tab 200 mg
  - TIER: 1
- hydroxychloroquine sulfate tab 300 mg
  - TIER: 1
- hydroxychloroquine sulfate tab 400 mg
  - TIER: 1
- mefloquine hcl tab 250 mg
  - TIER: 1
- primaquine phosphate tab 26.3 mg (15 mg base)
  - TIER: 2
- quinine sulfate cap 324 mg
  - TIER: 1

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

- GUANIDINE HCL 125 MG TAB
  - TIER: 1
- pyridostigmine bromide tab 60 mg
  - TIER: 1
- pyridostigmine bromide tab er 180 mg
  - TIER: 1
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<td>RUZURGI 10 MG TAB</td>
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<td><strong>ANTIMYCOBACTERIAL AGENTS</strong></td>
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<td>RIFAMATE 150-300 MG CAP</td>
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<td>RIFATER 50-120-300 MG TAB</td>
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<td><strong>cycloserine cap 250 mg</strong></td>
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Specialty Drug
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<td>AYVAKIT 50 MG TAB</td>
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<td>RETEVMO 80 MG CAP</td>
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<td>XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK</td>
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<td>XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK</td>
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<td>XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK</td>
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**ANTINEOPLASTIC COMBINATIONS**

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<td>INQOVI 35-100 MG TAB</td>
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<td>LONSURF 15-6.14 MG TAB</td>
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<tr>
<td>LONSURF 20-8.19 MG TAB</td>
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**ANTINEOPLASTICS MISC.**

- hydroxyurea cap 500 mg
- INTRON A 10000000 UNIT RECON SOLN

PAGE 106

LAST UPDATED 04/2024
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>INTRON A 10000000 UNIT/ML SOLUTION</td>
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<td>PA</td>
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<tr>
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<tr>
<td>INTRON A 50000000 UNIT RECON SOLN</td>
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<tr>
<td>INTRON A 6000000 UNIT/ML SOLUTION</td>
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<td>PA</td>
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<tr>
<td>MATULANE 50 MG CAP</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Specialty Drug</td>
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</table>

AROMATASE INHIBITORS

- **anastrozole tab 1 mg**
  - Tier: 1
  - Limits: GL, Female, Preventative

- **exemestane tab 25 mg**
  - Tier: 1
  - Limits: GL, Female

- **letrozole tab 2.5 mg**
  - Tier: 1
  - Limits: GL, Female

CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS

- **IBRANCE 100 MG CAP**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **IBRANCE 100 MG TAB**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **IBRANCE 125 MG CAP**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **IBRANCE 125 MG TAB**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **IBRANCE 75 MG CAP**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **IBRANCE 75 MG TAB**
  - Tier: 4
  - Limits: PA, Specialty Drug

- **VERZENIO 100 MG TAB**
  - Tier: 4
  - Limits: PA, Specialty Drug
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**ESTROGENS-ANTINEOPLASTIC**

| EMCYT 140 MG CAP                        | 4    | PA                    |
|                                         |      | S                     |
|                                         |      | Specialty Drug        |

**FOLIC ACID ANTAGONISTS RESCUE AGENTS**

- leucovorin calcium tab 10 mg          | 2    |                        |
- leucovorin calcium tab 15 mg          | 2    |                        |
- leucovorin calcium tab 25 mg          | 2    |                        |
- leucovorin calcium tab 5 mg           | 1    |                        |

**IMIDAZOTETRAZINES**

- temozolomide cap 100 mg               | 2    | QL 2 / 1 day(s)        |
- temozolomide cap 140 mg               | 2    | QL 2 / 1 day(s)        |
- temozolomide cap 180 mg               | 2    | QL 2 / 1 day(s)        |
- temozolomide cap 20 mg                | 2    | QL 2 / 1 day(s)        |
- temozolomide cap 250 mg               | 2    | QL 2 / 1 day(s)        |
- temozolomide cap 5 mg                 | 2    | QL 2 / 1 day(s)        |

**JANUS ASSOCIATED KINASE (JAK) INHIBITORS**

- JAKAFI 10 MG TAB                      | 4    | PA                    |
|                                         |      | S                     |
|                                         |      | Specialty Drug        |
- JAKAFI 15 MG TAB                      | 4    | PA                    |
|                                         |      | S                     |
|                                         |      | Specialty Drug        |
- JAKAFI 20 MG TAB                      | 4    | PA                    |
<p>|                                         |      | S                     |
|                                         |      | Specialty Drug        |</p>
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**LHRH ANALOGS**

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<td>ZEJULA 300 MG TAB</td>
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<tr>
<td>megestrol acetate susp 40 mg/ml</td>
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<td>RETINOIDS</td>
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<td>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</td>
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<td>Hycamtin 0.25 MG CAP</td>
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<td>MESNEX 400 MG TAB</td>
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<td>INLYTA 1 MG TAB</td>
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<td>INLYTA 5 MG TAB</td>
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<td>LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK</td>
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<td>trihexyphenidyl hcl tab 5 mg</td>
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<td>CENTRAL/PERIPHERAL COMT INHIBITORS</td>
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<td>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</td>
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<td>DUOPA 4.63-20 MG/ML SUSPENSION</td>
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<td>RYTARY 36.25-145 MG CAP ER</td>
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<td>RYTARY 48.75-195 MG CAP ER</td>
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<td>KYNMOBI 15 MG FILM</td>
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<td>KYNMOBI 30 MG FILM</td>
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<td>KYNMOBI TITRATION KIT 10&amp;15&amp;20&amp;25&amp;30 MG KIT</td>
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<td>NEUPRO 1 MG/24HR PATCH 24HR</td>
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<td>NEUPRO 2 MG/24HR PATCH 24HR</td>
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<td>NEUPRO 6 MG/24HR PATCH 24HR</td>
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<td>NEUPRO 8 MG/24HR PATCH 24HR</td>
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<td>pramipexole dihydrochloride tab er 24hr 4.5 mg</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>ONGENTYS 25 MG CAP</td>
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<td>ONGENTYS 50 MG CAP</td>
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<td>CAPLYTA 10.5 MG CAP</td>
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PERIPHERAL COMT INHIBITORS

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

LITHIUM 8 MEQ/5ML SOLUTION

ANTIPSYCHOTICS - MISC.

CAPLYTA 10.5 MG CAP
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<th>LIMITS &amp; RESTRICTIONS</th>
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<td>CAPLYTA 42 MG CAP</td>
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<td>EQUETRO 100 MG CAP ER 12H</td>
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<td>VRAYLAR 1.5 &amp; 3 MG CAP THPK</td>
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<td>QL 30 / 30 DAYS</td>
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<td>asenapine maleate sl tab 5 mg (base equiv)</td>
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<td>QL 60 / 30 day(s)</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</strong></td>
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<td>VIREAD 150 MG TAB</td>
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<td>TYBOST 150 MG TAB</td>
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<td><strong>ANTIVIRAL COMBINATIONS</strong></td>
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<td>PAXLOVID (150/100) 10 X 150 MG &amp; 10 X 100MG TAB THPK</td>
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<td><strong>NEURAMINIDASE INHIBITORS</strong></td>
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<td>MFL 1 / 180 DAYS</td>
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<td><strong>PA ENDONUCLEASE INHIBITORS</strong></td>
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<td><strong>BETA BLOCKERS</strong></td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>carvedilol phosphate cap er 24hr 20 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>carvedilol phosphate cap er 24hr 40 mg</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>QL 60 / 30 day(s)</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>digoxin tab 250 mcg (0.25 mg)</td>
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<td>CALCULUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBGT COMB</td>
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<td>amlodipine besylate-atorvastatin calcium tab 10-20 mg</td>
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<td>PRODUCT DESCRIPTION</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</td>
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<td>ENTRESTO 49-51 MG TAB</td>
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<td>ENTRESTO 97-103 MG TAB</td>
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<td>NITRATE &amp; VASODILATOR COMBINATIONS</td>
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<td>ISOXSUPRINE HCL 10 MG TAB</td>
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<td>PROSTAGLANDIN VASODILATORS</td>
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<td>ORENITRAM 2.5 MG TAB ER</td>
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<td>ORENITRAM 5 MG TAB ER</td>
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<tr>
<td>ORENITRAM MONTH 1 0.125 &amp; 0.25 MG TBER THPK</td>
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<td>ORENITRAM MONTH 2 0.125 &amp; 0.25 MG TBER THPK</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>treprostinil inj soln 200 mg/20ml (10 mg/ml)</td>
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<td>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</td>
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<td>ADEMPAS 1 MG TAB</td>
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<td>ADEMPAS 1.5 MG TAB</td>
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<tr>
<td>ADEMPAS 2 MG TAB</td>
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<td>ADEMPAS 2.5 MG TAB</td>
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<td>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</td>
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<td>bosentan tab 125 mg</td>
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<td>bosentan tab 62.5 mg</td>
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<td>TRACLEER 32 MG TAB SOL</td>
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<td>CORLANOR 7.5 MG TAB</td>
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<td>COMBINATION CONTRACEPTIVES - ORAL</td>
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<td>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</td>
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<td>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</td>
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<td>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</td>
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<tr>
<td>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</td>
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<tr>
<td>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</td>
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<td>BALCOLTRA 0.1-20 MG-MCG(21) TAB</td>
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<td>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</td>
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<td>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</td>
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<td>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</td>
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<tr>
<td>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</td>
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<td>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</td>
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PAGE 152
LAST UPDATED 04/2024
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FOUR PHASE CONTRACEPTIVES - ORAL

NATAZIA 3/2-2/3/1 MG TAB                                                                       3  QL 28 / 26 day(s)
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<td>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</td>
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<td>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</td>
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<td>levonorgestrel-ethstra tab 0.05-30/0.075-40/0.125-30mg-mcg</td>
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<td>QL 2 / 1 day(s)</td>
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<tr>
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<td>methylprednisolone tab 8 mg</td>
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<td>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>SOLU-CORTEF 100 MG RECON SOLN</td>
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<td>QL 6 VIALS / 30 day(s)</td>
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<td>DECONGESTANT &amp; ANTIHISTAMINE</td>
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<td>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</td>
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<td>IODINE EXPECTORANTS</td>
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<td>potassium iodide oral soln 1 gm/ml</td>
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<td>MISC. RESPIRATORY INHALANTS</td>
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<td>QL 50 / 5 DAYS</td>
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<td>MFL 3 / 180 day(s)</td>
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<td>MFL 3 / 180 DAYS</td>
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<td>MFL 3 / 180 DAYS</td>
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<td>PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP</td>
<td>1</td>
<td>QL 120 / 30 day(s)</td>
</tr>
<tr>
<td>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</td>
<td>1</td>
<td>QL 120 / 30 day(s)</td>
</tr>
<tr>
<td><strong>DERMATOLOGICALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACNE ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate foam 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate foam 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate gel 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate gel 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate lotion 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate swab 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dapsone gel 5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dapsone gel 7.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin gel 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium lotion 10% (acne)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>ACNE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide gel 0.1-2.5%</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cleanser 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>benzoyl peroxide-erythromycin gel 5-3%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1-5%</td>
<td>2</td>
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</tr>
<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</td>
<td>1</td>
<td>QL 50 / 30 DAYS</td>
</tr>
<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cleanser 10-2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur cleanser 10-5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur susp 8-4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur susp 8-4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur susp 8-4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACNE PRODUCTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 20 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 30 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 40 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>adapalene cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>adapalene gel 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>adapalene gel 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 20 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 40 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>AZELEX 20 % CREAM</td>
<td>3</td>
<td>QL 50 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>isotretinoin cap 20 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 30 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 40 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 20 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 30 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 40 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin gel 0.01%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin cream 0.025%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin gel 0.025%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin cream 0.05%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin gel 0.05%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin cream 0.1%</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.04%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.04%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>isotretinoin cap 10 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 20 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 30 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin cap 40 mg</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGEGEN 15% OINTMENT</td>
<td>3</td>
<td>PA</td>
</tr>
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</table>

ANTI-INFLAMMATORY AGENTS - TOPICAL

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DICLOFENAC EPOLAMINE 1.3% PATCH</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium gel 1%</td>
<td>1</td>
<td>QL 500 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium gel 1% (1.16% diethylamine equiv)</td>
<td>1</td>
<td>QL 500 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium soln 1.5%</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
</tbody>
</table>

ANTIBIOTIC STEROID COMBINATIONS - TOPICAL

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEO-SYNALAR 0.5-0.025% CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEO-SYNALAR 0.5-0.025% KIT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

ANTIBIOTICS - TOPICAL

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTABAX 1% OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mupirocin oint 2%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

ANTIFUNGALS - TOPICAL

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ciclopirox solution 8%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciclopirox gel 0.77%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciclopirox shampoo 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciclopirox solution 8%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine susp 0.77% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

NAFTIFINE HCL 1% CREAM

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>naftifine hcl cream 1%</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>naftifine hcl gel 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naftifine hcl cream 2%</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin cream 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin oint 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin topical powder 100000 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIFUNGALS - TOPICAL COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALA-QUIN 3-0.5 % CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>iodoquinol-hc cream 1-1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>iodoquinol-hc cream 1-1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Iodoquinol-hc cream 1-1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>EXODERM 25-1% LOTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>iodoquinol-hc cream 1-1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT</td>
<td>2</td>
<td>QL 50 / 30 DAYS PF</td>
</tr>
<tr>
<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RECURA CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VUSION 0.25-15-81.35% OINTMENT</td>
<td>2</td>
<td>QL 50 / 30 DAYS PA</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALCHLOR 0.016 % GEL</td>
<td>4</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td><strong>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUOROPLEX 1 % CREAM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FLUOROURACIL 0.5 % CREAM</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>fluorouracil cream 5%</td>
<td>1</td>
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</tr>
<tr>
<td>TOLAK 4% CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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</tbody>
</table>

**ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID’S**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Tier</th>
<th>Limit &amp; Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac sodium (actinic keratoses) gel 3%</td>
<td>1</td>
<td>QL 500 / 30 DAYS</td>
</tr>
</tbody>
</table>

**ANTINEOPLASTIC RETINOIDS - TOPICAL**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Tier</th>
<th>Limit &amp; Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANRETIN 0.1 % GEL</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
</tbody>
</table>

**ANTIPRURITICS - TOPICAL**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Tier</th>
<th>Limit &amp; Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxepin hcl cream 5%</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ANTIPSYORIATICS**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Tier</th>
<th>Limit &amp; Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcipotriene cream 0.005%</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>CALCIOTRIENE 0.005 % FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>calcipotriene oint 0.005%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>calcipotriene oint 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CALCITRIOL 3 MCG/GM OINTMENT</td>
<td>2</td>
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</tr>
<tr>
<td>DRITHO-CREME HP 1 % CREAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SORILUX 0.005 % FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tazarotene cream 0.1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAZORAC 0.05 % CREAM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZITHRANOL 1 % SHAMPOO</td>
<td>3</td>
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</tr>
<tr>
<td>ZORYVE 0.3 % CREAM</td>
<td>3</td>
<td>QL 60 / 30 day(s) PA</td>
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</tbody>
</table>

**ANTIPSYORIATICS - SYSTEMIC**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Tier</th>
<th>Limit &amp; Restriction</th>
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<tbody>
<tr>
<td>acitretin cap 10 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>acitretin cap 17.5 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>acitretin cap 25 mg</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>METHOXSALLEN RAPID 10 MG CAP</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>methoxsalen rapid cap 10 mg</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT</td>
<td>4</td>
<td>PA Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>SKYRIZI 150 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>SKYRIZI PEN 150 MG/ML SOLN A-INJ</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>STELARA 45 MG/0.5ML SOLN PRSYR</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>STELARA 45 MG/0.5ML SOLUTION</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>STELARA 90 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>TALTZ 80 MG/ML SOLN A-INJ</td>
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<tr>
<td>TALTZ 80 MG/ML SOLN PRSYR</td>
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</tr>
<tr>
<td>TREMFYA 100 MG/ML SOLN PEN</td>
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<tr>
<td>TREMFYA 100 MG/ML SOLN PRSYR</td>
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ANTISEBORRHEIC COMBINATIONS

<table>
<thead>
<tr>
<th>ANTISEBORRHEIC PRODUCTS</th>
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<tbody>
<tr>
<td>SODIUM SULFACETAMIDE-BAKUCHIOL 10% LIQUID</td>
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ANTISEBORRHEIC PRODUCTS

<table>
<thead>
<tr>
<th>ANTISEBORRHEIC PRODUCTS</th>
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<tbody>
<tr>
<td>OVACE PLUS 10% CREAM</td>
<td>3</td>
</tr>
<tr>
<td>OVACE PLUS 9.8% FOAM</td>
<td>3</td>
</tr>
<tr>
<td>OVACE PLUS 9.8% LOTION</td>
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</tr>
<tr>
<td>selenium sulfide shampoo 2.25%</td>
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</tr>
<tr>
<td>selenium sulfide lotion 2.5%</td>
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</tr>
<tr>
<td>sulfacetamide sodium shampoo 10%</td>
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<tr>
<td>sulfacetamide sodium liquid 10%</td>
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<td>------------------------------------------</td>
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<tr>
<td>sulfacetamide sodium cleansing gel 10%</td>
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<tr>
<td>sulfacetamide sodium cleansing gel 10%</td>
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</tr>
<tr>
<td>sulfacetamide sodium liquid 10%</td>
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<tr>
<td><strong>ANTIVIRAL TOPICAL COMBINATIONS</strong></td>
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<tr>
<td>XERESE 5-1% CREAM</td>
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<tr>
<td><strong>ANTIVIRALS - TOPICAL</strong></td>
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<tr>
<td>acyclovir oint 5%</td>
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<tr>
<td><strong>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</strong></td>
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<tr>
<td>OPZELURA 1.5% CREAM</td>
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<tr>
<td><strong>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</strong></td>
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<td>ADBRY 150 MG/ML SOLN PRSYR</td>
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<tr>
<td>DUPIXENT 100 MG/0.67ML SOLN PRSYR</td>
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<td>DUPIXENT 200 MG/1.14ML SOLN PEN</td>
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<tr>
<td>DUPIXENT 300 MG/2ML SOLN PEN</td>
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<td><strong>BURN PRODUCTS</strong></td>
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<tr>
<td>silver sulfadiazine cream 1%</td>
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<tr>
<td>SULFAMYLON 85 MG/GM CREAM</td>
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<tr>
<td>CAUTERIZING AGENT COMBINATIONS</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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<tr>
<td>SILVER NITRATE 10 % SOLUTION</td>
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<tr>
<td>SILVER NITRATE 25 % SOLUTION</td>
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<td>SILVER NITRATE 50 % SOLUTION</td>
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<td>CORTICOSTEROIDS - TOPICAL</td>
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<td>alclometasone dipropionate cream 0.05%</td>
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<tr>
<td>alclometasone dipropionate oint 0.05%</td>
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<tr>
<td>AMCINONIDE 0.1 % CREAM</td>
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<tr>
<td>AMCINONIDE 0.1 % LOTION</td>
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</tr>
<tr>
<td>AMCINONIDE 0.1 % OINTMENT</td>
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<tr>
<td>amcinonide oint 0.1%</td>
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<tr>
<td>fluticasone propionate lotion 0.05%</td>
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<tr>
<td>betamethasone dipropionate cream 0.05%</td>
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<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
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<tr>
<td>betamethasone dipropionate oint 0.05%</td>
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<tr>
<td>betamethasone dipropionate augmented cream 0.05%</td>
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<tr>
<td>betamethasone dipropionate augmented lotion 0.05%</td>
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</tr>
<tr>
<td>betamethasone dipropionate augmented oint 0.05%</td>
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<tr>
<td>betamethasone valerate cream 0.1% (base equivalent)</td>
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<tr>
<td>betamethasone valerate lotion 0.1% (base equivalent)</td>
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<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
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<td>betamethasone valerate aerosol foam 0.12%</td>
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<td>CAPEX 0.01 % SHAMPOO</td>
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<td>clobetasol propionate cream 0.05%</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>clobetasol propionate foam 0.05%</td>
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<tr>
<td>clobetasol propionate spray 0.05%</td>
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<tr>
<td>clobetasol propionate shampoo 0.05%</td>
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<td>clobetasol propionate soln 0.05%</td>
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<td>clobetasol propionate emulsion foam 0.05%</td>
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<td>CORDRAN 4 MCG/SQCM TAPE</td>
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<td>desonide lotion 0.05%</td>
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<td>desonide oint 0.05%</td>
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<tr>
<td>desoximetasone cream 0.05%</td>
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<td>desoximetasone gel 0.05%</td>
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<td>desoximetasone oint 0.05%</td>
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<td>desoximetasone cream 0.25%</td>
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<td>DIFLORASONE DIACETATE 0.05 % CREAM</td>
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<td>diflorasone diacetate oint 0.05%</td>
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<td>FLUCINOLONOLE ACETONIDE 0.01 % CREAM</td>
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<td>fluocinolone acetonide soln 0.01%</td>
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<tr>
<td>fluocinolone acetonide cream 0.025%</td>
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<tr>
<td>fluocinolone acetonide oint 0.025%</td>
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<tr>
<td>fluocinolone acetonide oil 0.01% (body oil)</td>
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<tr>
<td>fluocinolone acetonide oil 0.01% (scalp oil)</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>fluocinonide gel 0.05%</td>
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<td>fluocinonide soln 0.05%</td>
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<td>FLURANDRENOLIDE 0.05 % LOTION</td>
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<td>hydrocortisone oint 1%</td>
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<tr>
<td>hydrocortisone oint 2.5%</td>
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<tr>
<td>HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM</td>
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<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
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<td>HYDROCORTISONE BUTYRATE 0.1 % SOLUTION</td>
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<tr>
<td>mometasone furoate solution 0.1% (lotion)</td>
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<td>TEXACORT 2.5 % SOLUTION</td>
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<td>triamcinolone acetonide aerosol soln 0.147 mg/gm</td>
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<td>triamcinolone acetonide cream 0.5%</td>
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<td><strong>EMOLLIENT/KERATOLYTIC AGENTS</strong></td>
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<td>lactic acid (ammonium lactate) cream 12%</td>
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<td>lactic acid (ammonium lactate) lotion 12%</td>
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<td><strong>ENZYMES - TOPICAL</strong></td>
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<tr>
<td><strong>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</strong></td>
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<td>clotrimazole cream 1%</td>
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<td>clotrimazole soln 1%</td>
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<td>econazole nitrate cream 1%</td>
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<tr>
<td>ECOZA 1 % FOAM</td>
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<tr>
<td>ERTACZO 2 % CREAM</td>
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<td>EXELDERM 1 % CREAM</td>
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<td>ketoconazole foam 2%</td>
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<td>ketoconazole shampoo 2%</td>
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<td>ketoconazole foam 2%</td>
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</tr>
<tr>
<td>oxiconazole nitrate cream 1%</td>
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<td>OXISTAT 1 % LOTION</td>
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<tr>
<td>XOLEGEL 2 % GEL</td>
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<td><strong>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</strong></td>
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<td>imiquimod cream 5%</td>
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<tr>
<td>ZYCLARA PUMP 2.5 % CREAM</td>
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<td><strong>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</strong></td>
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<td>salicylic acid shampoo 6%</td>
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<tr>
<td>KERALYT SCALP 6 % KIT</td>
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<tr>
<td>PODOCON-25 25 % SOLUTION</td>
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<td>podofilox gel 0.5%</td>
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<tr>
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<tr>
<td>podofilox soln 0.5%</td>
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<tr>
<td>salicylic acid cream 6%</td>
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<tr>
<td>salicylic acid foam 6%</td>
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</tr>
<tr>
<td>salicylic acid gel 6%</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>------</td>
</tr>
<tr>
<td>SALICYLIC ACID 6 % LOTION</td>
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<tr>
<td>salicylic acid shampoo 6%</td>
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</tr>
<tr>
<td><em>salicylic acid cream 6% &amp; cleanser liqd kit</em>*</td>
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<tr>
<td>salicylic acid gel 6%</td>
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<tr>
<td>KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS</td>
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<td>LINIMENTS</td>
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<td>TURPENTINE SPIRIT</td>
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<tr>
<td>LOCAL ANESTHETICS - TOPICAL</td>
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<td>ANACAINE 10 % OINTMENT</td>
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<td>lidocaine oint 5%</td>
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<tr>
<td>lidocaine patch 5%</td>
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<td>lidocaine hcl cream 3%</td>
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<td>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</td>
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<td>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</td>
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<td>lidocaine hcl cream 3%</td>
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<td>lidocaine oint 5%</td>
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<td>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</td>
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<td>tacrolimus oint 0.1%</td>
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<td>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</td>
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<td>metronidazole lotion 0.75%</td>
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<td>metronidazole gel 1%</td>
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<td><strong>RHOFADE 1 % CREAM</strong></td>
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<td>malathion lotion 0.5%</td>
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<td>permethrin cream 5%</td>
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<td>SPINOSAD 0.9 % SUSPENSION</td>
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<td>ULESFIA 5 % LOTION</td>
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<td>pramoxine-hc cream 1-2.5%</td>
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<td>NOVACORT 1-2 % GEL</td>
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<td>PRAMOSONE 1-1 % CREAM</td>
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<td>calcipotreine-betamethasone dipropionate susp 0.005-0.064%</td>
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<td>WOUND CARE - GROWTH FACTOR AGENTS</td>
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<td>REGRANEX 0.01 % GEL</td>
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<td>WOUND CLEANSERS/DECUBITUS ULCER THERAPY</td>
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**INFECTION TESTS**

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<tr>
<td>ACCULA SARS-COV-2 KIT</td>
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<td>BD VERITOR SYSTEM SARS-COV-2 KIT</td>
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<tr>
<td>ID NOW COVID-19 KIT</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>DIURETIC COMBINATIONS</strong></td>
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<td>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</td>
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<td>cinacalcet hcl tab 90 mg (base equiv)</td>
<td>1</td>
<td>QL 120 / 30 day(s)</td>
</tr>
<tr>
<td><strong>CALCITONINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitonin (salmon) nasal soln 200 unit/act</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitonin (salmon) inj 200 unit/ml</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><strong>CARNITINE REPLENISHER - AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levocarnitine tab 330 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>DOPAMINE RECEPTOR AGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cabergoline tab 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>GNRH/LHRH ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORILISSA 200 MG TAB</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOMAVERT 10 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>SOMAVERT 15 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>SOMAVERT 20 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>SOMAVERT 25 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>SOMAVERT 30 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RELEASING HORMONES (GHRH)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGRIFTA 1 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td><strong>GROWTH HORMONES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN</td>
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<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN</td>
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<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>OMNITROPE 10 MG/1.5ML SOLN CART</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>OMNITROPE 5 MG/1.5ML SOLN CART</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>OMNITROPE 5.8 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td><strong>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORFADIN 4 MG/ML SUSPENSION</td>
<td>4</td>
<td>PA S Specialty Drug</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>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitriol cap 0.25 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol cap 0.5 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>doxercalciferol cap 0.5 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol cap 1 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol cap 2.5 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol cap 1 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol cap 2 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol iv soln 2 mcg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol cap 4 mcg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol iv soln 5 mcg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</td>
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</tr>
<tr>
<td>INCRELEX 40 MG/4ML SOLUTION</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LHRH/GNRH AGONIST ANALOG COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPANETA PACK 11.25 &amp; 5 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LUPANETA PACK 3.75 &amp; 5 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) 15 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) 30 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (6-MONTH) 45 MG KIT</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PARATHYROID HORMONE AND DERIVATIVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>TYMLOS 3120 MCG/1.56ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PHENYLKETONURIA TREATMENT - AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PALYNZIQ 10 MG/0.5ML SOLN PRSYR</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>PALYNZIQ 20 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>sapropterin dihydrochloride powder packet 100 mg</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>sapropterin dihydrochloride tab 100 mg</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>sapropterin dihydrochloride powder packet 500 mg</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>SCLEROSTIN INHIBITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVENITY 105 MG/1.17ML SOLN PRSYR</td>
<td>4</td>
<td>MFL S 12 / 999999 DAYS</td>
</tr>
<tr>
<td>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSPHENA 60 MG TAB</td>
<td>3</td>
<td>QL PREV 30 / 30 DAYS</td>
</tr>
<tr>
<td>raloxifene hcl tab 60 mg</td>
<td>1</td>
<td>QL PREV Preventative</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>SOMATOSTATIC AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SIGNIFOR 0.3 MG/ML SOLUTION</td>
<td>4</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR 0.6 MG/ML SOLUTION</td>
<td>4</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR 0.9 MG/ML SOLUTION</td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR LAR 10 MG SRER</td>
<td>4</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR LAR 20 MG SRER</td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR LAR 30 MG SRER</td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR LAR 40 MG SRER</td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>SIGNIFOR LAR 60 MG SRER</td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td><strong>UREA CYCLE DISORDER - AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHEBURANE 483 MG/GM PELLET</td>
<td>4</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>sodium phenylbutyrate oral powder 3 gm/teaspoonful</td>
<td>1</td>
<td>Up to 8 yrs old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>sodium phenylbutyrate tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>VASOPRESSIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate tab 0.1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate tab 0.2 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION</strong></td>
<td>2 QL</td>
<td>1 / 90 day(s)</td>
</tr>
<tr>
<td>desmopressin acetate inj 4 mcg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate preservative free (pf) inj 4 mcg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate nasal spray soln 0.01%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>STIMATE 1.5 MG/ML SOLUTION</strong></td>
<td>2 QL</td>
<td>1 / 180 day(s)</td>
</tr>
<tr>
<td><strong>ESTROGENS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ESTROGEN &amp; ANDROGEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>ESTROGEN &amp; PROGESTIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ANGELIQ 0.25-0.5 MG TAB</td>
<td>3 QL</td>
<td>28 / 28 DAYS</td>
</tr>
<tr>
<td>ANGELIQ 0.5-1 MG TAB</td>
<td>3 QL</td>
<td>28 / 28 DAYS</td>
</tr>
<tr>
<td>CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK</td>
<td>3 QL</td>
<td>4 / 28 DAYS</td>
</tr>
<tr>
<td>COMBIPATCH 0.05-0.14 MG/DAY PATCH TW</td>
<td>3 QL</td>
<td>8 / 28 DAYS</td>
</tr>
<tr>
<td>COMBIPATCH 0.05-0.25 MG/DAY PATCH TW</td>
<td>3 QL</td>
<td>8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
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</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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<td></td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
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<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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</tr>
<tr>
<td>PREFEST 1/1-0.09 MG (15/15) TAB</td>
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</tr>
<tr>
<td>PREMPHASE 0.625-5 MG TAB</td>
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<td></td>
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<tr>
<td>PREMPRO 0.3-1.5 MG TAB</td>
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<tr>
<td>PREMPRO 0.45-1.5 MG TAB</td>
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<td></td>
</tr>
<tr>
<td>PREMPRO 0.625-2.5 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREMPRO 0.625-5 MG TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIAHNN 300-1-0.5 &amp; 300 MG CAP THPK</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>ES</td>
<td>Specialty Drug</td>
<td></td>
</tr>
<tr>
<td>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUAVEE 0.45-20 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ALORA 0.025 MG/24HR PATCH TW</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALORA 0.05 MG/24HR PATCH TW</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALORA 0.075 MG/24HR PATCH TW</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
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<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr</td>
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<td></td>
</tr>
<tr>
<td>ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL</td>
<td>3</td>
<td>QL 26 / 30 DAYS</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>1</td>
<td></td>
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<td>QL 4 / 28 DAYS</td>
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<td>PREMARIN 0.9 MG TAB</td>
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<td>QL 14 / 14 DAYS</td>
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<td>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</td>
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<td>TRULANCE 3 MG TAB</td>
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<td>OCALIVA 5 MG TAB</td>
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<td>ursodiol tab 500 mg</td>
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<td>METOCLOPRAMIDE HCL 10 MG TAB DISP</td>
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<tr>
<td>metoclopramide hcl tab 5 mg (base equivalent)</td>
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<td>LINZESS 145 MCG CAP</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>LINZESS 290 MCG CAP</td>
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<td>LINZESS 72 MCG CAP</td>
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<td>alosetron hcl tab 1 mg (base equiv)</td>
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<td>DIPENTUM 250 MG CAP</td>
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<td>mesalamine tab delayed release 1.2 gm</td>
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<td>mesalamine suppos 1000 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 180 / 30 DAYS</td>
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<td><em>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</em>*</td>
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<td>SKYRIZI 180 MG/1.2ML SOLN CART</td>
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<td>SKYRIZI 360 MG/2.4ML SOLN CART</td>
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<td></td>
<td>S Specialty Drug</td>
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<td><strong>INTESTINAL ACIDIFIERS</strong></td>
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<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>MOVANTIK 25 MG TAB</td>
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<td>SYMPROIC 0.2 MG TAB</td>
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<td>FOSRENOl 750 MG PACKET</td>
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<td>lanthanum carbonate chew tab 500 mg (elemental)</td>
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<td>lanthanum carbonate chew tab 750 mg (elemental)</td>
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<td>PHOSLYRA 667 MG/5ML SOLUTION</td>
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<td>Limits &amp; Restrictions</td>
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<td>VELPHORO 500 MG Chew Tab</td>
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</table>

**Tumor Necrosis Factor Alpha Blockers**

- CIMzia (2 Syringe) 200 MG/ML Pref Sy KT
  - 4 TIER
  - Specialty Drug
- CIMzia 2 X 200 MG Kit
  - 4 TIER
  - Specialty Drug
- CIMzia Starter Kit 6 X 200 MG/ML Pref Sy KT
  - 4 TIER
  - Specialty Drug

**Genitourinary Agents - Miscellaneous**

**5-Alpha Reductase Inhibitors**

- Dutasteride Cap 0.5 mg
  - 1 TIER
  - QL 30 / 30 Days
- Finasteride Tab 5 mg
  - 1 TIER
  - QL 30 / 30 Days
  - GL Male

**Alpha 1-Adrenoceptor Antagonists**

- Alfuzosin HCL Tab ER 24Hr 10 mg
  - 1 TIER
  - QL 60 / 30 Days
- Cardura XL 4 MG Tab ER 24H
  - 3 TIER
  - QL 30 / 30 Days
- Cardura XL 8 MG Tab ER 24H
  - 3 TIER
  - QL 30 / 30 Days
- Silodosin Cap 4 mg
  - 1 TIER
  - QL 60 / 30 Days
- Silodosin Cap 8 mg
  - 1 TIER
  - QL 30 / 30 Days
- Tamsulosin HCL Cap 0.4 mg
  - 1 TIER
  - QL 60 / 30 Days

**Anti-Infective Genitourinary Irritants**

- Neomycin-Polymyxin B GU 40-200000 Solution
  - 1 TIER
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<td>CYTRA K CRYSTALS 3300-1002 MG PACKET</td>
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<td>ORACIT 490-640 MG/5ML SOLUTION</td>
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<tr>
<td>ORAL CITRATE 490-640 MG/5ML SOLUTION</td>
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<td>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</td>
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<td>potassium citrate tab er 10 meq (1080 mg)</td>
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<td>potassium citrate tab er 5 meq (540 mg)</td>
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<td>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</td>
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<td>AL1 Up to 8 yrs old</td>
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**ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**

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<tr>
<td>RELEUKO 300 MCG/ML SOLUTION</td>
<td>2</td>
<td>QL 20 / 28 day(s) S Specialty Drug</td>
</tr>
<tr>
<td>RELEUKO 480 MCG/0.8ML SOLN PRSYR</td>
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<td>QL 16 / 28 day(s) S Specialty Drug</td>
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<tr>
<td>RELEUKO 480 MCG/1.6ML SOLUTION</td>
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<td>QL 32 / 28 day(s) S Specialty Drug</td>
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<tr>
<td>UDENYCA 6 MG/0.6ML SOLN A-INJ</td>
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<td>UDENYCA 6 MG/0.6ML SOLN PRSYR</td>
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<td>UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR</td>
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<tr>
<td>ZARXIO 300 MCG/0.5ML SOLN PRSYR</td>
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<td>QL 10 / 28 day(s) S Specialty Drug</td>
</tr>
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<td>ZARXIO 480 MCG/0.8ML SOLN PRSYR</td>
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<td>QL 16 / 28 day(s) S Specialty Drug</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>ZIEXTENZO 6 MG/0.6ML SOLN PRSYR</td>
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**THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>PROMACTA 12.5 MG PACKET</th>
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<th>PA S Specialty Drug</th>
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<tr>
<td>PROMACTA 12.5 MG TAB</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>PROMACTA 25 MG PACKET</td>
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<td>PROMACTA 25 MG TAB</td>
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<td>PROMACTA 50 MG TAB</td>
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<td>PROMACTA 75 MG TAB</td>
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**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

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<tr>
<td>aminocaproic acid oral soln 0.25 gm/ml</td>
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</tr>
<tr>
<td>aminocaproic acid tab 1000 mg</td>
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</tr>
<tr>
<td>aminocaproic acid tab 500 mg</td>
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<tr>
<td>tranexamic acid tab 650 mg</td>
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**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

**BARBITURATE HYPNOTICS**

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<td>phenobarbital tab 16.2 mg</td>
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<td>phenobarbital elixir 20 mg/5ml</td>
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</tr>
<tr>
<td>phenobarbital elixir 20 mg/5ml</td>
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<tr>
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<td>phenobarbital tab 60 mg</td>
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<tr>
<td>flurazepam hcl 15 mg cap</td>
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<tr>
<td>flurazepam hcl 30 mg cap</td>
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<tr>
<td>midazolam hcl inj pf 10 mg/2ml (base equivalent)</td>
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<tr>
<td>midazolam hcl inj pf 5 mg/ml (base equivalent)</td>
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</tr>
<tr>
<td>midazolam hcl inj pf 10 mg/2ml (base equivalent)</td>
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</tr>
<tr>
<td>midazolam hcl syrup 2 mg/ml (base equivalent)</td>
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<tr>
<td>midazolam hcl inj 10 mg/5ml (base equivalent)</td>
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<tr>
<td>midazolam hcl inj 5 mg/ml (base equivalent)</td>
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<td>midazolam hcl inj 50 mg/10ml (base equivalent)</td>
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<td>temazepam cap 15 mg</td>
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<td>temazepam cap 22.5 mg</td>
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<td>temazepam cap 30 mg</td>
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<td>temazepam cap 7.5 mg</td>
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<td>triazolam tab 0.25 mg</td>
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<td><strong>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</strong></td>
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<td>edluar 10 mg sl tab</td>
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<td>edluar 5 mg sl tab</td>
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<td>eszopiclone tab 3 mg</td>
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<td>BELSOMRA 10 MG TAB</td>
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<td><strong>LAXATIVES</strong></td>
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<td><strong>BOWEL EVACUANT COMBINATIONS</strong></td>
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<td>GAVILYTE-C 240 GM RECON SOLN</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>PEG-PREP 5-210 MG-GM KIT</td>
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<td>CASCARA SAGRADA 1 GM/ML FL EXTRACT</td>
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<td><strong>MACROLIDES</strong></td>
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<td>azithromycin tab 500 mg</td>
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<td>WIDE-SEAL DIAPHRAGM 80 2% DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 85 2% DIAPHRAGM</td>
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<td>WIDE-SEAL DIAPHRAGM 90 2% DIAPHRAGM</td>
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<tr>
<td>WIDE-SEAL DIAPHRAGM 95 2% DIAPHRAGM</td>
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GLUCOSE MONITORING TEST SUPPLIES

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<tr>
<th>GLUCOSE MONITORING TEST SUPPLIES</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>BD MICROTAINER LANCETS MISC</td>
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<tr>
<td>DEXCOM G6 RECEIVER DEVICE</td>
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<td>QL 1 / 365 day(s)</td>
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<tr>
<td>DEXCOM G6 SENSOR MISC</td>
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<td>QL 3 / 30 day(s)</td>
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<tr>
<td>DEXCOM G6 TRANSMITTER MISC</td>
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<td>QL 1 / 90 day(s)</td>
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<td>EASY TOUCH LANCETS 33G/TWIST MISC</td>
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<td>FREESTYLE INSULINX SYSTEM W/DEVICE KIT</td>
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<td>FREESTYLE LIBRE 14 DAY READER DEVICE</td>
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<td>QL 2 / 28 day(s)</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>QULIPTA 30 MG TAB</td>
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<td>PA</td>
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<tr>
<td>QULIPTA 60 MG TAB</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>UBRELVY 100 MG TAB</td>
<td>2</td>
<td>QL 10 / 30 day(s) PA</td>
</tr>
<tr>
<td>UBRELVY 50 MG TAB</td>
<td>2</td>
<td>QL 10 / 30 day(s) PA</td>
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<tr>
<td>CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES</td>
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<tr>
<td>AIMOVIG 140 MG/ML SOLN A-INJ</td>
<td>3</td>
<td>QL 1 / 30 DAYS PA</td>
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<tr>
<td>AIMOVIG 70 MG/ML SOLN A-INJ</td>
<td>3</td>
<td>QL 1 / 30 DAYS PA</td>
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<tr>
<td>AJOVY 225 MG/1.5ML SOLN A-INJ</td>
<td>2</td>
<td>QL 1.5 / 30 day(s) PA</td>
</tr>
<tr>
<td>AJOVY 225 MG/1.5ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1.5 / 30 DAYS PA</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR</td>
<td>2</td>
<td>QL 3 / 30 day(s)</td>
</tr>
<tr>
<td>EMGALITY 120 MG/ML SOLN A-INJ</td>
<td>2</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>EMGALITY 120 MG/ML SOLN PRSYR</td>
<td>2</td>
<td>QL 1 / 30 DAYS</td>
</tr>
<tr>
<td>ERGOT COMBINATIONS</td>
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<tr>
<td>ergotamine w/ caffeine tab 1-100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate inj 1 mg/ml</td>
<td>2</td>
<td>QL 24 / 30 DAYS</td>
</tr>
<tr>
<td>dihydroergotamine mesylate nasal spray 4 mg/ml</td>
<td>2</td>
<td>QL 16 / 30 DAYS</td>
</tr>
<tr>
<td>ERGOMAR 2 MG SL TAB</td>
<td>3</td>
<td>QL 10 / 30 DAYS</td>
</tr>
<tr>
<td>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</td>
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</tr>
<tr>
<td>almotriptan malate tab 12.5 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>almotriptan malate tab 6.25 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>eletriptan hydrobromide tab 20 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>eletriptan hydrobromide tab 40 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>frovatriptan succinate tab 2.5 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
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<tr>
<td>naratriptan hcl tab 1 mg (base equiv)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl tab 2.5 mg (base equiv)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 10 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate tab 5 mg (base equivalent)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan nasal spray 20 mg/act</td>
<td>2</td>
<td>QL 6 / 28 day(s)</td>
</tr>
<tr>
<td>sumatriptan nasal spray 5 mg/act</td>
<td>1</td>
<td>QL 6 / 28 day(s)</td>
</tr>
<tr>
<td>sumatriptan succinate tab 100 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
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</tr>
<tr>
<td>sumatriptan succinate tab 25 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
</tr>
<tr>
<td>sumatriptan succinate tab 50 mg</td>
<td>1</td>
<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR</td>
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</tr>
<tr>
<td>sumatriptan succinate inj 6 mg/0.5ml</td>
<td>1</td>
<td>QL 5 / 28 day(s)</td>
</tr>
<tr>
<td>ZOLMITRIPTAN 2.5 MG SOLUTION</td>
<td>3</td>
<td>QL 6 / 30 day(s)</td>
</tr>
<tr>
<td>zolmitriptan tab 2.5 mg</td>
<td>1</td>
<td>QL 12 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan orally disintegrating tab 2.5 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan nasal spray 5 mg/spray unit</td>
<td>3</td>
<td>QL 6 / 30 day(s)</td>
</tr>
<tr>
<td>zolmitriptan tab 5 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>zolmitriptan orally disintegrating tab 5 mg</td>
<td>1</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REYVOW 100 MG TAB</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
</tr>
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<td>REYVOW 50 MG TAB</td>
<td>3</td>
<td>PA</td>
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<td>MINERALS &amp; ELECTROLYTES</td>
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<tr>
<td>BICARBONATES</td>
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<tr>
<td>SODIUM BICARBONATE 8.4 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium bicarbonate iv soln 8.4%</td>
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<td></td>
</tr>
<tr>
<td>FLUORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION</td>
<td>2</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PREV Preventative</td>
</tr>
<tr>
<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
<td>1</td>
<td>PREV Preventative</td>
</tr>
<tr>
<td>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</td>
<td>1</td>
<td>PREV Preventative</td>
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PAGE 225   LAST UPDATED 04/2024
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</td>
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<tr>
<td>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
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<td>PREV Preventative</td>
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<tr>
<td><strong>PHOSPHATE</strong></td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
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<tr>
<td>potassium phosphate monobasic tab 500 mg</td>
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<tr>
<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</td>
<td>1</td>
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<td><strong>POTASSIUM</strong></td>
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<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
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<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
<td>1</td>
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</tr>
<tr>
<td>potassium chloride tab er 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 8 meq (600 mg)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 20 meq</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride cap er 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride cap er 8 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium bicarbonate effer tab 25 meq</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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<tr>
<td>potassium chloride powder packet 20 meq</td>
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<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 20 meq</td>
<td>1</td>
<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>potassium chloride cap er 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 10 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crys er tab 15 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 20 meq (1500 mg)</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride cap er 8 meq</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tab er 8 meq (600 mg)</td>
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<td></td>
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<tr>
<td>POTASSIUM CHLORIDE ER 8 MEQ TAB ER</td>
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<tr>
<td>sodium chloride preservative free (pf) inj 0.9%</td>
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**MISCELLANEOUS THERAPEUTIC CLASSES**

**ANTILEPROTICS**

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<thead>
<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>Limit</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>THALOMID 100 MG CAP</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>THALOMID 150 MG CAP</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>THALOMID 200 MG CAP</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>THALOMID 50 MG CAP</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
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**B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS**

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<tr>
<th>Drug Name</th>
<th>TIER</th>
<th>Limit</th>
<th>Description</th>
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<tbody>
<tr>
<td>BENLYSTA 200 MG/ML SOLN A-INJ</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>BENLYSTA 200 MG/ML SOLN PRSYR</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
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**CHELATING AGENTS**

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<th>Drug Name</th>
<th>TIER</th>
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</thead>
<tbody>
<tr>
<td>penicillamine cap 250 mg</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>penicillamine tab 250 mg</td>
<td>4</td>
<td>PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>trientine hcl cap 250 mg</td>
<td>4 PA</td>
<td>Specialty Drug</td>
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**CYCLOSPORINE ANALOGS**

<table>
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<th>Product Description</th>
<th>Tier</th>
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<tbody>
<tr>
<td>cyclosporine cap 100 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>cyclosporine cap 25 mg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified cap 100 mg</td>
<td>1 QL</td>
<td>4 / 1 day(s)</td>
</tr>
<tr>
<td>cyclosporine modified oral soln 100 mg/ml</td>
<td>1 QL</td>
<td>90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 25 mg</td>
<td>1 QL</td>
<td>4 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 50 mg</td>
<td>2 QL</td>
<td>120 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 100 mg</td>
<td>1 QL</td>
<td>4 / 1 day(s)</td>
</tr>
<tr>
<td>cyclosporine modified oral soln 100 mg/ml</td>
<td>1 QL</td>
<td>90 / 30 DAYS</td>
</tr>
<tr>
<td>cyclosporine modified cap 25 mg</td>
<td>1 QL</td>
<td>4 / 1 day(s)</td>
</tr>
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</table>

**LUPKYNIS 7.9 MG CAP**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
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<td>LUPKYNIS 7.9 MG CAP</td>
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<td>Specialty Drug</td>
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**ENZYMES**

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<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>XIAFLEX 0.9 MG RECON SOLN</td>
<td>4 PA</td>
<td>Specialty Drug</td>
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**IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES**

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<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>lenalidomide cap 10 mg</td>
<td>4 QL</td>
<td>1 / 1 day(s)</td>
</tr>
<tr>
<td>lenalidomide cap 15 mg</td>
<td>4 QL</td>
<td>1 / 1 day(s)</td>
</tr>
<tr>
<td>lenalidomide caps 2.5 mg</td>
<td>4 PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>lenalidomide cap 20 mg</td>
<td>4 PA</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>lenalidomide cap 25 mg</td>
<td>4</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>lenalidomide cap 5 mg</td>
<td>4</td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>REVLIMID 10 MG CAP</td>
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<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
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<td></td>
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<td>S Specialty Drug</td>
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<tr>
<td>REVLIMID 15 MG CAP</td>
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<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
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<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
</tr>
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<td>REVLIMID 2.5 MG CAP</td>
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<td>PA</td>
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<td></td>
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<td>REVLIMID 20 MG CAP</td>
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<td>S Specialty Drug</td>
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<tr>
<td>REVLIMID 25 MG CAP</td>
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<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
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<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>REVLIMID 5 MG CAP</td>
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<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
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<tr>
<td><strong>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</strong></td>
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<tr>
<td>mycophenolate mofetil for oral susp 200 mg/ml</td>
<td>2</td>
<td>AL1 Up to 8 yrs old</td>
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<td>mycophenolate mofetil cap 250 mg</td>
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<tr>
<td>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</td>
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<td>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</td>
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<td>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</td>
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**PRODUCT DESCRIPTION** | **TIER** | **LIMITS & RESTRICTIONS**
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mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) | 2 |  
**IRRIGATION SOLUTIONS**
- lactated ringer’s for irrigation | 1 |  
- ringer's solution for irrigation | 1 |  
- water for irrigation, sterile irrigation soln | 3 |  
- ringer's solution for irrigation | 1 |  
- water for irrigation, sterile irrigation soln | 3 |  
**MACROLIDE IMMUNOSUPPRESSANTS**
- ASTAGRAF XL 0.5 MG CAP ER 24H | 3 | PA  
- ASTAGRAF XL 1 MG CAP ER 24H | 3 | PA  
- ASTAGRAF XL 5 MG CAP ER 24H | 3 | PA  
- ENVARSUS XR 0.75 MG TAB ER 24H | 3 | PA  
- ENVARSUS XR 1 MG TAB ER 24H | 3 | PA  
- ENVARSUS XR 4 MG TAB ER 24H | 3 | PA  
- everolimus tab 0.25 mg | 2 | QL 120 / 30 day(s)  
- everolimus tab 0.5 mg | 2 | QL 120 / 30 day(s)  
- everolimus tab 0.75 mg | 2 | QL 60 / 30 day(s)  
- everolimus tab 1 mg | 2 | QL 60 / 30 day(s)  
- sirolimus tab 0.5 mg | 2 | QL 1 / 1 day(s)  
- sirolimus tab 1 mg | 2 | QL 1 / 1 day(s)  
- sirolimus oral soln 1 mg/ml | 4 | PA  
- sirolimus tab 2 mg | 2 |  
- tacrolimus cap 0.5 mg | 1 |  
- tacrolimus cap 1 mg | 1 |  
- tacrolimus cap 5 mg | 1 |  

PAGE 230  
LAST UPDATED 04/2024
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<td>BETAXOLOL HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>betaxolol hcl ophth soln 0.5%</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>BETOPTIC-S 0.25 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARTEOLOL HCL 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOBUNOLOL HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CYCLOPLEGIC MYDRIATIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOMYDRIL 0.2-1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYCLOPLEGIC MYDRIATICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE 1 % SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atropine sulfate ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HOMATROPAIRE 5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XIIDRA 5 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>MIOTICS - DIRECT ACTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC ANTI-INFECTIVE COMBINATIONS</td>
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<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
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</tr>
<tr>
<td>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
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</tr>
<tr>
<td>bacitracin-polymyxin b ophth oint</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OPTHALMIC ANTIALLERGIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALOCRIL 2 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ALOMIDE 0.1 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>azelastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bepotastine besilate ophth soln 1.5%</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>CROMOLYN SODIUM 4 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LASTACAFT 0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PAZEO 0.7 % SOLUTION</td>
<td>3</td>
<td>QL 2.5 / 18 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>------------------------------</td>
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<tr>
<td><strong>OPHTHALMIC ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZASITE 1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BACITRACIN 500 UNIT/GM OINTMENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE 0.6 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN 0.3 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 5 MG/GM OINTMENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ophth oint 5 mg/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gatifloxacin ophth soln 0.5%</td>
<td>1</td>
<td><strong>QL</strong> 2.5 / 30 DAYS</td>
</tr>
<tr>
<td>GENTAK 0.3 % OINTMENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate ophth soln 0.3%</td>
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<td></td>
</tr>
<tr>
<td>LEVOFLOXACIN 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOFLOXACIN 1.5 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl ophth soln 0.5% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tobramycin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBREX 0.3 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIFUNGAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATACYN 5 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTISEPTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETADINE OPHTHALMIC PREP 5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POVIDONE-IODINE 5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIVIRALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIFLURIDINE 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN 0.15 % GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>brinzolamide ophth susp 1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
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<tr>
<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluorescein w/ proparacaine ophth soln 0.25-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PAREMYD 1-0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorescein w/ proparacaine ophth soln 0.25-0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC IMMUNOMODULATORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine (ophth) emulsion 0.05%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td><strong>OPHTHALMIC LOCAL ANESTHETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AKTEN 3.5 % GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>proparacaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC NERVE GROWTH FACTORS</strong></td>
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<tr>
<td>OXERVATE 0.002 % SOLUTION</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<tr>
<td><strong>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</strong></td>
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<tr>
<td>ACUVAIL 0.45 % SOLUTION</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</td>
<td>1</td>
<td>QL 3.4 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLURBIPROFEN SODIUM 0.03 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ILEVRO 0.3 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEVANAC 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC RHO KINASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHOPRESSA 0.02 % SOLUTION</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td><strong>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</strong></td>
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<tr>
<td>APRACLONIDINE HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>apraclonidine hcl ophth soln 0.5% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate ophth soln 0.2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>IOPIDINE 1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC STEROID COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE 10-0.2 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION</td>
<td>1</td>
<td></td>
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<tr>
<td>PRED-G 0.3-1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-G S.O.P. 0.3-0.6 % OINTMENT</td>
<td>3</td>
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</tr>
<tr>
<td>SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION</td>
<td>1</td>
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</tr>
<tr>
<td>TOBRADEX 0.3-0.1 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST 0.3-0.05 % SUSPENSION</td>
<td>3</td>
<td>QL 5 / 30 day(s)</td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZYLET 0.5-0.3 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC STEROIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALREX 0.2 % SUSPENSION</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diluprednate ophth emulsion 0.05%</td>
<td>1</td>
<td>QL 5 / 30 day(s)</td>
</tr>
<tr>
<td>FLAREX 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FML 0.1 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FML FORTE 0.25 % SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX 0.5 % OINTMENT</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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</tr>
<tr>
<td>----------------------------------------------------------</td>
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<td>----------------------------</td>
</tr>
<tr>
<td>loteprednol etabonate ophth susp 0.2%</td>
<td>2</td>
<td>ST</td>
</tr>
<tr>
<td>loteprednol etabonate ophth gel 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophth susp 0.5%</td>
<td>1</td>
<td>QL 15 / 30 DAYS</td>
</tr>
<tr>
<td>MAXIDEX 0.1 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED FORTE 1 % SUSPENSION</td>
<td>2</td>
<td>QL 10 / 30 DAYS</td>
</tr>
<tr>
<td>PRED MILD 0.12 % SUSPENSION</td>
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<td></td>
</tr>
<tr>
<td>PREDNISOLON 1 % SUSPENAL</td>
<td>1</td>
<td>QL 10 / 30 DAYS</td>
</tr>
<tr>
<td>PREDNISOLONE ACET 1 % SUSPENAL</td>
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<td></td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION</td>
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<td></td>
</tr>
<tr>
<td>SULFACETAMIDE SODIUM 10 % OINTMENT</td>
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<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth soln 10%</td>
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</tr>
<tr>
<td>CYSTADROPS 0.37 % SOLUTION</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>CYSTARAN 0.44 % SOLUTION</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<td>bimatoprost ophth soln 0.03%</td>
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<tr>
<td>latanoprost ophth soln 0.005%</td>
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<td>QL 5 / 30 DAYS</td>
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<tr>
<td>LUMIGAN 0.01 % SOLUTION</td>
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<td>QL 7 / 30 DAYS</td>
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<tr>
<td>tafloprost preservative free (pf) ophth soln 0.0015%</td>
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</tr>
<tr>
<td>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</td>
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<td>QL 5 / 30 day(s)</td>
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<tr>
<td>acetic acid otic soln 2%</td>
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<tr>
<td>OTIC ANTI-INFECTIVES</td>
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<td>CIPROFLOXACIN HCL 0.2 % SOLUTION</td>
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<tr>
<td>ofloxacin otic soln 0.3%</td>
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<td>CIPRO HC 0.2-1 % SUSPENSION</td>
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<td>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
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<td>CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION</td>
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<td>neomycin-polymyxin-hc otic soln 1%</td>
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<td>fluocinolone acetonide (otic) oil 0.01%</td>
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<tr>
<td>PCCA MVC BASE CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PCCA NATACREAM CREAM</td>
<td>3</td>
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</tr>
<tr>
<td>PCCA POLYPEG BASE OINTMENT</td>
<td>3</td>
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</tr>
<tr>
<td>PCCA PRACASIL TM-PLUS BASE CREAM</td>
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</tr>
<tr>
<td>PCCA VANISHING CREAM BASE CREAM</td>
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</tr>
<tr>
<td>PCCA VANISHING CREAM LIGHT CREAM</td>
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<tr>
<td>PCCA VANPEN BASE CREAM</td>
<td>3</td>
<td></td>
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<tr>
<td>PEG OINTMENT BASE OINTMENT</td>
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</tr>
<tr>
<td>PENCREAM CREAM</td>
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<tr>
<td>PENDERM CREAM</td>
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<tr>
<td>PENSOMAL CREAM</td>
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<tr>
<td>PETROLATUM WHITE OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHARMABASE HEAVY CREAM</td>
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<tr>
<td>PLO GEL - MEDIFLO KIT</td>
<td>3</td>
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<tr>
<td>PLO GEL - MEDIFLO 30 KIT</td>
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<tr>
<td>POLYETHYLENE GLYCOL 8000 OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SA3 DERM CREAM</td>
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<tr>
<td>SALT DURABLE CREAM CREAM</td>
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</tr>
<tr>
<td>SALT STABLE LS ADVANCED CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SALTSTABLE LO CREAM</td>
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</tr>
<tr>
<td>SANARE ADVANCED SCAR THERAPY CREAM</td>
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<tr>
<td>SANARE SCAR THERAPY CREAM</td>
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</tr>
<tr>
<td>SILPROTEX PLUS CREAM</td>
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<tr>
<td>SKYY DERM CREAM</td>
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<tr>
<td>STERA BASE CREAM</td>
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<tr>
<td>TERODERM CREAM</td>
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<tr>
<td>TERODERM-PLUS CREAM</td>
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<tr>
<td>ULTRADERM CREAM</td>
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<tr>
<td>VANISH-PEN CREAM</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>VANISHING CREAM</td>
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<tr>
<td>VANISHING CREAM BOTANICAL BASE CREAM</td>
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<tr>
<td>VERSAPRO CREAM</td>
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<tr>
<td>VERSATILE CREAM BASE CREAM</td>
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<td>VERSATILE RICH BASE CREAM</td>
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<td>WHITE PETROLATUM OINTMENT</td>
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<tr>
<td>XEMATOP BASE CREAM</td>
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<tr>
<td><strong>PROGESTINS</strong></td>
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</tr>
<tr>
<td>medroxyprogesterone acetate tab 10 mg</td>
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<tr>
<td>medroxyprogesterone acetate tab 2.5 mg</td>
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<td></td>
</tr>
<tr>
<td>medroxyprogesterone acetate tab 5 mg</td>
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<tr>
<td>megestrol acetate susp 625 mg/5ml</td>
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<tr>
<td>norethindrone acetate tab 5 mg</td>
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<tr>
<td>progesterone cap 100 mg</td>
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</tr>
<tr>
<td>progesterone cap 200 mg</td>
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<tr>
<td><strong>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL DETERRENTS</strong></td>
<td></td>
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<tr>
<td>acamprosate calcium tab delayed release 333 mg</td>
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<tr>
<td>disulfiram tab 250 mg</td>
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<tr>
<td>disulfiram tab 500 mg</td>
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<tr>
<td><strong>ANTIDEMENTIA AGENT COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMZARIC 14-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 21-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 28-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 7-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 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>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</td>
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<tr>
<td>CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB</td>
<td>1</td>
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<tr>
<td>CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB</td>
<td>1</td>
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<tr>
<td>CHOLINOMIMETICS - ACHE INHIBITORS</td>
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<td></td>
</tr>
<tr>
<td>donepezil hydrochloride tab 10 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride orally disintegrating tab 10 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride tab 23 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hydrochloride orally disintegrating tab 5 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 12 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 4 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide tab 8 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 16 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 24 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide cap er 24hr 8 mg</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 13.3 mg/24hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 4.6 mg/24hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine td patch 24hr 9.5 mg/24hr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 1.5 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 3 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 4.5 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate cap 6 mg (base equivalent)</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>FIBROMYALGIA AGENT - SNRIS</td>
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</tr>
<tr>
<td>SAVELLA 100 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>SAVELLA 12.5 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 25 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA 50 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG MISC</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
</tbody>
</table>

**MOVEMENT DISORDER DRUG THERAPY**

tetrabenazine tab 12.5 mg
- Tier: 2
- Limits & Restrictions: QL 3 / 1 day(s)

<table>
<thead>
<tr>
<th>tetrabenazine tab 25 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 2</td>
</tr>
<tr>
<td>Limits &amp; Restrictions:</td>
</tr>
<tr>
<td>QL 3 / 1 day(s)</td>
</tr>
</tbody>
</table>

**MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**

teriflunomide tab 14 mg
- Tier: 4
- Limits & Restrictions: PA, Specialty Drug

<table>
<thead>
<tr>
<th>teriflunomide tab 7 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 4</td>
</tr>
<tr>
<td>Limits &amp; Restrictions:</td>
</tr>
<tr>
<td>PA, Specialty Drug</td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS**

glatiramer acetate soln prefilled syringe 20 mg/ml
- Tier: 4
- Limits & Restrictions: QL 30 / 30 day(s)

<table>
<thead>
<tr>
<th>glatiramer acetate soln prefilled syringe 40 mg/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 4</td>
</tr>
<tr>
<td>Limits &amp; Restrictions: QL 12 / 28 day(s)</td>
</tr>
</tbody>
</table>

**MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES**

MAVENCLAD (10 TABS) 10 MG TAB THPK
- Tier: 4
- Limits & Restrictions: PA, Specialty Drug

<table>
<thead>
<tr>
<th>MAVENCLAD (4 TABS) 10 MG TAB THPK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 4</td>
</tr>
<tr>
<td>Limits &amp; Restrictions: PA, Specialty Drug</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAVENCLAD (5 TABS) 10 MG TAB THPK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 4</td>
</tr>
<tr>
<td>Limits &amp; Restrictions: PA, Specialty Drug</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAVENCLAD (6 TABS) 10 MG TAB THPK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier: 4</td>
</tr>
<tr>
<td>Limits &amp; Restrictions: PA, Specialty Drug</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS) 10 MG TAB THPK</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS) 10 MG TAB THPK</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS) 10 MG TAB THPK</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</td>
</tr>
<tr>
<td>BETASERON 0.3 MG KIT</td>
</tr>
<tr>
<td>REBIF 22 MCG/0.5ML SOLN PRSYR</td>
</tr>
<tr>
<td>REBIF 44 MCG/0.5ML SOLN PRSYR</td>
</tr>
<tr>
<td>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ</td>
</tr>
<tr>
<td>REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</td>
</tr>
<tr>
<td>REBIF TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN PRSYR</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</td>
</tr>
<tr>
<td>KESIMPTA 20 MG/0.4ML SOLN A-INJ</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</td>
</tr>
<tr>
<td><em>dimethyl fumarate capsule delayed release 120 mg</em></td>
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<tr>
<td><em>dimethyl fumarate capsule delayed release 240 mg</em></td>
</tr>
<tr>
<td><em>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</em></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</td>
</tr>
<tr>
<td>dalfampridine tab er 12hr 10 mg</td>
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<tr>
<td>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</td>
</tr>
<tr>
<td>memantine hcl tab 10 mg</td>
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<tr>
<td>memantine hcl oral solution 2 mg/ml</td>
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<tr>
<td>memantine hcl oral solution 2 mg/ml</td>
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<tr>
<td>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</td>
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<tr>
<td>memantine hcl tab 5 mg</td>
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<tr>
<td>memantine hcl cap er 24hr 14 mg</td>
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<tr>
<td>memantine hcl cap er 24hr 21 mg</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 28 mg</td>
</tr>
<tr>
<td>memantine hcl cap er 24hr 7 mg</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK 7 &amp; 14 &amp; 21 &amp; 28 MG CAP ER 24H</td>
</tr>
<tr>
<td>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB</td>
</tr>
<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB</td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB</td>
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<tr>
<td>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</td>
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<tr>
<td>pregabalin tab er 24hr 165 mg</td>
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<tr>
<td>pregabalin tab er 24hr 330 mg</td>
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<tr>
<td>pregabalin tab er 24hr 82.5 mg</td>
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<tr>
<td>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</td>
</tr>
<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG TAB</td>
</tr>
<tr>
<td>FLUOXETINE HCL (PMDD) 20 MG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td><strong>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</strong></td>
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<tr>
<td>NUEDEXTA 20-10 MG CAP</td>
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<tr>
<td>ERGOLOID MESYLATES 1 MG TAB</td>
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<tr>
<td>PIMOZIDE 1 MG TAB</td>
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<tr>
<td>PIMOZIDE 2 MG TAB</td>
</tr>
<tr>
<td><strong>SMOKING DETERRENTS</strong></td>
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<tr>
<td>APO-VARENICLINE 0.5 MG TAB</td>
</tr>
<tr>
<td>APO-VARENICLINE 1 MG TAB</td>
</tr>
<tr>
<td>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</td>
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<tr>
<td>CHANTIX 0.5 MG TAB</td>
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<tr>
<td>CHANTIX 1 MG TAB</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK 1 MG TAB</td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH PAK 0.5 MG X 11 &amp; 1 MG X 42 TAB THPK</td>
</tr>
<tr>
<td>NICOTROL 10 MG INHALER</td>
</tr>
<tr>
<td>NICOTROL NS 10 MG/ML SOLUTION</td>
</tr>
<tr>
<td>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</td>
</tr>
<tr>
<td>varenicline tartrate tab 0.5 mg (base equiv)</td>
</tr>
<tr>
<td>varenicline tartrate tab 1 mg (base equiv)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>varenicline tartrate tab 1 mg (base equiv)</td>
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<tr>
<td>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</td>
</tr>
<tr>
<td>fingolimod hcl cap 0.5 mg (base equiv)</td>
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<tr>
<td>GILENYA 0.25 MG CAP</td>
</tr>
<tr>
<td>MAYZENT 0.25 MG TAB</td>
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<tr>
<td>MAYZENT 1 MG TAB</td>
</tr>
<tr>
<td>MAYZENT 2 MG TAB</td>
</tr>
<tr>
<td>MAYZENT STARTER PACK 0.25 MG TAB THPK</td>
</tr>
<tr>
<td>MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK</td>
</tr>
<tr>
<td>PONVORY 20 MG TAB</td>
</tr>
<tr>
<td>PONVORY STARTER PACK 2,3,4,5,6,7,8,9 &amp; 10 MG TAB THPK</td>
</tr>
<tr>
<td>ZEPOSIA 0.92 MG CAP</td>
</tr>
<tr>
<td>ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG &amp; 3 X 0.46MG CAP THPK</td>
</tr>
<tr>
<td>ZEPOSIA STARTER KIT 0.23MG &amp; 0.46MG &amp; 0.92MG CAP THPK</td>
</tr>
<tr>
<td>ZEPOSIA STARTER KIT 0.23MG &amp;0.46MG 0.92MG(21) CAP THPK</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>--------------------------------------------</td>
</tr>
<tr>
<td>VASOMOTOR SYMPTOM AGENTS - SSRIS</td>
</tr>
<tr>
<td>paroxetine mesylate cap 7.5 mg (base equiv)</td>
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<tr>
<td>RESPIRATORY AGENTS - MISC.</td>
</tr>
<tr>
<td>CFTR POTENTIATORS</td>
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<tr>
<td>KALYDECO 13.4 MG PACKET</td>
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<tr>
<td>KALYDECO 150 MG TAB</td>
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<tr>
<td>KALYDECO 25 MG PACKET</td>
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<td>KALYDECO 5.8 MG PACKET</td>
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<tr>
<td>KALYDECO 50 MG PACKET</td>
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<tr>
<td>KALYDECO 75 MG PACKET</td>
</tr>
<tr>
<td>CYSTIC FIBROSIS AGENT - COMBINATIONS</td>
</tr>
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<td>ORKAMBI 100-125 MG PACKET</td>
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**THYROID AGENTS**

**ANTITHYROID AGENTS**

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**THYROID HORMONES**

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**TOXOIDS**

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<tr>
<td>KINRIX 0.5 ML SUSP PRSYR</td>
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<td>PEDIARIX SUSP PRSYR</td>
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<tr>
<td>PENTACEL RECON SUSP</td>
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<td>QUADRACEL SUSPENSION</td>
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<td>QUADRACEL 0.5 ML SUSP PRSYR</td>
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<tr>
<td>TDVAX 2-2 LF/0.5ML SUSPENSION</td>
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<td>TENIVAC 5-2 LFU INJECTABLE</td>
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<td>TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION</td>
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<td>VAXELIS SUSP PRSYR</td>
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<td>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</td>
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<td>ANTICHOLINERGIC COMBINATIONS</td>
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<td>BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS</td>
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<td>BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS</td>
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<td>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</td>
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<td>ANTAGONISTS</td>
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<tr>
<td>dicyclomine hcl cap 10 mg</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>dicyclomine hcl inj 10 mg/ml</td>
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<tr>
<td>dicyclomine hcl tab 20 mg</td>
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<tr>
<td>hyoscyamine sulfate tab disint 0.125 mg</td>
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<tr>
<td>hyoscyamine sulfate elixir 0.125 mg/5ml</td>
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<tr>
<td>hyoscyamine sulfate soln 0.125 mg/ml</td>
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<td>hyoscyamine sulfate tab er 12hr 0.375 mg</td>
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<td>hyoscyamine sulfate sl tab 0.125 mg</td>
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<tr>
<td>hyoscyamine sulfate sl tab 0.125 mg</td>
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<td>H-2 ANTAGONISTS</td>
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<td>cimetidine tab 300 mg</td>
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<td>cimetidine tab 400 mg</td>
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<td>cimetidine tab 800 mg</td>
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<td>CIMETIDINE HCL 300 MG/5ML SOLUTION</td>
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<td>cimetidine hcl soln 300 mg/5ml</td>
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<td>famotidine tab 40 mg</td>
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<td>famotidine for susp 40 mg/5ml</td>
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<tr>
<td>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</td>
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<td>ranitidine hcl cap 150 mg</td>
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<td>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</td>
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<td>MISC. ANTI-ULCER</td>
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<td>sucralfate tab 1 gm</td>
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<td>sucralfate susp 1 gm/10ml</td>
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<td>KONVOMEPE 2-84 MG/ML RECON SUSP</td>
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<td>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</td>
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<td>PROTON PUMP INHIBITORS</td>
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<tr>
<td>dexlansoprazole cap delayed release 30 mg</td>
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<td>QL 1 / 1 day(s)</td>
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<tr>
<td>dexlansoprazole cap delayed release 60 mg</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
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<tr>
<td>esomeprazole magnesium for delayed release susp packet 10 mg</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>esomeprazole magnesium cap delayed release 20 mg (base eq)</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>esomeprazole magnesium for delayed release susp packet 20 mg</td>
<td>2</td>
<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>esomeprazole magnesium cap delayed release 40 mg (base eq)</td>
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<td>QL 60 / 30 DAYS</td>
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<td>esomeprazole magnesium for delayed release susp packet 40 mg</td>
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<td>ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR</td>
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<td>FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION</td>
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<td>QL 10 / 1 day(s)</td>
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<td>FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION</td>
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<td>lansoprazole cap delayed release 15 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>lansoprazole cap delayed release 30 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole cap delayed release 10 mg</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole cap delayed release 20 mg</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>omeprazole cap delayed release 40 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<td>OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION</td>
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<td>QL 10 / 1 day(s)</td>
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<tr>
<td>pantoprazole sodium ec tab 20 mg (base equiv)</td>
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<tr>
<td>pantoprazole sodium ec tab 40 mg (base equiv)</td>
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<td>QL 60 / 30 DAYS</td>
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<td>PRILOSEC 10 MG PACKET</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>PRILOSEC 2.5 MG PACKET</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>rabeprazole sodium ec tab 20 mg</td>
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<td>QUATERNARY ANTICHOLINERGICS</td>
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<td>glycopyrrolate inj 0.2 mg/ml</td>
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<tr>
<td>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</td>
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<td>GLYCOPYRROLATE 0.6 MG/3ML SOLN PRSYR</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>glycopyrrolate tab 1 mg</td>
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<td>GLYCOPRYRROLATE 1 MG/5ML SOLN PRSYR</td>
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<tr>
<td>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</td>
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<tr>
<td>glycopyrrolate tab 2 mg</td>
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<tr>
<td>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</td>
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<td>methscopolamine bromide tab 2.5 mg</td>
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<td>methscopolamine bromide tab 5 mg</td>
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<td>PROPANthelIne BROMIDE 15 MG TAB</td>
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<td>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</td>
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<td>OMECLAMOX-PAK 500-500-20 MG MISC</td>
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<td>ULCER DRUGS - PROSTAGLANDINS</td>
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<td>misoprostol tab 100 mcg</td>
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<td>misoprostol tab 200 mcg</td>
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<td>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</td>
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<td>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</td>
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<tr>
<td>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</td>
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<tr>
<td>fesoterodine fumarate tab er 24hr 4 mg</td>
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<td>fesoterodine fumarate tab er 24hr 8 mg</td>
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<td>GELNIQUE 10 % GEL</td>
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<tr>
<td>OXYBUTYNIN CHLORIDE 2.5 MG TAB</td>
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<td>QL 1 / 1 day(s)</td>
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<td>oxybutynin chloride tab 5 mg</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>oxybutynin chloride solution 5 mg/5ml</td>
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<td>oxybutynin chloride tab er 24hr 10 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 15 mg</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 5 mg</td>
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<tr>
<td>OXYTROL 3.9 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
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<td>solifenacin succinate tab 10 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>solifenacin succinate tab 5 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>tolterodine tartrate tab 1 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>tolterodine tartrate tab 2 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>tolterodine tartrate cap er 24hr 2 mg</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>tolterodine tartrate cap er 24hr 4 mg</td>
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<tr>
<td>trospium chloride tab 20 mg</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>trospium chloride cap er 24hr 60 mg</td>
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<tr>
<td>VESICARE LS 5 MG/5ML SUSPENSION</td>
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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

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<tr>
<td>MYRBETRIQ 25 MG TAB ER 24H</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>MYRBETRIQ 50 MG TAB ER 24H</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>MYRBETRIQ 8 MG/ML SRER</td>
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**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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<th>PRODUCT DESCRIPTION</th>
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<td>bethanechol chloride tab 10 mg</td>
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<tr>
<td>bethanechol chloride tab 25 mg</td>
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<td>bethanechol chloride tab 5 mg</td>
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<td>bethanechol chloride tab 50 mg</td>
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**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

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<td>flavoxate hcl tab 100 mg</td>
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**VACCINES**

**BACTERIAL VACCINES**

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<td>ACTHIB RECON SOLN</td>
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<td>PREV Preventative</td>
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<tr>
<td>BEXSERO SUSP PRSYR</td>
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<tr>
<td>HIBERIX 10 MCG RECON SOLN</td>
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<td>PREV Preventative</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>MENACTRA SOLUTION</td>
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<tr>
<td>MENQUADFI SOLUTION</td>
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<tr>
<td>MENVEO RECON SOLN</td>
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<tr>
<td>MENVEO SOLUTION</td>
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<td>PREV Preventative</td>
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<tr>
<td>PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION</td>
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<td>PREV Preventative</td>
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<td>PENBRAYA RECON SUSP</td>
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<tr>
<td>PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE</td>
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<td>PREVNAR 13 SUSPENSION</td>
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<td>PREVNAR 20 0.5 ML SUSP PRSYR</td>
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<tr>
<td>TRUMENBA SUSP PRSYR</td>
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<tr>
<td>VAXNEUVANCE 0.5 ML SUSP PRSYR</td>
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**VIRAL VACCINE COMBINATIONS**

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<td>M-M-R II RECON SOLN</td>
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</tr>
<tr>
<td>TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR</td>
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**VIRAL VACCINES**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>ABRYSVO 120 MCG/0.5ML RECON SOLN</td>
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<td>JYNNEOS 0.5 ML SUSPENSION</td>
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<td>MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION</td>
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<td>CLINDESSE 2 % CREAM</td>
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<td>ESTRING 7.5 MCG/24HR RING</td>
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<td>SYMJEPI 0.15 MG/0.3ML SOLN PRSYR</td>
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<tr>
<td>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</td>
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<tr>
<td>droxidopa cap 100 mg</td>
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<td>EPINEPHRINE 1 MG/ML SOLUTION</td>
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<td>EPINEPHRINE 10 MG/10ML SOLUTION</td>
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<td>midodrine hcl tab 10 mg</td>
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<td>midodrine hcl tab 5 mg</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>VITAMINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN D</strong></td>
<td></td>
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<tr>
<td>ergocalciferol cap 1.25 mg (50000 unit)</td>
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<td><strong>VITAMIN K</strong></td>
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</tr>
<tr>
<td>phytonadione tab 5 mg</td>
<td>2</td>
<td>QL 5 / 30 DAYS</td>
</tr>
</tbody>
</table>
Index of covered drugs

A

abacavir sulfate ........................................ 131
abacavir sulfate-lamivudine ...................... 126
abacavir sulfate-lamivudine-zidovudine ....... 126
ABILIFY ASIMTUFI ...................................... 123
ABILIFY MAINTENA ...................................... 123
abiraterone acetate ....................................... 94
ABRYSVO .................................................. 271
ABSTRAL ................................................... 17,18
ACAM2000 ................................................ 271
acamprosate calcium ................................... 250
acarbose ...................................................... 66
ACCUA SARS-COV-2 ..................................... 177
acebutolol hcl ............................................... 136
acetaminophen w/ codeine ......................... 15,16
ACETAMINOPHEN-CODEINE ....................... 16
acetazolamide ............................................ 178
acetic acid (otic) .......................................... 242
acetylcysteine ............................................ 160
acitretin ..................................................... 166
ACTEMRA .................................................. 12
ACTEMRA ACTPEN ....................................... 12
ACTHIB ..................................................... 270
ACUVAIL ..................................................... 240
acyclovir ..................................................... 134
acyclovir sodium .......................................... 134
acyclovir topical .......................................... 168
ADACEL ..................................................... 265
adapalene .................................................... 162
adapalene-benzoyl peroxide ....................... 161
ADBRY ....................................................... 168
adeovir dipivoxil ......................................... 133
ADEMPAS .................................................. 143
ADVATE ..................................................... 196
ADYNOVATE ............................................... 196
ADZENYS ER ............................................... 3
ADZENYS XR-ODT ......................................... 3
AEROCHAMBER HOLDING CHAMBER .......... 222
AEROCHAMBER MINI CHAMBER ................. 222
AEROCHAMBER MV ....................................... 222
AEROCHAMBER PLUS FLO-VU ..................... 222
AEROCHAMBER PLUS FLO-VU INTERM .......... 222
AEROCHAMBER PLUS FLO-VU LARGE .......... 222
AEROCHAMBER PLUS FLO-VU MEDIUM .......... 222
AEROCHAMBER PLUS FLO-VU SMALL .......... 222
AEROCHAMBER PLUS FLO-VU W/MASK .......... 222
AEROCHAMBER PLUS FLOW VU .................... 222
AEROCHAMBER W/FLOW SIGNAL ................. 222
AEROCHAMBER Z-STAT PLUS ....................... 222
AEROCHAMBER Z-STAT PLUS CHAMBR .......... 222
AEROCHAMBER Z-STAT PLUS/LARGE .......... 222
AEROCHAMBER Z-STAT PLUS/MEDIUM .......... 222
AEROCHAMBER Z-STAT PLUS/SMALL .......... 222
AFLURIA QUADRIVALENT ............................ 271
AFSTYLA ................................................... 197
AIMOVIG ................................................... 223
AJOVY ....................................................... 223
AKEEGA ..................................................... 101
AKTEN ......................................................... 240
AKYNZEQ ..................................................... 78
AL-A-QUIN .................................................. 165
ALBA-DERM .................................................. 247
albendazole ............................................... 34
albuteor sulfate ........................................ 42,43
ALBUTEROL SULFATE ................................. 42,43
ALBUTEROL SULFATE ER ............................ 43
ALBUTEROL SULFATE HFA ............................ 43
alclometasone dipropionate ...................... 169
ALECENA ................................................... 95
alendronate sodium ................................... 180
alfuzosin hcl .............................................. 193
ALINIA ....................................................... 35
aliskiren fumarate ..................................... 91
ALKINDI SPRINKLE ..................................... 157
alotriptan malate ....................................... 224
ALOCRIL ...................................................... 238
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>atomoxetine hcl</td>
<td>2</td>
</tr>
<tr>
<td>atorvastatin calcium</td>
<td>82</td>
</tr>
<tr>
<td>atovaquone</td>
<td>35</td>
</tr>
<tr>
<td>atovaquone-proguanil hcl</td>
<td>92</td>
</tr>
<tr>
<td>ATREVIS HYDROGEL</td>
<td>247</td>
</tr>
<tr>
<td>ATROPINE SULFATE</td>
<td>237</td>
</tr>
<tr>
<td>atropine sulfate (ophthalmic)</td>
<td>237</td>
</tr>
<tr>
<td>ATROVENT HFA</td>
<td>43</td>
</tr>
<tr>
<td>AUGMENTIN</td>
<td>245</td>
</tr>
<tr>
<td>AURYXIA</td>
<td>192</td>
</tr>
<tr>
<td>AUXIPRO VANISHING</td>
<td>247</td>
</tr>
<tr>
<td>AYVAKIT</td>
<td>104, 105</td>
</tr>
<tr>
<td>AZASITE</td>
<td>239</td>
</tr>
<tr>
<td>azathioprine</td>
<td>231</td>
</tr>
<tr>
<td>azelaic acid</td>
<td>175</td>
</tr>
<tr>
<td>azelastine hcl</td>
<td>235</td>
</tr>
<tr>
<td>azelastine hcl (ophth)</td>
<td>238</td>
</tr>
<tr>
<td>azelastine hcl-fluticasone propionate</td>
<td>235</td>
</tr>
<tr>
<td>AZELEX</td>
<td>162</td>
</tr>
<tr>
<td>AZITHROMYCIN</td>
<td>214</td>
</tr>
<tr>
<td>azithromycin</td>
<td>214</td>
</tr>
<tr>
<td>BACITRACIN</td>
<td>239</td>
</tr>
<tr>
<td>bacitracin-poly-neomycin-hc</td>
<td>241</td>
</tr>
<tr>
<td>bacitracin-polymyxin b (ophth)</td>
<td>238</td>
</tr>
<tr>
<td>baclofen</td>
<td>234</td>
</tr>
<tr>
<td>BALCOLTRA</td>
<td>147</td>
</tr>
<tr>
<td>balsalazide disodium</td>
<td>191</td>
</tr>
<tr>
<td>BALVERSA</td>
<td>99</td>
</tr>
<tr>
<td>BAQSIMI ONE PACK</td>
<td>67</td>
</tr>
<tr>
<td>BAQSIMI TWO PACK</td>
<td>67</td>
</tr>
<tr>
<td>BARACLUDE</td>
<td>133</td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN</td>
<td>69</td>
</tr>
<tr>
<td>BASE W301</td>
<td>247</td>
</tr>
<tr>
<td>BD INSULIN SYRINGE U-500</td>
<td>219</td>
</tr>
<tr>
<td>BD MICROTAINER LANCETS</td>
<td>216</td>
</tr>
<tr>
<td>BD PEN NEEDLE NANO U/F</td>
<td>219</td>
</tr>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE</td>
<td>219</td>
</tr>
<tr>
<td>BD VERITOR SYSTEM SARS-COV-2</td>
<td>177</td>
</tr>
<tr>
<td>BECONASE AQ</td>
<td>235</td>
</tr>
<tr>
<td>BELBUCA</td>
<td>30</td>
</tr>
<tr>
<td>BELLADONNA ALKALOIDS-OPIUM</td>
<td>266</td>
</tr>
<tr>
<td>BELSOMRA</td>
<td>213</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide</td>
<td>87</td>
</tr>
<tr>
<td>benazepril hcl</td>
<td>85</td>
</tr>
<tr>
<td>BENEFIX</td>
<td>198</td>
</tr>
<tr>
<td>BENLYSTA</td>
<td>227</td>
</tr>
<tr>
<td>BENZALKONIUM CHLORIDE</td>
<td>125</td>
</tr>
<tr>
<td>BENZONIN</td>
<td>175</td>
</tr>
<tr>
<td>benzoin compound</td>
<td>175</td>
</tr>
<tr>
<td>benzonatate</td>
<td>159</td>
</tr>
<tr>
<td>benzoyl peroxide-erythromycin</td>
<td>162</td>
</tr>
<tr>
<td>benztrapine mesylate</td>
<td>113</td>
</tr>
<tr>
<td>bepotastine besilate</td>
<td>238</td>
</tr>
<tr>
<td>BERINERT</td>
<td>206</td>
</tr>
<tr>
<td>BESIVANCE</td>
<td>239</td>
</tr>
<tr>
<td>BETADINE OPHTHALMIC PREP</td>
<td>239</td>
</tr>
<tr>
<td>betamethasone dipropionate (topical)</td>
<td>169</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented</td>
<td>169</td>
</tr>
<tr>
<td>betamethasone valerate</td>
<td>169</td>
</tr>
<tr>
<td>BETASERON</td>
<td>253</td>
</tr>
<tr>
<td>betaxolol hcl</td>
<td>136</td>
</tr>
<tr>
<td>BETAXOLOL HCL</td>
<td>236</td>
</tr>
<tr>
<td>betaxolol hcl (ophth)</td>
<td>236</td>
</tr>
<tr>
<td>betaxolol hcl (ophth)</td>
<td>236</td>
</tr>
<tr>
<td>bethanechol chloride</td>
<td>270</td>
</tr>
<tr>
<td>BETIMOL</td>
<td>236</td>
</tr>
<tr>
<td>BETOPTIC-S</td>
<td>237</td>
</tr>
<tr>
<td>bexarotene</td>
<td>112</td>
</tr>
<tr>
<td>bexarotene (topical)</td>
<td>176</td>
</tr>
<tr>
<td>BEXSERO</td>
<td>270</td>
</tr>
<tr>
<td>BEYFORTUS</td>
<td>243</td>
</tr>
<tr>
<td>bicalutamide</td>
<td>94</td>
</tr>
<tr>
<td>BIKTARVY</td>
<td>126</td>
</tr>
<tr>
<td>bimatoprost</td>
<td>242</td>
</tr>
<tr>
<td>BINAXNOW COVID-19 AG CARD</td>
<td>177</td>
</tr>
<tr>
<td>bisoprolol &amp; hydrochlorothiazide</td>
<td>91</td>
</tr>
<tr>
<td>bisoprolol fumarate</td>
<td>136</td>
</tr>
<tr>
<td>BLEPHAMIDE</td>
<td>241</td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P.</td>
<td>241</td>
</tr>
<tr>
<td>BOOSTRIX</td>
<td>265</td>
</tr>
<tr>
<td>bosentan</td>
<td>143</td>
</tr>
</tbody>
</table>
cefprozil ............................................. 145
cefuroxime axetil ................................ 145,146
celecoxib ......................................... 11
CEM-UREA ......................................... 172
cephalexin ........................................ 145
CEPHALEXIN ...................................... 145
CERDELGA ....................................... 207
CERVIDIL ......................................... 243
CETACAIN ......................................... 176
cevimeline hcl ..................................... 232
CHANTIX ........................................... 255
CHANTIX CONTINUING MONTH PAK ......... 255
CHANTIX STARTING MONTH PAK ............. 255
CHEMET ........................................... 76
CHERRY ........................................... 246
chlordiazepoxide hcl .............................. 39
chlordiazepoxide hcl-clidinium bromide ...... 266
CHLORDIAZEPoxide-AMITRIPTYLINE ..... 251
chlorhexidine gluconate (mouth-throat) ..... 232
chloroquine phosphate ......................... 92
chlorpromazine hcl ................................ 122
clorithalidone .................................... 180
chlorzoxazone .................................... 234
cholestyramine .................................. 81
cholestyramine light .............................. 81
choline fenofibrate ............................... 82
CHRYSADERM DAY ................................ 247
CHRYSADERM NIGHT ................................ 247
ciclopirox ........................................ 164
ciclopirox oalmine ............................... 164
cilostazol .......................................... 206
CILOXAN .......................................... 239
CIMDUO ............................................ 126
cimetidine ........................................ 266
CIMETIDINE HCL .................................. 266,267
cimetidine hcl .................................... 267
CIMZIA .............................................. 193
CIMZIA (2 SYRINGE) ............................ 193
CIMZIA STARTER KIT ............................ 193
cinacalcet hcl ..................................... 181
CIPRO HC .......................................... 243
ciprofloxacin ..................................... 189
CIPROFLOXACIN HCL ............................ 189,242
ciprofloxacin hcl .................................. 189
ciprofloxacin hcl (ophth) ....................... 239
ciprofloxacin-dexamethasone ................... 243
citalopram hydrobromide ....................... 61,62
CLARITHROMYCIN ................................ 215
clarithromycin ..................................... 215
CLEMASTINE FUMARATE ....................... 79
CLEOCIN .......................................... 276
CLIMARA PRO .................................... 186
clobetasol propionate ......................... 35
clindamycin hcl ................................... 35
clindamycin palmitate hydrochloride ........... 35
clindamycin phosphate ( topical) .............. 161
clindamycin phosphate vaginal ................. 276
clindamycin phosphate-benzoyl peroxide ...... 162
clofazimine ....................................... 162
CLINDESSE ........................................ 276
clobazam .......................................... 50
clobetasol propionate ......................... 169,170
clobetasol propionate emollient base ........ 169,170
clobetasol propionate emulsion ............... 170,172
clocoxib ........................................... 170
clopidogrel bisulfate ............................ 207
clorazepate dipotassium ....................... 39
cloheximazole ..................................... 232
cloheximazole (topical) ....................... 173
cloheximazole w/ betamethasone .............. 165
clozapine ......................................... 121
CLOZAPINE ...................................... 121
CO-NATAL FA .................................... 232
COARTEM .......................................... 92
COBAS LIAT SARS-COV-2 ASSAY .......... 177
COD LIVER OIL .................................... 234
CODEINE SULFATE ............................... 18

PAGE 283 LAST UPDATED 04/2024
desmopressin acetate spray refrigerated ........................................... 186
desogestrel & ethinyl estradiol ....................................................... 147,148,149,151
desogestrel-ethinyl estradiol (biphasic) .............................................. 146,147
desogestrel-ethinyl estradiol (triphasic) ............................................. 156
desonide ......................................................................................... 170
desoximetasone ............................................................................... 170
DESVENLAFAXINE ER ................................................................. 64
desvenlafaxine succinate ................................................................. 64
dexamethasone ............................................................................. 157,158
DEXAMETHASONE ........................................................................ 157,158
DEXAMETHASONE SODIUM PHOSPHATE ....................................... 241
DEXCOM G6 RECEIVER ................................................................. 216
DEXCOM G6 SENSOR .................................................................... 216
DEXCOM G6 TRANSMITTER .......................................................... 216
DEXCOM G7 RECEIVER ................................................................. 216
DEXCOM G7 SENSOR .................................................................... 216
dexlansoprazole ............................................................................. 267
dexamethasone ............................................................................. 157,158
dexmethylphenidate hcl ................................................................. 5
dextroamphetamine sulfate ............................................................. 3,4
diazepam ......................................................................................... 39
DIAZEPAM ...................................................................................... 39,50
diazepam (anticonvulsant) ............................................................... 50
diazoxide ......................................................................................... 67
DICLOFENAC EPOLAMINE ................................................................. 164
diclofenac potassium ..................................................................... 12
diclofenac sodium ......................................................................... 12
diclofenac sodium (actinic keratoses) .............................................. 166
diclofenac sodium (ophth) ............................................................... 240
diclofenac sodium (topical) ............................................................. 164
diclofenac w/ misoprostol ................................................................. 12
dicloxacillin sodium ..................................................................... 246
dicyclomine hcl ........................................................................... 266
DIDANOSINE .................................................................................. 131
DIFICID ............................................................................................. 215
DIFLORASONE DIACETATE ............................................................... 170
diflorsone diacetate ....................................................................... 170
diflunisal .......................................................................................... 15
difluprednate ...................................................................................... 241
digoxin ............................................................................................ 141
dihydroergotamine mesylate ........................................................... 224
DILANTIN ......................................................................................... 59
DILANTIN INFATABS ........................................................................ 59
diltiazem hcl .................................................................................. 138,139
diltiazem hcl coated beads ............................................................... 138,139
diltiazem hcl extended release beads ............................................ 139,140
dimethyl fumarate ........................................................................ 253
DIPENTUM ....................................................................................... 191
diphenhydramine hcl .................................................................... 79
diphenoxylate w/ atropine ............................................................... 75
DIPHENOXYLATE-ATROPINE ......................................................... 75
DIPHTHERIA-TETANUS TOXOIDS DT ............................................... 265
dipyridamole .................................................................................. 206
disopyramide phosphate ................................................................. 40
disulfiram ........................................................................................ 250
DIURIL ............................................................................................... 180
divalproex sodium .......................................................................... 60
dofetilide ......................................................................................... 40,41
DOJOLVI ........................................................................................... 236
donepezil hydrochloride ................................................................. 251
dorzolamide hcl ............................................................................ 239
dorzolamide hcl-timolol maleate, ................................................... 237
DOVATO ............................................................................................. 126
doxazosin mesylate .......................................................................... 90
doxepin hcl .................................................................................... 65
doxepin hcl (antipruritic) ................................................................. 166
doxercalciferol ............................................................................... 183
doxycycline (monohydrate) ............................................................. 258,259,260
doxycycline hyclate ........................................................................ 259,260
DRITHO-CREME HP ....................................................................... 166
dronabinol ....................................................................................... 78
DROPSAFE SAFETY SYRINGE/NEEDLE ........................................... 219
drospirenone-ethinyl estradiol ....................................................... 148,149,150,151,152
drospirenone-ethyl estradiol-levomefolate calcium ................................ 148,152
DROXIA ............................................................................................. 207
droxidopa ......................................................................................... 277
DRYSOL ............................................................................................. 174
DUAVEE ............................................................................................. 187
duloxetine hcl .................................................................................. 64
DUOPA ................................................................................................. 115
DUPIXENT ......................................................................................... 168
DURABASE ....................................................................................... 247
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page Numbers</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>estazolam</td>
<td>212</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens &amp; methyltestosterone</td>
<td>186</td>
<td></td>
</tr>
<tr>
<td>estradiol</td>
<td>187,188</td>
<td></td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate</td>
<td>186,187</td>
<td></td>
</tr>
<tr>
<td>estradiol vaginal</td>
<td>276,277</td>
<td></td>
</tr>
<tr>
<td>estradiol valerate</td>
<td>188</td>
<td></td>
</tr>
<tr>
<td>ESTRING</td>
<td>276</td>
<td></td>
</tr>
<tr>
<td>ESTROGEL</td>
<td>188</td>
<td></td>
</tr>
<tr>
<td>eszopiclone</td>
<td>213</td>
<td></td>
</tr>
<tr>
<td>ethacrynic acid</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>ethambutol hcl</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>ethosuximide</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>ethynodiol diacet &amp; eth estrad</td>
<td>148,149,152</td>
<td></td>
</tr>
<tr>
<td>etodolac</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>etonogestrel-ethinyl estradiol</td>
<td>153</td>
<td></td>
</tr>
<tr>
<td>ETOPOSIDE</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>etravirine</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>EURCISA</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td>EVAMIST</td>
<td>188</td>
<td></td>
</tr>
<tr>
<td>EVENITY</td>
<td>184</td>
<td></td>
</tr>
<tr>
<td>everolimus</td>
<td>102,103</td>
<td></td>
</tr>
<tr>
<td>everolimus (immunosuppressant)</td>
<td>230</td>
<td></td>
</tr>
<tr>
<td>EVOTAZ</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>EVRYSDI</td>
<td>236</td>
<td></td>
</tr>
<tr>
<td>EXELDERM</td>
<td>173</td>
<td></td>
</tr>
<tr>
<td>exemestane</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>EXKIVITY</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>EXODERM</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>ezetimibe</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>EZETIMIBE-ROSUVASTATIN</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>ezetimibe-simvastatin</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>FASENRA</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>FASENRA PEN</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>febuxostat</td>
<td>195</td>
<td></td>
</tr>
<tr>
<td>felbamate</td>
<td>57,58</td>
<td></td>
</tr>
<tr>
<td>FELBATOL</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>felodipine</td>
<td>139</td>
<td></td>
</tr>
<tr>
<td>FEMCAP</td>
<td>215</td>
<td></td>
</tr>
<tr>
<td>FEMRING</td>
<td>276,277</td>
<td></td>
</tr>
<tr>
<td>fenofibrate</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>fenofibrate micronized</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>FENOFLIBRIC ACID</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>FENOPROFEN CALCIUM</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>fenoprofen calcium</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>fentanyl</td>
<td>18,19</td>
<td></td>
</tr>
<tr>
<td>FENTANYL CITRATE</td>
<td>19,20,22</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate</td>
<td>19,20</td>
<td></td>
</tr>
<tr>
<td>FERRIPROX</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>FERRIPROX TWICE-A-DAY</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>fesoterodine fumarate</td>
<td>269</td>
<td></td>
</tr>
<tr>
<td>FETZIMA</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>FETZIMA TITRATION</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>finasteride</td>
<td>193</td>
<td></td>
</tr>
<tr>
<td>fingolimod hcl</td>
<td>256</td>
<td></td>
</tr>
<tr>
<td>FIRST-LANSOPRAZOLE</td>
<td>268</td>
<td></td>
</tr>
<tr>
<td>FIRST-OMEPRAZOLE</td>
<td>268</td>
<td></td>
</tr>
<tr>
<td>FIRVANQ</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>FITALITE</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td>FLAREX</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td>FLAVOR SWEET</td>
<td>246</td>
<td></td>
</tr>
<tr>
<td>flavoxate hcl</td>
<td>270</td>
<td></td>
</tr>
<tr>
<td>flecainide acetate</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>FLUAD</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>FLUAD QUADRIVALENT</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>FLUARIX QUADRIVALENT</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>FLUBLOK QUADRIVALENT</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>fluconazole</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>flucytosine</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>fluocortisone acetate</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td>FLULAVAL QUADRIVALENT</td>
<td>272,273</td>
<td></td>
</tr>
<tr>
<td>FLUMIST QUADRIVALENT</td>
<td>273</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>INTRON A</td>
<td>106,107</td>
<td></td>
</tr>
<tr>
<td>INVEGA HAFYERA</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>INVEGA SUSTENNA</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>INVEGA TRINZA</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>INVIRASE</td>
<td>129</td>
<td></td>
</tr>
<tr>
<td>IODOFLEX</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>iodoquinol-hc</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>IODOSORB</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>IOPIDINE</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td>IPOL</td>
<td>273</td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide (nasal)</td>
<td>235</td>
<td></td>
</tr>
<tr>
<td>ipratropium-albuterol</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>irbesartan</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>irbesartan-hydrochlorothiazide</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>ISENTRESS</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>ISENTRESS HD</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>ISONIAZID</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>isoniazid</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>isosorbide dinitrate</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>isosorbide dinitrate-hydralazine hcl</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>isotretinoin</td>
<td>162,163</td>
<td></td>
</tr>
<tr>
<td>ISOXSUPRINE HCL</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>isoxsuprine hcl</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>isradipine</td>
<td>139</td>
<td></td>
</tr>
<tr>
<td>itraconazole</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>ivermectin</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>ivermectin (rosacea)</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td>IXINITY</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>JENTADUETO</td>
<td>69</td>
</tr>
<tr>
<td>JENTADUETO XR</td>
<td>69</td>
</tr>
<tr>
<td>JIVI</td>
<td>201</td>
</tr>
<tr>
<td>JLIUCA</td>
<td>127</td>
</tr>
<tr>
<td>JUXTAPIR</td>
<td>84</td>
</tr>
<tr>
<td>JYNNEOS</td>
<td>274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-PHOS NO 2</td>
<td>195</td>
</tr>
<tr>
<td>KALYDECO</td>
<td>257</td>
</tr>
<tr>
<td>KATERZIA</td>
<td>139</td>
</tr>
<tr>
<td>KEPPRA</td>
<td>52</td>
</tr>
<tr>
<td>KEPPRA XR</td>
<td>52</td>
</tr>
<tr>
<td>KERALYT SCALP</td>
<td>173</td>
</tr>
<tr>
<td>KESIMPTA</td>
<td>253</td>
</tr>
<tr>
<td>ketoconazole</td>
<td>79</td>
</tr>
<tr>
<td>ketoconazole (topical)</td>
<td>173</td>
</tr>
<tr>
<td>KETOPROFEN</td>
<td>13</td>
</tr>
<tr>
<td>KETOPROFEN ER</td>
<td>13</td>
</tr>
<tr>
<td>ketorolac tromethamine</td>
<td>13</td>
</tr>
<tr>
<td>ketorolac tromethamine (ophth)</td>
<td>240</td>
</tr>
<tr>
<td>KINERET</td>
<td>11</td>
</tr>
<tr>
<td>KINRIX</td>
<td>265</td>
</tr>
<tr>
<td>KLOXXADO</td>
<td>77</td>
</tr>
<tr>
<td>KOATE</td>
<td>201</td>
</tr>
<tr>
<td>KOATE-DVI</td>
<td>201</td>
</tr>
<tr>
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<td>201</td>
</tr>
<tr>
<td>KOMBIGLYZE XR</td>
<td>69</td>
</tr>
<tr>
<td>KONVOMEP</td>
<td>267</td>
</tr>
<tr>
<td>KOSELUGO</td>
<td>101,102</td>
</tr>
<tr>
<td>KOVALTRY</td>
<td>201,202</td>
</tr>
<tr>
<td>KRAZATI</td>
<td>101</td>
</tr>
<tr>
<td>KRISGEL 100</td>
<td>248</td>
</tr>
<tr>
<td>KROGER HEALTHPRO LANCET 26G</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS 21G</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS MICRO THIN 33G</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS SUPER THIN</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS THIN</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS THIN 26G</td>
<td>217</td>
</tr>
<tr>
<td>KROGER LANCETS ULTRATHIN 30G</td>
<td>217</td>
</tr>
<tr>
<td>KYLEENA</td>
<td>155</td>
</tr>
</tbody>
</table>
memantine hcl .......................... 254
MENACTRA ................................ 271
MENEST .................................. 188,189
MENOSTAR ................................ 189
MENQUADFI .............................. 271
MENVEO .................................. 271
meprobamate ................................ 38
mercaptopurine ............................ 95
mesalamine ................................ 191
MESALAMINE ................................ 191
mesalamine w/ cleanser ........................ 191
MESNEX .................................... 113
metaxalone ................................ 234
metformin hcl ................................ 67
methadone hcl ................................ 23
methazolamide ................................ 179
methenamine hippurate .................... 36
methenamine-hyosc-methylene blue-sod phos-phenyl sal ......................................... 36
methimazole ................................ 260
methocarbamol ................................ 234
methotrexate sodium ......................... 95
METHOTREXATE SODIUM .................. 95
METHOXSALEN RAPID ..................... 166
methoxsalen rapid .......................... 166
methscopolamine bromide .................. 269
methsuximide ................................ 59
METHYLDOPA ................................ 90
methyl dopa .................................. 90
METHYLDOPA-HYDROCHLOROTHIAZIDE ... 87
methylergonovine maleate .................. 243
methylphenidate ................................ 5,6
methylphenidate hcl ........................ 6,7
METHYLPHENIDATE HCL ER ................ 7
METHYLPHENIDATE HCL ER (OSM) ........ 7
methylprednisolone ......................... 158
methylprednisolone sod succ ............... 158
methyltestosterone ......................... 32
metoclopramide hcl ......................... 190
METOCLOPRAMIDE HCL ................... 190
metolazone .................................. 180
metoprolol & hydrochlorothiazide ........... 91
metoprolol succinate ........................ 136
metoprolol tartrate ........................... 136
metronidazole ................................ 34
metronidazole (topical) ..................... 175
metronidazole vaginal ....................... 276
mexiletine hcl ................................ 40
MICONAZOLE-ZINC OXIDE-PETROLAT .... 165
MICROCHAMBER ............................ 222
MICROCYN SKIN AND WOUND .............. 176
MICROLET LANCETS ........................ 217
MICROSPACER ................................ 223
midazolam hcl ................................ 212
midodrine hcl ................................ 277
MIGLITOL .................................... 66
miglitol ....................................... 66
minocycline hcl ................................ 258,259,260
minoxidil ..................................... 92
MIRCERA ..................................... 208,209
MIRENA (52 MG) ............................ 155
mirtazapine ................................... 60
misoprostol .................................... 269
modafinil ...................................... 7
MODERNA COVID-19 BIVAL 6M-5Y ........ 274
MODERNA COVID-19 BIVAL BOOSTER ... 274
MODERNA COVID-19 BIVALENT ............ 274
MODERNAL COVID-19 VAC (BOOSTER) ...... 274
MODERNA COVID-19 VAC 6M-11Y .......... 274
MODERNA COVID-19 VACC 6M-11Y ......... 274
MODERNA COVID-19 VACC 6M-5Y .......... 274
MODERNA COVID-19 VACCINE ............. 274
moexipril hcl .................................. 86
MOLINDONE HCL ............................ 122
mometasone furoate ......................... 171,172
mometasone furoate (nasal)................. 235
MONOJECT INSULIN SYRINGE .............. 220
MONOJECT INTRODUCER NEEDLE .......... 220
MONOJECT MAGELLAN SAFETY NDL ....... 220
MONOJECT MAGELLAN SYRINGE ........... 220
MONOJECT ULTRA COMFORT SYRINGE ... 220
MONONINE ................................... 202
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NITROMIST</td>
<td>37</td>
</tr>
<tr>
<td>NIVA THYROID</td>
<td>263</td>
</tr>
<tr>
<td>NIVA-PLUS</td>
<td>233</td>
</tr>
<tr>
<td>NIVESTYM</td>
<td>210</td>
</tr>
<tr>
<td>NORDITROPIN FLEXPRO</td>
<td>182</td>
</tr>
<tr>
<td>norelgestromin-ethinyl estradiol</td>
<td>152</td>
</tr>
<tr>
<td>norethyn acet &amp; estrad-fe</td>
<td>147, 148, 149, 150, 151, 152</td>
</tr>
<tr>
<td>norethindrone &amp; eth estradiol</td>
<td>147, 148, 150, 151, 152</td>
</tr>
<tr>
<td>norethindrone &amp; ethinyl estradiol-fe</td>
<td>149, 151, 152</td>
</tr>
<tr>
<td>norethindrone (contraceptive)</td>
<td>155, 156</td>
</tr>
<tr>
<td>norethindrone acet &amp; eth estr</td>
<td>147, 148, 149, 150, 151</td>
</tr>
<tr>
<td>norethindrone acetate</td>
<td>250</td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol</td>
<td>187</td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol-fe</td>
<td>156</td>
</tr>
<tr>
<td>norethindrone-eth estradiol (trihpahic)</td>
<td>156</td>
</tr>
<tr>
<td>norgestimate-ethinyl estradiol</td>
<td>148, 150, 151, 152</td>
</tr>
<tr>
<td>norgestinate-ethinyl estradiol (trihpahic)</td>
<td>156, 157</td>
</tr>
<tr>
<td>norgestrel &amp; ethinyl estradiol</td>
<td>148, 150, 151, 152</td>
</tr>
<tr>
<td>NORLIQVA</td>
<td>140</td>
</tr>
<tr>
<td>NORPACE CR</td>
<td>40</td>
</tr>
<tr>
<td>norriptyline hcl</td>
<td>66</td>
</tr>
<tr>
<td>NORVIR</td>
<td>129</td>
</tr>
<tr>
<td>NOURILITE</td>
<td>248</td>
</tr>
<tr>
<td>NOURIVAN ANTIOX BASE</td>
<td>248</td>
</tr>
<tr>
<td>NOVACORT</td>
<td>175</td>
</tr>
<tr>
<td>NOVAXAV COVID-19 VACCINE</td>
<td>274</td>
</tr>
<tr>
<td>NOVOEIGHT</td>
<td>202</td>
</tr>
<tr>
<td>NP THYROID</td>
<td>263</td>
</tr>
<tr>
<td>NUCALIA</td>
<td>44</td>
</tr>
<tr>
<td>NUCYNTA</td>
<td>25</td>
</tr>
<tr>
<td>NUCYNTA ER</td>
<td>26</td>
</tr>
<tr>
<td>NUEDEXTA</td>
<td>255</td>
</tr>
<tr>
<td>NURTEC</td>
<td>223</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 10</td>
<td>182</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20</td>
<td>182</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 5</td>
<td>182</td>
</tr>
<tr>
<td>NUVESSA</td>
<td>276</td>
</tr>
<tr>
<td>NUWIQ</td>
<td>202, 203</td>
</tr>
<tr>
<td>nystatin</td>
<td>79</td>
</tr>
<tr>
<td>nystatin (mouth-throat)</td>
<td>232</td>
</tr>
<tr>
<td>nystatin (topical)</td>
<td>164, 165</td>
</tr>
</tbody>
</table>

nystatin-triamcinolone       | 165   |
NYVEPRIA                    | 210   |

O-CAL PRENATAL              | 233   |
OB COMPLETE/DHA             | 233   |
OBIZUR                      | 203   |
OCALIVA                     | 190   |
OCCLUVAN                    | 248   |
OCTREOTIDE ACETATE          | 185   |
octreotide acetate          | 185   |
ODEFSEY                     | 127   |
ODOMZO                      | 100   |
OFEV                        | 258   |
ofloxacin                   | 189   |
ofloxacin (ophth)           | 239   |
ofloxacin (otic)            | 242   |
OGESTREL                    | 151   |
olanzapine                  | 125   |
olmesartan medoxomil        | 89, 90|
olmesartan medoxomil-amlopidine-hydrochlorothiazide | 87, 88|
olmesartan medoxomil-hydrochlorothiazide | 89 |
olopatidine hcl             | 235   |
olopatidine hcl (nasal)     | 238   |
OLUMIANT                    | 9, 10 |
OMECLAMOX-PAK               | 269   |
oomega-3-acid ethyl esters  | 81    |
omepazole                   | 268   |
OMEPRAZOLE+SYRSPEND SF ALKA| 268   |
omepazole-sodium bicarbonate | 267  |
OMNARIS                     | 235   |
OMNIBASE                    | 248   |
OMNIPOD 5 G6 INTRO (GEN 5)  | 218   |
OMNIPOD 5 G6 PODS (GEN 5)   | 218   |
OMNIPOD 5 PACK              | 218   |
OMNIPOD CLASSIC PDM (GEN 3) | 218   |
OMNIPOD DASH INTRO (GEN 4)  | 218   |
OMNIPOD DASH PDM (GEN 4)    | 218   |
OMNIPOD DASH PODS (GEN 4)   | 218   |
OMNITROPE                   | 182   |
P

P-SILOXAN DS .................................................. 248
paliperidone .................................................. 120
PALYNZIQ ..................................................... 184
PANCREAZE .................................................... 178
PANRETIN ....................................................... 166
pantoprazole sodium .......................................... 268
PARAGARD INTRAUTERINE COPPER ...................... 153
PAREGORIC ...................................................... 76
PAREMYD ......................................................... 240
paricalcitol ..................................................... 183
paromomycin sulfate ............................................ 8
paroxetine hcl .................................................. 62,63
paroxetine mesylate (vasomotor) ............................ 257
PASER .......................................................... 93
PAXLOVID (150/100) ........................................... 132
PAXLOVID (300/100) ........................................... 132
PAZEO .......................................................... 238
pazopanib hcl ................................................... 104
PCCA ACACIA SYRUP BASE ............................... 246
PCCA ALADERM BASE ....................................... 248
PCCA ANHYDROUS LIPODERM BASE ....................... 248
PCCA BIOPEPTIDE BASE .................................... 248
PCCA COBASE #1 ............................................... 248
PCCA COSMETIC HRT BASE ............................... 248
PCCA CUSTOM LIPO-MAX .................................... 248
PCCA LIPODERM BASE ...................................... 248
PCCA LIPOSOMIC BASE DRY .................................. 248
PCCA LIPOSOMIC BASE NORMAL ......................... 248
PCCA LIPOSOMIC BASE OILY ............................... 248
PCCA LIPOSOMIC BASE SENSITIVE ....................... 249
PCCA MVC BASE ............................................... 249
PCCA NATACREAM ............................................ 249
PCCA POLYPEG BASE ........................................ 249
PCCA PRACASIL TM-PLUS BASE ......................... 249
PCCA SWEET-SF ............................................... 246
PCCA SYRUP VEHICLE ........................................ 246
PCCA VANISHING CREAM BASE ......................... 249
PCCA VANISHING CREAM LIGHT .......................... 249
PCCA VANPEN BASE .......................................... 249
PCCA-PLUS ....................................................... 246
PEDIARIX ......................................................... 265
PEDVAX HIB ..................................................... 271
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate ........... 214
peg 3350-potassium chloride-sod bicarbonate-sod chloride .... 214
PEG OINTMENT BASE ......................................... 249
PEG-PREP ......................................................... 214
PEGANONE ...................................................... 59
PEGASYS ........................................................ 133
PEGASYS PROCLICK ......................................... 134
PEGINTRON ..................................................... 134
PEMAZYRE ..................................................... 100
PEN NEEDLES .................................................. 220,221
PENBRAYA ...................................................... 271
PENCREAM ...................................................... 249
PENDERM ....................................................... 249
penicillamine ................................................... 227
PENICILLIN V POTASSIUM .................................... 245
penicillin v potassium ......................................... 245
PENSOMAL ...................................................... 249
PENTACEL ....................................................... 265
pentamidine isethionate ...................................... 34
PENTASA ......................................................... 191
pentazocine w/ naloxone ...................................... 31
PENTIPS ......................................................... 221
pentoxifylline .................................................. 206
PERINDOPRIL ERBUMINE .................................... 86
perindopril erbumine ......................................... 86
permethrin ...................................................... 175
perphenazine ................................................... 123
PERPHENAZINE-AMITRIPTYLINE ......................... 254
PETROLATUM WHITE .......................................... 249
PFIZER COVID-19 BIVAL 6MO-4YR ...................... 274
PFIZER COVID-19 VAC BIVAL 5-11 ....................... 274
PFIZER COVID-19 VAC BIVALENT ......................... 274
PFIZER COVID-19 VAC-TRIS 5-11Y ....................... 274
PFIZER COVID-19 VAC-TRIS 6M-4Y ...................... 275
PFIZER-BIONTECH COVID-19 VACC ....................... 275
PHARMABASE HEAVY .......................................... 249
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHARMACIST CHOICE LANCETS</td>
<td>218</td>
</tr>
<tr>
<td>PHEBURANE</td>
<td>185</td>
</tr>
<tr>
<td>phenazopyridine hcl</td>
<td>195</td>
</tr>
<tr>
<td>PHENELZINE SULFATE</td>
<td>61</td>
</tr>
<tr>
<td>phenelzine sulfate</td>
<td>61</td>
</tr>
<tr>
<td>phenobarbital</td>
<td>211,212</td>
</tr>
<tr>
<td>phenylephrine hcl (mydriatic)</td>
<td>237</td>
</tr>
<tr>
<td>phentoin</td>
<td>59</td>
</tr>
<tr>
<td>phentoin sodium extended</td>
<td>59</td>
</tr>
<tr>
<td>PHEXXI</td>
<td>276</td>
</tr>
<tr>
<td>PHOSLYRA</td>
<td>192</td>
</tr>
<tr>
<td>phytanadione</td>
<td>278</td>
</tr>
<tr>
<td>PIFELTRO</td>
<td>131</td>
</tr>
<tr>
<td>pilocarpine hcl</td>
<td>238</td>
</tr>
<tr>
<td>pilocarpine hcl (oral)</td>
<td>232</td>
</tr>
<tr>
<td>pimecrolimus</td>
<td>174</td>
</tr>
<tr>
<td>PIMOZIDE</td>
<td>255</td>
</tr>
<tr>
<td>pindolol</td>
<td>137</td>
</tr>
<tr>
<td>pioglitazone hcl</td>
<td>75</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl</td>
<td>75</td>
</tr>
<tr>
<td>PIQRAY (200 MG DAILY DOSE)</td>
<td>111</td>
</tr>
<tr>
<td>PIQRAY (250 MG DAILY DOSE)</td>
<td>111</td>
</tr>
<tr>
<td>PIQRAY (300 MG DAILY DOSE)</td>
<td>111</td>
</tr>
<tr>
<td>pirenidone</td>
<td>258</td>
</tr>
<tr>
<td>piroxicam</td>
<td>14</td>
</tr>
<tr>
<td>plerixafor</td>
<td>207</td>
</tr>
<tr>
<td>PLO GEL - MEDILO</td>
<td>249</td>
</tr>
<tr>
<td>PLO GEL - MEDILO 30</td>
<td>249</td>
</tr>
<tr>
<td>PNEUMOVAX 23</td>
<td>271</td>
</tr>
<tr>
<td>PNV TABS 29-1</td>
<td>233</td>
</tr>
<tr>
<td>PNV-DHA+DOCUSATE</td>
<td>234</td>
</tr>
<tr>
<td>PODOCON-25</td>
<td>173</td>
</tr>
<tr>
<td>podoflox</td>
<td>173</td>
</tr>
<tr>
<td>PODOFLOX</td>
<td>173</td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 8000</td>
<td>249</td>
</tr>
<tr>
<td>polymyxin b-trimethoprim</td>
<td>238</td>
</tr>
<tr>
<td>POMALYST</td>
<td>101</td>
</tr>
<tr>
<td>PONVORY</td>
<td>256</td>
</tr>
<tr>
<td>PONVORY STARTER PACK</td>
<td>256</td>
</tr>
<tr>
<td>posaconazole</td>
<td>79</td>
</tr>
<tr>
<td>pot &amp; sod citrates w/citric ac</td>
<td>194</td>
</tr>
<tr>
<td>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</td>
<td>226</td>
</tr>
<tr>
<td>potassium bicarbonate</td>
<td>226</td>
</tr>
<tr>
<td>potassium chloride</td>
<td>226,227</td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE ER</td>
<td>227</td>
</tr>
<tr>
<td>potassium chloride microencapsulated crystals</td>
<td>226,227</td>
</tr>
<tr>
<td>potassium citrate (alkalinizer)</td>
<td>194</td>
</tr>
<tr>
<td>potassium citrate-citric acid</td>
<td>194</td>
</tr>
<tr>
<td>potassium iodide (expectorant)</td>
<td>160</td>
</tr>
<tr>
<td>potassium phosphate monobasic</td>
<td>226</td>
</tr>
<tr>
<td>Povidone-Iodine</td>
<td>239</td>
</tr>
<tr>
<td>pramipexole dihydrochloride</td>
<td>116</td>
</tr>
<tr>
<td>PRAMOSONE</td>
<td>175,176</td>
</tr>
<tr>
<td>pramoxine-hcl</td>
<td>175</td>
</tr>
<tr>
<td>prasugrel hcl</td>
<td>207</td>
</tr>
<tr>
<td>pravastatin sodium</td>
<td>82,83</td>
</tr>
<tr>
<td>praziquantel</td>
<td>34</td>
</tr>
<tr>
<td>prazosin hcl</td>
<td>90,91</td>
</tr>
<tr>
<td>PRED FORTE</td>
<td>242</td>
</tr>
<tr>
<td>PRED MILD</td>
<td>242</td>
</tr>
<tr>
<td>PRED-G</td>
<td>241</td>
</tr>
<tr>
<td>PRED-G S.O.P.</td>
<td>241</td>
</tr>
<tr>
<td>PREDNICARBATE</td>
<td>172</td>
</tr>
<tr>
<td>prednisolone</td>
<td>158</td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE</td>
<td>242</td>
</tr>
<tr>
<td>prednisolone sodium phosphate</td>
<td>158</td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE</td>
<td>158,242</td>
</tr>
<tr>
<td>prednisone</td>
<td>158,159</td>
</tr>
<tr>
<td>PREDNISONE</td>
<td>159</td>
</tr>
<tr>
<td>PREDNISONE INTENSOL</td>
<td>159</td>
</tr>
<tr>
<td>PREDNISONE INTENSOL</td>
<td>159</td>
</tr>
<tr>
<td>PREFEST</td>
<td>187</td>
</tr>
<tr>
<td>pregabalin</td>
<td>55</td>
</tr>
<tr>
<td>pregabalin (once-daily)</td>
<td>254</td>
</tr>
<tr>
<td>PREHEVBRIO</td>
<td>275</td>
</tr>
<tr>
<td>PREMARIN</td>
<td>189,277</td>
</tr>
<tr>
<td>PREMPHASO</td>
<td>187</td>
</tr>
<tr>
<td>PREMPHASE</td>
<td>187</td>
</tr>
<tr>
<td>PREMRO</td>
<td>233</td>
</tr>
<tr>
<td>PRENATAL</td>
<td>233</td>
</tr>
<tr>
<td>PRENATAL 19</td>
<td>233</td>
</tr>
<tr>
<td>PRENATAL PLUS</td>
<td>233</td>
</tr>
</tbody>
</table>

PAGE 299  LAST UPDATED 04/2024
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Plus Iron</td>
<td>233</td>
</tr>
<tr>
<td>Prenatal Plus Vitamin/Mineral</td>
<td>233</td>
</tr>
<tr>
<td>Prenatal Vitamin Plus Low Iron</td>
<td>233</td>
</tr>
<tr>
<td>Preplus</td>
<td>233</td>
</tr>
<tr>
<td>Pretab</td>
<td>233</td>
</tr>
<tr>
<td>Pretomanid</td>
<td>93</td>
</tr>
<tr>
<td>Prevnar 13</td>
<td>271</td>
</tr>
<tr>
<td>Prevnar 20</td>
<td>271</td>
</tr>
<tr>
<td>Prevymis</td>
<td>133</td>
</tr>
<tr>
<td>Prezcobix</td>
<td>127</td>
</tr>
<tr>
<td>Prezista</td>
<td>130</td>
</tr>
<tr>
<td>Priftin</td>
<td>93</td>
</tr>
<tr>
<td>Priosec</td>
<td>268</td>
</tr>
<tr>
<td>Primaquine Phosphate</td>
<td>92</td>
</tr>
<tr>
<td>Primidone</td>
<td>55</td>
</tr>
<tr>
<td>Primidone</td>
<td>55</td>
</tr>
<tr>
<td>Priorix</td>
<td>271</td>
</tr>
<tr>
<td>Pro Comfort Pen Needles</td>
<td>221</td>
</tr>
<tr>
<td>Probenecid</td>
<td>195</td>
</tr>
<tr>
<td>Prochamber VHC</td>
<td>223</td>
</tr>
<tr>
<td>Prochlorperazine</td>
<td>123</td>
</tr>
<tr>
<td>Prochlorperazine Maleate</td>
<td>123</td>
</tr>
<tr>
<td>Procrit</td>
<td>209</td>
</tr>
<tr>
<td>Proctofoam Hc</td>
<td>33</td>
</tr>
<tr>
<td>Progesterone</td>
<td>250</td>
</tr>
<tr>
<td>Promacta</td>
<td>211</td>
</tr>
<tr>
<td>Promethazine &amp; Phenylephrine</td>
<td>160</td>
</tr>
<tr>
<td>Promethazine Hcl</td>
<td>80</td>
</tr>
<tr>
<td>Promethazine Vc</td>
<td>160</td>
</tr>
<tr>
<td>Promethazine Vc/Codeine</td>
<td>161</td>
</tr>
<tr>
<td>Promethazine W/Codeine</td>
<td>161</td>
</tr>
<tr>
<td>Promethazine-dm</td>
<td>160</td>
</tr>
<tr>
<td>Promethazine-phenylephrine-codeine</td>
<td>161</td>
</tr>
<tr>
<td>Propafenone Hcl</td>
<td>40</td>
</tr>
<tr>
<td>Propantheline Bromide</td>
<td>269</td>
</tr>
<tr>
<td>Proparacaine Hcl</td>
<td>240</td>
</tr>
<tr>
<td>Propranolol Hcl</td>
<td>137</td>
</tr>
<tr>
<td>Propranolol Hcl</td>
<td>137</td>
</tr>
<tr>
<td>Propranolol-Hctz</td>
<td>91</td>
</tr>
<tr>
<td>Propylthiouracil</td>
<td>260</td>
</tr>
<tr>
<td>Proquad</td>
<td>271</td>
</tr>
<tr>
<td>Prostin E2</td>
<td>243</td>
</tr>
<tr>
<td>Protriptyline Hcl</td>
<td>66</td>
</tr>
<tr>
<td>Provida Ob</td>
<td>233</td>
</tr>
<tr>
<td>Provocholine</td>
<td>176</td>
</tr>
<tr>
<td>Pulmozyme</td>
<td>258</td>
</tr>
<tr>
<td>Purified Water</td>
<td>247</td>
</tr>
<tr>
<td>Purixan</td>
<td>95</td>
</tr>
<tr>
<td>Pyrazinamide</td>
<td>93</td>
</tr>
<tr>
<td>Pyridostigmine Bromide</td>
<td>92</td>
</tr>
<tr>
<td>Qbrelis</td>
<td>86</td>
</tr>
<tr>
<td>Qinlock</td>
<td>104</td>
</tr>
<tr>
<td>Qnasl</td>
<td>235</td>
</tr>
<tr>
<td>Qnasl Childrens</td>
<td>235</td>
</tr>
<tr>
<td>Quadracel</td>
<td>265</td>
</tr>
<tr>
<td>Quazepam</td>
<td>212</td>
</tr>
<tr>
<td>Quetiapine Fumarate</td>
<td>122</td>
</tr>
<tr>
<td>Quickvue Sars Antigen Test</td>
<td>177</td>
</tr>
<tr>
<td>Quillaclew Er</td>
<td>7</td>
</tr>
<tr>
<td>Quillivant Xr</td>
<td>7</td>
</tr>
<tr>
<td>Quinapril Hcl</td>
<td>86</td>
</tr>
<tr>
<td>Quinapril-Hydrochlorothiazide</td>
<td>87</td>
</tr>
<tr>
<td>Quinidine Gluconate</td>
<td>40</td>
</tr>
<tr>
<td>Quinidine Sulfate</td>
<td>40</td>
</tr>
<tr>
<td>Quinidine Sulfate</td>
<td>40</td>
</tr>
<tr>
<td>Quinine Sulfate</td>
<td>92</td>
</tr>
<tr>
<td>Qulipta</td>
<td>223</td>
</tr>
<tr>
<td>Qvar Redihaler</td>
<td>45</td>
</tr>
<tr>
<td>Rabeprazole Sodium</td>
<td>268</td>
</tr>
<tr>
<td>Radicava Ors</td>
<td>236</td>
</tr>
<tr>
<td>Radicava Ors Starter Kit</td>
<td>236</td>
</tr>
<tr>
<td>Radiogardase</td>
<td>76</td>
</tr>
<tr>
<td>Raloxifene Hcl</td>
<td>184</td>
</tr>
<tr>
<td>Ramelteon</td>
<td>214</td>
</tr>
<tr>
<td>Ramipril</td>
<td>86</td>
</tr>
<tr>
<td>Ranitidine Hcl</td>
<td>267</td>
</tr>
<tr>
<td>Ranolazine</td>
<td>36</td>
</tr>
<tr>
<td>Rasagiline Mesylate</td>
<td>114</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT</td>
<td>43</td>
</tr>
<tr>
<td>-------------------</td>
<td>----</td>
</tr>
<tr>
<td>SUBLOCADE</td>
<td>31</td>
</tr>
<tr>
<td>SUBSYS</td>
<td>28,29</td>
</tr>
<tr>
<td>sucralfate</td>
<td>267</td>
</tr>
<tr>
<td>sulfacetamide sodium</td>
<td>167,168</td>
</tr>
<tr>
<td>SULFACETAMIDE SODIUM</td>
<td>242</td>
</tr>
<tr>
<td>sulfacetamide sodium (acne)</td>
<td>161</td>
</tr>
<tr>
<td>sulfacetamide sodium (ophth)</td>
<td>242</td>
</tr>
<tr>
<td>sulfacetamide sodium w/ sulfur</td>
<td>161,162</td>
</tr>
<tr>
<td>SULFACETAMIDE-PREDNISOLONE</td>
<td>241</td>
</tr>
<tr>
<td>SULFADIAZINE</td>
<td>258</td>
</tr>
<tr>
<td>sulfadiazine</td>
<td>258</td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim</td>
<td>34,35</td>
</tr>
<tr>
<td>SULFAMYLON</td>
<td>168</td>
</tr>
<tr>
<td>sulfasalazine</td>
<td>191</td>
</tr>
<tr>
<td>sulindac</td>
<td>14</td>
</tr>
<tr>
<td>sumatriptan</td>
<td>224</td>
</tr>
<tr>
<td>sumatriptan succinate</td>
<td>224,225</td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE</td>
<td>225</td>
</tr>
<tr>
<td>sunitinib malate</td>
<td>104</td>
</tr>
<tr>
<td>SUNLENCA</td>
<td>127</td>
</tr>
<tr>
<td>SUNOSI</td>
<td>5</td>
</tr>
<tr>
<td>SUPRAX</td>
<td>146</td>
</tr>
<tr>
<td>SURE COMFORT INSULIN SYRINGE</td>
<td>221</td>
</tr>
<tr>
<td>SURE COMFORT PEN NEEDLES</td>
<td>221</td>
</tr>
<tr>
<td>SUSPENSION VEHICLE</td>
<td>247</td>
</tr>
<tr>
<td>SUSTOL</td>
<td>77</td>
</tr>
<tr>
<td>SYMBICORT</td>
<td>41</td>
</tr>
<tr>
<td>SYMDEKO</td>
<td>257,258</td>
</tr>
<tr>
<td>SYMJEPI</td>
<td>277</td>
</tr>
<tr>
<td>SYMLINPEN 120</td>
<td>66</td>
</tr>
<tr>
<td>SYMLINPEN 60</td>
<td>66</td>
</tr>
<tr>
<td>SYMPROIC</td>
<td>192</td>
</tr>
<tr>
<td>SYMTUZA</td>
<td>127</td>
</tr>
<tr>
<td>SYNAGIS</td>
<td>244</td>
</tr>
<tr>
<td>SYNERA</td>
<td>176</td>
</tr>
<tr>
<td>SYNJARDY</td>
<td>73</td>
</tr>
<tr>
<td>SYNJARDY XR</td>
<td>73,74</td>
</tr>
<tr>
<td>SYNTHROID</td>
<td>263</td>
</tr>
<tr>
<td>SYRPALTA</td>
<td>247</td>
</tr>
<tr>
<td>SYRPALTA (RED)</td>
<td>247</td>
</tr>
<tr>
<td>SYRUP VEHICLE</td>
<td>247</td>
</tr>
<tr>
<td>SYRUP VEHICLE SF</td>
<td>247</td>
</tr>
</tbody>
</table>

T

| TABLOID           | 95 |
| TABRECTA          | 102 |
| tacrolimus        | 230 |
| tacrolimus (topical) | 174 |
| tadalafil (pulmonary hypertension) | 144 |
| TAFINLAR          | 98 |
| tafamidis         | 242 |
| TAGRISSO          | 99 |
| TALTZ             | 167 |
| TAZONEX           | 111 |
| tamoxifen citrate | 94 |
| tamsulosin hcl    | 193 |
| TASIPLENSE         | 97 |
| tazarotene        | 166 |
| TAZVERIK          | 102 |
| TDM SOLUTION      | 246 |
| TDVAX             | 265 |
| TEGRETOL          | 56 |
| TEGRETOL-XR       | 56 |
| TEKTURNA HCT      | 91,92 |
| telmisartan       | 90 |
| TELMISARTAN-AMLODIPINE | 88 |
| telmisartan-amloprim | 88 |
| telmisartan-hydrochlothiazide | 89 |
| temazepam         | 212 |
| TEMBEXA           | 134 |
| TEMIXYS           | 127 |
| temozolomide      | 108 |
| TENCON            | 15 |
| TENIVAC           | 265 |
| tenofovir disoproxil fumarate | 132 |
| TEPMETA            | 102 |
| terazosin hcl     | 91 |
| terbinafine hcl   | 79 |
| terbutaline sulfate | 43 |

PAGE 303 LAST UPDATED 04/2024
<table>
<thead>
<tr>
<th>Drug</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>terconazole vaginal</td>
<td>276</td>
</tr>
<tr>
<td>teriflunomide</td>
<td>252</td>
</tr>
<tr>
<td>TERIPARATIDE (RECOMBINANT)</td>
<td>184</td>
</tr>
<tr>
<td>TERODERM</td>
<td>249</td>
</tr>
<tr>
<td>TERODERM-PLUS</td>
<td>249</td>
</tr>
<tr>
<td>testosterone</td>
<td>32,33</td>
</tr>
<tr>
<td>TESTOSTERONE</td>
<td>32,33</td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td>32,33</td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE</td>
<td>33</td>
</tr>
<tr>
<td>TESTOSTERONE ENANTHATE</td>
<td>33</td>
</tr>
<tr>
<td>TETANUS-DIPHTHERIA TOXOIDS TD</td>
<td>265</td>
</tr>
<tr>
<td>tetranbenazine</td>
<td>252</td>
</tr>
<tr>
<td>tetracaine hcl (ophth)</td>
<td>240</td>
</tr>
<tr>
<td>tetracycline hcl</td>
<td>260</td>
</tr>
<tr>
<td>TEXACORT</td>
<td>172</td>
</tr>
<tr>
<td>TEZSPIRE</td>
<td>46</td>
</tr>
<tr>
<td>THALOMID</td>
<td>227</td>
</tr>
<tr>
<td>THEO-24</td>
<td>46</td>
</tr>
<tr>
<td>theophylline</td>
<td>46</td>
</tr>
<tr>
<td>thioridazine hcl</td>
<td>123</td>
</tr>
<tr>
<td>thiothixene</td>
<td>125</td>
</tr>
<tr>
<td>THYROID</td>
<td>263,264,265</td>
</tr>
<tr>
<td>thyroid</td>
<td>264</td>
</tr>
<tr>
<td>tiagabine hcl</td>
<td>59</td>
</tr>
<tr>
<td>timolol maleate</td>
<td>138</td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td>237</td>
</tr>
<tr>
<td>tinidazole</td>
<td>34</td>
</tr>
<tr>
<td>TIVICAY</td>
<td>128,129</td>
</tr>
<tr>
<td>TIVICAY PD</td>
<td>129</td>
</tr>
<tr>
<td>tizanidine hcl</td>
<td>234,235</td>
</tr>
<tr>
<td>TOBI PODHALER</td>
<td>8</td>
</tr>
<tr>
<td>TOBRADEX</td>
<td>241</td>
</tr>
<tr>
<td>TOBRADEX ST</td>
<td>241</td>
</tr>
<tr>
<td>tobramycin</td>
<td>8</td>
</tr>
<tr>
<td>tobramycin (ophth)</td>
<td>239</td>
</tr>
<tr>
<td>tobramycin-dexamethasone</td>
<td>241</td>
</tr>
<tr>
<td>TOBREX</td>
<td>239</td>
</tr>
<tr>
<td>TOLAK</td>
<td>165</td>
</tr>
<tr>
<td>TOLBUTAMIDE</td>
<td>75</td>
</tr>
<tr>
<td>tolcapone</td>
<td>114</td>
</tr>
<tr>
<td>TOLMETIN SODIUM</td>
<td>14</td>
</tr>
<tr>
<td>tolterodine tarrate</td>
<td>270</td>
</tr>
<tr>
<td>TOPAMAX</td>
<td>56</td>
</tr>
<tr>
<td>TOPAMAX SPRINKLE</td>
<td>56</td>
</tr>
<tr>
<td>topiramin</td>
<td>56,57</td>
</tr>
<tr>
<td>toremifene citrate</td>
<td>94</td>
</tr>
<tr>
<td>torsemide</td>
<td>179</td>
</tr>
<tr>
<td>TPOXX</td>
<td>134</td>
</tr>
<tr>
<td>TRACLEER</td>
<td>144</td>
</tr>
<tr>
<td>TRADJENTA</td>
<td>68</td>
</tr>
<tr>
<td>tramadol hcl</td>
<td>29</td>
</tr>
<tr>
<td>TRAMADOL HCL (ER BIPHASIC)</td>
<td>29</td>
</tr>
<tr>
<td>tramadol-acetaminophen</td>
<td>32</td>
</tr>
<tr>
<td>trandolapril</td>
<td>86</td>
</tr>
<tr>
<td>trandolapril-verapamil hcl</td>
<td>85</td>
</tr>
<tr>
<td>TRANDOLAPRIL-VERAPAMIL HCL ER</td>
<td>85</td>
</tr>
<tr>
<td>tranexamic acid</td>
<td>211</td>
</tr>
<tr>
<td>tranylicypromine sulfate</td>
<td>61</td>
</tr>
<tr>
<td>travoprost</td>
<td>242</td>
</tr>
<tr>
<td>trazodone hcl</td>
<td>63</td>
</tr>
<tr>
<td>TRECATOR</td>
<td>93</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA</td>
<td>41</td>
</tr>
<tr>
<td>TREMFYA</td>
<td>167</td>
</tr>
<tr>
<td>treprostinil</td>
<td>143</td>
</tr>
<tr>
<td>tretinoin</td>
<td>163</td>
</tr>
<tr>
<td>tretinoin (chemotherapy)</td>
<td>112</td>
</tr>
<tr>
<td>tretinoin microsphere</td>
<td>163</td>
</tr>
<tr>
<td>triamcinolone acetonide (mouth)</td>
<td>232</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical)</td>
<td>172</td>
</tr>
<tr>
<td>triamterene</td>
<td>179,180</td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide</td>
<td>179</td>
</tr>
<tr>
<td>triazolam</td>
<td>212</td>
</tr>
<tr>
<td>TRICARE</td>
<td>233</td>
</tr>
<tr>
<td>TRICARE</td>
<td>233</td>
</tr>
<tr>
<td>TRICARE</td>
<td>246</td>
</tr>
<tr>
<td>trientine hcl</td>
<td>228</td>
</tr>
<tr>
<td>trifluoperazine hcl</td>
<td>123</td>
</tr>
<tr>
<td>TRIFLURIDINE</td>
<td>239</td>
</tr>
<tr>
<td>TRIHEXYPHENIDYL HCL</td>
<td>114</td>
</tr>
<tr>
<td>trihexyphenidyl hcl</td>
<td>114</td>
</tr>
<tr>
<td>TRIJARDY XR</td>
<td>72,73</td>
</tr>
<tr>
<td>TRIKAFTA</td>
<td>258</td>
</tr>
<tr>
<td>TRILEPTAL</td>
<td>57</td>
</tr>
<tr>
<td>Drug/Compound</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>trimethobenzamide hcl</td>
<td>78</td>
</tr>
<tr>
<td>trimethoprim</td>
<td>34</td>
</tr>
<tr>
<td>trimipramine maleate</td>
<td>66</td>
</tr>
<tr>
<td>TRINATAL RX 1</td>
<td>233</td>
</tr>
<tr>
<td>TRINTELLIX</td>
<td>63</td>
</tr>
<tr>
<td>TRIUMEQ</td>
<td>127</td>
</tr>
<tr>
<td>TRIUMEQ PD</td>
<td>127</td>
</tr>
<tr>
<td>TRIVEEN-DUO DHA</td>
<td>234</td>
</tr>
<tr>
<td>tropicamide</td>
<td>237</td>
</tr>
<tr>
<td>trosipium chloride</td>
<td>270</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 26G</td>
<td>218</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 28G</td>
<td>218</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 30G</td>
<td>218</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 33G</td>
<td>218</td>
</tr>
<tr>
<td>TRUEPLUS SAFETY LANCETS 28G</td>
<td>218</td>
</tr>
<tr>
<td>TRULANCE</td>
<td>190</td>
</tr>
<tr>
<td>TRULICITY</td>
<td>72</td>
</tr>
<tr>
<td>TRUMENBA</td>
<td>271</td>
</tr>
<tr>
<td>TRUSELTIQ (100MG DAILY DOSE)</td>
<td>100</td>
</tr>
<tr>
<td>TRUSELTIQ (125MG DAILY DOSE)</td>
<td>100</td>
</tr>
<tr>
<td>TRUSELTIQ (50MG DAILY DOSE)</td>
<td>100</td>
</tr>
<tr>
<td>TRUSELTIQ (75MG DAILY DOSE)</td>
<td>100</td>
</tr>
<tr>
<td>TUKYSA</td>
<td>95,96</td>
</tr>
<tr>
<td>TURALIO</td>
<td>104</td>
</tr>
<tr>
<td>TURPENTINE</td>
<td>174</td>
</tr>
<tr>
<td>TUZISTRA XR</td>
<td>161</td>
</tr>
<tr>
<td>TWINRIX</td>
<td>271</td>
</tr>
<tr>
<td>TYBLUME</td>
<td>152</td>
</tr>
<tr>
<td>TYBOST</td>
<td>132</td>
</tr>
<tr>
<td>TYMLOS</td>
<td>184</td>
</tr>
<tr>
<td>urea</td>
<td>172</td>
</tr>
<tr>
<td>ursodiol</td>
<td>190</td>
</tr>
<tr>
<td>V</td>
<td></td>
</tr>
<tr>
<td>valacyclovir hcl</td>
<td>134</td>
</tr>
<tr>
<td>VALCHLOR</td>
<td>165</td>
</tr>
<tr>
<td>valganciclovir hcl</td>
<td>133</td>
</tr>
<tr>
<td>valproate sodium</td>
<td>60</td>
</tr>
<tr>
<td>valproic acid</td>
<td>60</td>
</tr>
<tr>
<td>valsartan</td>
<td>90</td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide</td>
<td>89</td>
</tr>
<tr>
<td>VALTOCO 10 MG DOSE</td>
<td>50</td>
</tr>
<tr>
<td>VALTOCO 15 MG DOSE</td>
<td>51</td>
</tr>
<tr>
<td>VALTOCO 20 MG DOSE</td>
<td>51</td>
</tr>
<tr>
<td>VALTOCO 5 MG DOSE</td>
<td>51</td>
</tr>
<tr>
<td>vancomycin hcl</td>
<td>35</td>
</tr>
<tr>
<td>VANDAZOLE</td>
<td>276</td>
</tr>
<tr>
<td>VANISH-PEN</td>
<td>249</td>
</tr>
<tr>
<td>VANISHING</td>
<td>250</td>
</tr>
<tr>
<td>VANISHING CREAM BOTANICAL BASE</td>
<td>250</td>
</tr>
<tr>
<td>VANTAS</td>
<td>110</td>
</tr>
<tr>
<td>VAQTA</td>
<td>276</td>
</tr>
<tr>
<td>varenicline tartrate</td>
<td>255,256</td>
</tr>
<tr>
<td>VARIVAX</td>
<td>276</td>
</tr>
<tr>
<td>VARUBI (180 MG DOSE)</td>
<td>78</td>
</tr>
<tr>
<td>VAXELIS</td>
<td>265</td>
</tr>
<tr>
<td>VAXNEUVANCE</td>
<td>271</td>
</tr>
<tr>
<td>VECAMYL</td>
<td>91</td>
</tr>
<tr>
<td>VELIVET</td>
<td>157</td>
</tr>
<tr>
<td>VELPHORO</td>
<td>193</td>
</tr>
<tr>
<td>VELTASSA</td>
<td>231</td>
</tr>
<tr>
<td>VENCLEXTA</td>
<td>96</td>
</tr>
<tr>
<td>VENCLEXTA STARTING PACK</td>
<td>96</td>
</tr>
<tr>
<td>venlafaxine hcl</td>
<td>64</td>
</tr>
<tr>
<td>verapamil hcl</td>
<td>140,141</td>
</tr>
<tr>
<td>VEREGEN</td>
<td>164</td>
</tr>
<tr>
<td>VERSACLOZ</td>
<td>121</td>
</tr>
<tr>
<td>VERSAFREE</td>
<td>247</td>
</tr>
<tr>
<td>VERSAPLUS</td>
<td>247</td>
</tr>
<tr>
<td>VERSAPRO</td>
<td>250</td>
</tr>
<tr>
<td>VERSATILE CREAM BASE</td>
<td>250</td>
</tr>
</tbody>
</table>
Zafirlukast ........................................... 44
zaleplon ............................................. 213
ZARXIO ............................................. 210
ZEJULA .............................................. 111,112
ZELAPAR .......................................... 114
ZELBORAF .......................................... 98
ZENPEP ............................................. 178
ZEPOSIA ............................................. 256
ZEPOSIA 7-DAY STARTER PACK ............... 256
ZEPOSIA STARTER KIT ............................. 256
zidovudine .......................................... 132
ZIEXTENZO ......................................... 211
ZIMHI ................................................ 77
ziprasidone hcl ...................................... 118
ZIRGAN ............................................. 239
ZITHRANOL .......................................... 166
ZOLADEX ............................................ 110
ZOLINZA ........................................... 101
ZOLMITRIPTAN ...................................... 225
zolmitriptan ........................................ 225
ZOLPIMIST .......................................... 213
zolpidem tartrate .................................. 213
ZOLPIMIST .......................................... 213
ZONEGRAN .......................................... 57
zonisamide .......................................... 57
ZONTIVITY .......................................... 206
ZORYVE .............................................. 166
ZOSTAVAX .......................................... 276
ZUBSOLV ............................................ 32
ZUPLENZ ............................................ 77
ZURZUVAE .......................................... 61
ZYCLARA PUMP ..................................... 173
ZYDELIG ............................................. 111
ZYLET ................................................ 241
ZYPREXA RELPREVV ................................ 125