How to use the Preferred Drug List

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

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

- **Tier 0:** Preventive Drugs required by the Affordable Care Act (ACA)
- **Tier 1:** Preferred Generics
- **Tier 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)

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

**HOW DRUGS ARE CHOSEN FOR THE PDL**

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

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

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

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to drug 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 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.

**PREVENTIVE DRUGS**

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

**PRIOR AUTHORIZATION (PA)**

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

**QUANTITY LIMIT (QL)**

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

**THERAPEUTIC INTERCHANGE (TI)**

Therapeutic interchange is the practice of replacing, with your physician’s approval, a prescription medication originally prescribed with a chemically different medication. Medications used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed and administered by a team of physicians, pharmacists, and other medical practitioners who are experts in the diagnosis and treatment of disease. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

**AGE**

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

**BRAND-GENERIC CHARGE (Ancillary Charge)**

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

**GENERIC MANDATORY PLAN**

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

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

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

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

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

- **Quantity Limit**: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
- **Prior Authorization**: You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **Step Therapy**: In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **Gender Limit**: This prescription drug may only be covered for a single gender.
- **Age Limit**: This prescription drug may only be covered if you meet the minimum or maximum age limit.
- **Max Fill Limit**: There is a limit on the number of times this drug can be refilled.
- **Max Days Supply**: There is a limit on the amount of this drug that is covered.
- **Specialty Drug**: Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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LAST UPDATED 05/2021
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**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - CI’S**

CITRUS BERGAMOT 250 MG/0.25GM POWDER *citrus bergamot* 3

**ALTERNATIVE MEDICINE - RE’S**

RED YEAST RICE 500 MG/0.5GM POWDER *red yeast rice extract* 3

**AMINOGLYCOSIDES**

*gentamicin sulfate 40 mg/ml solution* 3

*neomycin sulfate 500 mg tab* 1

PAROMOMYCIN SULFATE 250 MG CAP *paromomycin sulfate* 1

*paromomycin sulfate 250 mg cap* 1

TOBI PODHALER 28 MG CAP *tobramycin* 4

*tobramycin 300 mg/5ml nebu soln* 4

**ANALGESICS - ANTI-INFLAMMATORY**

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

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

HUMIRA 10 MG/0.2ML PREF SY KT *adalimumab* 4
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**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

| ENBREL 25 MG RECON SOLN | 4 PA S | Specialty Drug |
| etanercept | | |
| ENBREL 25 MG/0.5ML SOLN PRSYR | 4 PA S | Specialty Drug |
| etanercept | | |
| ENBREL 25 MG/0.5ML SOLUTION | 4 PA S | Specialty Drug |
| etanercept | | |
| ENBREL 50 MG/ML SOLN PRSYR | 4 PA S | Specialty Drug |
| etanercept | | |
| ENBREL MINI 50 MG/ML SOLN CART | 4 PA S | Specialty Drug |
| etanercept | | |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | 4 PA S | Specialty Drug |
| etanercept | | |

**ANALGESICS - NONNARCOTIC**

**ANALGESICS-SEDATIVES**

<p>| bac 50-325-40 mg tab | 1 |
| butalbital-acetaminophen 50-325 mg tab | 1 |
| butalbital-apap 50-325 mg tab | 1 |
| butalbital-apap-caffeine 50-325-40 mg cap | 1 |
| butalbital-apap-caffeine 50-325-40 mg tab | 1 |
| butalbital-aspirin-caffeine 50-325-40 mg cap | 1 |
| capacet 50-325-40 mg cap | 1 |
| esgic 50-325-40 mg cap | 1 |
| marten-tab 50-325 mg tab | 1 |</p>
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<td></td>
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PAGE 17  
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<td>MFL 1 / 60 DAYS</td>
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<td>MDS1 7 / 1 day(s)</td>
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MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| CODEINE SULFATE 60 MG TAB | 1 | QL 180 / 30 DAYS  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| codeine sulfate 60 mg tab | 1 | QL 180 / 30 DAYS  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| fentanyl 100 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 12 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 25 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 37.5 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 50 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 62.5 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 75 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| fentanyl 87.5 mcg/hr patch 72hr | 1 | QL 15 / 30 DAYS  
PA |
| FENTANYL CITRATE 100 MCG TAB | 2 | QL 112 / 28 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
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| fentanyl citrate 1600 mcg loz handle | 2 | QL 30 / 30 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| fentanyl citrate 200 mcg loz handle | 2 | QL 120 / 30 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| FENTANYL CITRATE 200 MCG TAB  
fentanyl citrate | 2 | QL 112 / 28 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| fentanyl citrate 400 mcg loz handle | 2 | QL 120 / 30 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| FENTANYL CITRATE 400 MCG TAB  
fentanyl citrate | 2 | QL 112 / 28 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| fentanyl citrate 600 mcg loz handle | 2 | QL 120 / 30 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| FENTANYL CITRATE 600 MCG TAB  
fentanyl citrate | 2 | QL 112 / 28 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
| fentanyl citrate 800 mcg loz handle | 2 | QL 120 / 30 DAYS  
PA  
MFL 1 / 60 DAYS  
MDS1 7 / 1 DAY |
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<td>OPIOID COMBINATIONS</td>
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<td>oxycodone-acetaminophen 2.5-325 mg tab</td>
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<td>MFL 1 / 60 DAYS</td>
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<td>OXYCODONE-ASPIRIN 4.8355-325 MG TAB oxycodone-aspirin</td>
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<td></td>
<td></td>
<td>MDS1 7 / 1 DAY</td>
</tr>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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| 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  
MDS1 7 / 1 DAY |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA 150 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 300 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 450 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 600 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 75 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 750 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BELBUCA 900 MCG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BUNAVAIL 2.1-0.3 MG FILM | 3 | QL 30 / 30 DAYS  
ST |
| BUNAVAIL 4.2-0.7 MG FILM | 3 | QL 30 / 30 DAYS  
ST |
| BUNAVAIL 6.3-1 MG FILM | 3 | QL 60 / 30 DAYS  
ST |
| BUPRENORPHINE 10 MCG/HR PATCH WK | 2 | QL 4 / 28 DAYS  
buprenorphine |
| | | QL 4 / 28 DAYS  
buprenorphine 10 mcg/hr patch wk |
| | | QL 4 / 28 DAYS  
buprenorphine 15 MCG/HR PATCH WK |
| | | QL 4 / 28 DAYS  
buprenorphine |
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<td>BUPRENORPHINE 20 MCG/HR PATCH WK</td>
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<td>BUPRENORPHINE 5 MCG/HR PATCH WK</td>
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<td>QL 4 / 28 DAYS</td>
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<td>buprenorphine 7.5 mcg/hr patch wk</td>
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<tr>
<td>buprenorphine hcl 8 mg sl tab</td>
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<td>buprenorphine hcl-naloxone hcl 12-3 mg film</td>
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<td>buprenorphine hcl-naloxone hcl 4-1 mg film</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl 8-2 mg film</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>butorphanol tartrate 10 mg/ml solution</td>
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<td>SUBLOCADE 100 MG/0.5ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
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<td>buprenorphine</td>
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<tr>
<td>SUBLOCADE 300 MG/1.5ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
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<td>buprenorphine</td>
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<td>ZUBSOLV 1.4-0.36 MG SL TAB</td>
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<td>buprenorphine hcl-naloxone hcl dihydrate</td>
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<td>ZUBSOLV 11.4-2.9 MG SL TAB</td>
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<td>ZUBSOLV 2.9-0.71 MG SL TAB</td>
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<td>ZUBSOLV 5.7-1.4 MG SL TAB</td>
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<td>buprenorphine hcl-naloxone hcl dihydrate</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>ZUBSOLV 8.6-2.1 MG SL TAB</td>
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<td>tramadol-acetaminophen 37.5-325 mg tab</td>
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<td><strong>ANABOLIC STEROIDS</strong></td>
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<td>oxandrolone 10 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>oxandrolone 2.5 mg tab</td>
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<td>danazol 200 mg cap</td>
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<td>danazol 50 mg cap</td>
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<td>NATESTO 5.5 MG/ACT GEL</td>
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<td>testosterone 1.62 % gel</td>
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<td>testosterone 10 mg/act (2%) gel</td>
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<tr>
<td>TESTOSTERONE 12.5 MG/ACT (1%) GEL</td>
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<tr>
<td>testosterone 12.5 mg/act (1%) gel</td>
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<tr>
<td>testosterone 20.25 mg/1.25gm (1.62%) gel</td>
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<td>testosterone 20.25 mg/act (1.62%) gel</td>
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<td>TESTOSTERONE 25 MG/2.5GM (1%) GEL</td>
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<td>testosterone</td>
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<tr>
<td>testosterone 25 mg/2.5gm (1%) gel</td>
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<td>testosterone 30 mg/act solution</td>
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<td>TESTOSTERONE 50 MG/5GM (1%) GEL</td>
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<td>PA</td>
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<tr>
<td>testosterone 50 mg/5gm (1%) gel</td>
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<td>TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION</td>
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<td>testosterone cypionate</td>
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<td>TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION</td>
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<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
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**ANORECTAL AND RELATED PRODUCTS**

**INTRARECTAL STEROIDS**

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<td>colocort 100 mg/60ml enema</td>
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<tr>
<td>CORTIFOAM 10 % FOAM</td>
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<tr>
<td>hydrocortisone acetate (intrarectal)</td>
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<tr>
<td>hydrocortisone 100 mg/60ml enema</td>
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<tr>
<td>UCERIS 2 MG/ACT FOAM</td>
<td>3</td>
<td>QL 133.6 / 30 day(s)</td>
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<tr>
<td>budesonide (intrarectal)</td>
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**RECTAL ANESTHETIC/STEROIDS**

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<td>ANALPRAM-HC 2.5-1 % LOTION</td>
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<tr>
<td>hydrocortisone acetate w/ pramoxine</td>
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<tr>
<td>hydrocort-pramoxine (perianal) 2.5-1 % cream</td>
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<tr>
<td>hydrocortisone ace-pramoxine 1-1 % cream</td>
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<tr>
<td>lidocaine-hydrocort (perianal) 3-0.5 % cream</td>
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<tr>
<td>lidocort 3-0.5 % cream</td>
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<tr>
<td>pramcort 1-1 % cream</td>
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<tr>
<td>PROCTOFOAM HC 1-1 % FOAM</td>
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<td>hydrocortisone acetate w/ pramoxine</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>RECTAL STEROIDS</strong></td>
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<td>hydrocortisone (perianal) 2.5 % cream</td>
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<tr>
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<td>PA</td>
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<td>XIFAXAN 200 MG TAB rifaximin</td>
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<td>ALINIA 100 MG/5ML RECON SUSP nitazoxanide</td>
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<tr>
<td>atovaquone 750 mg/5ml suspension</td>
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<td>LAMPIT 120 MG TAB nifurtimox</td>
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<td>fosfomycin tromethamine 3 gm packet</td>
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<td>uro-mp 118 mg cap</td>
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<td>vilamit mb 118 mg cap</td>
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<td>minitran 0.4 mg/hr patch 24hr</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>buspirone hcl 5 mg tab</td>
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**SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

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**STEROID INHALANTS**

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<td>mometasone furoate (inhalation)</td>
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<td>HEPARINS AND HEPARINOID-LIKE AGENTS</td>
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<td>FRAGMIN 10000 UNIT/ML SOLUTION</td>
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<td>EMSAM 6 MG/24HR PATCH 24HR</td>
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<td>MARPLAN 10 MG TAB</td>
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### PRODUCT DESCRIPTION TIER LIMITS & RESTRICTIONS

**N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

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<th>Limits &amp; Restrictions</th>
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**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

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**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

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<td>GLUCAGON EMERGENCY 1 MG KIT</td>
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<td>GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ</td>
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<td>PRODUCT DESCRIPTION</td>
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# PRODUCT DESCRIPTION

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## DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES

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<td>CYCLOSET 0.8 MG TAB</td>
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## HUMAN INSULIN

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<tr>
<td>INSULIN LISPRO PROT &amp; LISPRO (75-25) 100 UNIT/ML SUSP PEN</td>
<td>1</td>
<td>QL 2 / 1 day(s)</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>--------------------------------------------</td>
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</tr>
<tr>
<td>LANTUS 100 UNIT/ML SOLUTION</td>
<td>3</td>
<td>QL 2 / 1 day(s)</td>
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<tr>
<td><em>insulin glargine</em></td>
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<td>PA</td>
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<tr>
<td>LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN</td>
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</tr>
<tr>
<td><em>insulin glargine</em></td>
<td></td>
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<tr>
<td>LEVEMIR 100 UNIT/ML SOLUTION</td>
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</tr>
<tr>
<td><em>insulin detemir</em></td>
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<td>PA</td>
</tr>
<tr>
<td>LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN</td>
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<tr>
<td>TRESIBA 100 UNIT/ML SOLUTION</td>
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<td><em>insulin degludec</em></td>
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<td>TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN</td>
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<td>QL 2 / 1 day(s)</td>
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<td><em>insulin degludec</em></td>
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<td>PA</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN</td>
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<td><em>insulin degludec</em></td>
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<td><strong>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</strong></td>
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<tr>
<td>BYDUREON 2 MG PEN</td>
<td>2</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td><em>exenatide</em></td>
<td></td>
<td>ST</td>
</tr>
<tr>
<td>BYDUREON 2 MG SRER</td>
<td>2</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
<td><em>exenatide</em></td>
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<td>ST</td>
</tr>
<tr>
<td>BYDUREON BCISE 2 MG/0.85ML A-INJ</td>
<td>2</td>
<td>QL 3.4 / 28 day(s)</td>
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<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</td>
<td>2</td>
<td>QL 1.5 / 28 day(s)</td>
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<td><em>semaglutide</em></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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<td><em>semaglutide</em></td>
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<tr>
<td>OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN</td>
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</tr>
<tr>
<td>RYBELSUS 14 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 day(s)</td>
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<td><em>semaglutide</em></td>
<td></td>
<td>ST</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>RYBELSUS 3 MG TAB</td>
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<tr>
<td>RYBELSUS 7 MG TAB</td>
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<td>TRULICITY 0.75 MG/0.5ML SOLN PEN</td>
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<td>TRULICITY 1.5 MG/0.5ML SOLN PEN</td>
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<td>QL 2 / 28 day(s)</td>
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<td><em>dulaglutide</em></td>
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<td>TRULICITY 3 MG/0.5ML SOLN PEN</td>
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<td>QL 2 / 28 day(s)</td>
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<tr>
<td>TRULICITY 4.5 MG/0.5ML SOLN PEN</td>
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<tr>
<td>VICTOZA 18 MG/3ML SOLN PEN</td>
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<td><em>liraglutide</em></td>
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**MEGLITINIDE ANALOGUES**

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<tr>
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<tr>
<td>nateglinide 120 mg tab</td>
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<td>nateglinide 60 mg tab</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>repaglinide 0.5 mg tab</td>
<td>1</td>
<td>QL 240 / 30 DAYS</td>
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<tr>
<td>repaglinide 1 mg tab</td>
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<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td>repaglinide 2 mg tab</td>
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**PROGESTERONE RECEPTOR ANTAGONISTS**

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<tbody>
<tr>
<td>KORLYM 300 MG TAB</td>
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<tr>
<td><em>mifepristone (hyperglycemia)</em></td>
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<td>S Specialty Drug</td>
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**SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**

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<th>Product</th>
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<tbody>
<tr>
<td>TRIJARDY XR 10-5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
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<tr>
<td><em>empagliflozin-linagliptin-metformin</em></td>
<td></td>
<td>ST</td>
</tr>
<tr>
<td>TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 2 / 1 day(s)</td>
</tr>
<tr>
<td><em>empagliflozin-linagliptin-metformin</em></td>
<td></td>
<td>ST</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>TRIJARDY XR 25-5-1000 MG TAB ER 24H</td>
<td>2</td>
<td>QL 1 / 1 day(s)</td>
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<tr>
<td>empagliflozin-linagliptin-metformin</td>
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<tr>
<td>TRIJARDY XR 5-2.5-1000 MG TAB ER 24H</td>
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<td>QL 2 / 1 day(s)</td>
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**SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>GLYXAMBI 10-5 MG TAB</td>
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<tr>
<td>GLYXAMBI 25-5 MG TAB</td>
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**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

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<tbody>
<tr>
<td>FARXIGA 10 MG TAB</td>
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<td>QL 30 / 30 days</td>
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<td>dapagliflozin propanediol</td>
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<tr>
<td>FARXIGA 5 MG TAB</td>
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<td>dapagliflozin propanediol</td>
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<tr>
<td>JARDIANCE 10 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>empagliflozin</td>
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<tr>
<td>JARDIANCE 25 MG TAB</td>
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**SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>SYNJARDY 12.5-1000 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>empagliflozin-metformin hcl</td>
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<tr>
<td>SYNJARDY 12.5-500 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>empagliflozin-metformin hcl</td>
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<td>ST</td>
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<tr>
<td>SYNJARDY 5-1000 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>empagliflozin-metformin hcl</td>
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<tr>
<td>SYNJARDY 5-500 MG TAB</td>
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<td>QL 60 / 30 DAYS</td>
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<td>empagliflozin-metformin hcl</td>
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<tr>
<td>SYNJARDY XR 10-1000 MG TAB ER 24H</td>
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<td>QL 60 / 30 days</td>
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<td>empagliflozin-metformin hcl</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>SYNJARDY XR 12.5-1000 MG TAB ER 24H</td>
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<td>SYNJARDY XR 25-1000 MG TAB ER 24H</td>
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<td>SYNJARDY XR 5-1000 MG TAB ER 24H</td>
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<td>QL 60 / 30 days</td>
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<td>emagliflozin-metformin hcl</td>
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<td>XIGDUO XR 10-1000 MG TAB ER 24H</td>
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<td>XIGDUO XR 5-1000 MG TAB ER 24H</td>
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<tr>
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<td>QL 30 / 30 DAYS</td>
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**SULFONYLUREA-BIGUANIDE COMBINATIONS**

- glipizide-metformin hcl 2.5-250 mg tab 1
- glipizide-metformin hcl 2.5-500 mg tab 1
- glipizide-metformin hcl 5-500 mg tab 1
- glyburide-metformin 1.25-250 mg tab 1
- glyburide-metformin 2.5-500 mg tab 1
- glyburide-metformin 5-500 mg tab 1

**SULFONYLUREAS**

- glimepiride 1 mg tab 1 QL 60 / 30 DAYS
- glimepiride 2 mg tab 1 QL 60 / 30 DAYS
- glimepiride 4 mg tab 1 QL 60 / 30 DAYS
- glipizide 10 mg tab 1 QL 120 / 30 DAYS
- glipizide 5 mg tab 1 QL 240 / 30 DAYS
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<td>glipizide er 2.5 mg tab er 24h</td>
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<td>QL 240 / 30 DAYS</td>
</tr>
<tr>
<td>glipizide er 5 mg tab er 24h</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>glipizide xl 10 mg tab er 24h</td>
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<td>QL 60 / 30 DAYS</td>
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<td>glipizide xl 2.5 mg tab er 24h</td>
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<td>QL 240 / 30 DAYS</td>
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<tr>
<td>glipizide xl 5 mg tab er 24h</td>
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<td>glyburide 5 mg tab</td>
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<td>glyburide micronized 3 mg tab</td>
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<td>glyburide micronized 6 mg tab</td>
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<td>TOLBUTAMIDE 500 MG TAB</td>
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<td>pioglitazone hcl-metformin hcl 15-500 mg tab</td>
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<td>pioglitazone hcl-metformin hcl 15-850 mg tab</td>
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<td>MYTESI 125 MG TAB DR</td>
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<td><strong>ANTIPERISTALTIC AGENTS</strong></td>
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<td>diphenoxylate-atropine 2.5-0.025 mg tab</td>
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<td>QL 80 / 10 DAYS</td>
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<tr>
<td>DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID</td>
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<td>diphenoxylate w/ atropine</td>
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<td>loperamide hcl 2 mg cap</td>
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<td>MOTOFEN 1-0.025 MG TAB</td>
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<td>difenoxin w/ atropine</td>
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<td>opium 10 mg/ml (1%) tincture</td>
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<td>MDS1 7 / 1 day(s)</td>
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<td>PAREGORIC 2 MG/5ML TINCTURE</td>
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<tr>
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<tr>
<td>FERRIPROX 100 MG/ML SOLUTION deferiprone</td>
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<td>FERRIPROX 1000 MG TAB deferiprone</td>
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<td>FERRIPROX TWICE-A-DAY 1000 MG TAB deferiprone</td>
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<td>CETYLEV 500 MG EFER TAB acetylcysteine (antidote)</td>
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<td>RADIOGARDASE 0.5 GM CAP prussian blue insoluble (ferric hexacyanoferrate ii)</td>
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<td>NALOXONE HCL 0.4 MG/ML SOLN CART naloxone hcl</td>
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<td>naloxone hcl 0.4 mg/ml solution</td>
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<td>naloxone hcl 2 mg/2ml soln prsyr</td>
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<td>naloxone hcl 4 mg/10ml solution</td>
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<td>naltrexone hcl 50 mg tab</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>NARCAN 4 MG/0.1ML LIQUID</td>
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<td>naloxone hcl</td>
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</table>
| VIVITROL 380 MG RECON SUSP | 4 | QL 1 / 0 DAYS  
| naltrexone           |     | MFL 1 / 28 DAYS  
|                     |     | S Specialty Drug  |

**ANTIEMETICS**

**5-HT3 RECEPTOR ANTAGONISTS**

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<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<td>granisetron hcl 1 mg tab</td>
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<td>ondansetron 4 mg tab disp</td>
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<td>ondansetron 8 mg tab disp</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>ondansetron hcl 4 mg tab</td>
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<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl 4 mg/5ml solution</td>
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<td>QL 100 / 30 DAYS</td>
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<td>ondansetron hcl 8 mg tab</td>
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<td>SANCUSO 3.1 MG/24HR PATCH</td>
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**ANTIEMETICS - ANTICHOLINERGIC**

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<td>scopolamine 1 mg/3days patch 72hr</td>
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**ANTIEMETICS - MISCELLANEOUS**

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<td>dronabinol 2.5 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol 5 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>aprepitant 125 mg cap</td>
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<td>promethegan 25 mg suppos</td>
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<td><strong>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</strong></td>
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<td>NEXLIZET 180-10 MG TAB</td>
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<td>bempedoic acid-ezetimibe</td>
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<td>NEXLETOL 180 MG TAB</td>
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<td>PA</td>
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<td>bempedoic acid</td>
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<td>icosapent ethyl 1 gm cap</td>
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<tr>
<td>omega-3-acid ethyl esters 1 gm cap</td>
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<table>
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<td>triklo 1 gm cap</td>
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<td>VASCEPA 0.5 GM CAP</td>
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PAGE 96  LAST UPDATED 05/2021
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**ANTIADRENERGICS - CENTRALLY ACTING**

| clonidine 0.1 mg/24hr patch wk | 1 |
| clonidine 0.2 mg/24hr patch wk | 1 |
| clonidine 0.3 mg/24hr patch wk | 1 |
| clonidine hcl 0.1 mg tab | 1 |
| clonidine hcl 0.2 mg tab | 1 |
| clonidine hcl 0.3 mg tab | 1 |
| guanfacine hcl 1 mg tab | 1 |
| guanfacine hcl 2 mg tab | 1 |
| methyldopa 250 mg tab | 1 |
| methyldopa 500 mg tab | 1 |

**ANTIADRENERGICS - PERIPHERALLY ACTING**

<p>| doxazosin mesylate 1 mg tab | 1 | QL 30 / 30 DAYS |
| doxazosin mesylate 2 mg tab | 1 | QL 30 / 30 DAYS |
| doxazosin mesylate 4 mg tab | 1 | QL 30 / 30 DAYS |
| doxazosin mesylate 8 mg tab | 1 | QL 60 / 30 DAYS |</p>
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<td>terazosin hcl 1 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<td>terazosin hcl 10 mg cap</td>
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</tr>
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<td>terazosin hcl 2 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>terazosin hcl 5 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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**ANTIHYPERTENSIVES - MISC.**

| VECAMYL 2.5 MG TAB                        | 3    | PA                    |
| mecamylamine hcl                          |      |                       |

**BETA BLOCKER & DIURETIC COMBINATIONS**

<p>| atenolol-chlorthalidone 100-25 mg tab     | 1    |                       |
| atenolol-chlorthalidone 50-25 mg tab      | 1    |                       |
| bisoprolol-hydrochlorothiazide 10-6.25 mg tab | 1    |                       |
| bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab | 1    |                       |
| bisoprolol-hydrochlorothiazide 5-6.25 mg tab | 1    |                       |
| DUTOPROL 100-12.5 MG TAB ER 24H           | 3    | QL 120 / 30 DAYS     |
| metoprolol &amp; hydrochlorothiazide         |      |                       |
| DUTOPROL 25-12.5 MG TAB ER 24H            | 3    |                       |
| metoprolol &amp; hydrochlorothiazide         |      |                       |
| DUTOPROL 50-12.5 MG TAB ER 24H            | 3    |                       |
| metoprolol &amp; hydrochlorothiazide         |      |                       |
| metoprolol-hydrochlorothiazide 100-25 mg tab | 1    |                       |
| METOPROLOL-HYDROCHLOROTHIAZIDE 100-50 MG TAB | 1    |                       |
| metoprolol &amp; hydrochlorothiazide         |      |                       |
| metoprolol-hydrochlorothiazide 50-25 mg tab | 1    |                       |
| NADOLOL-BENDROFLUMETHIAZIDE 40-5 MG TAB   | 1    |                       |
| nadolol &amp; bendroflumethiazide            |      |                       |
| nadolol-bendroflumethiazide 80-5 mg tab   | 1    |                       |
| PROPRANOLOL-HCTZ 40-25 MG TAB             | 1    |                       |
| propranolol &amp; hydrochlorothiazide        |      |                       |
| PROPRANOLOL-HCTZ 80-25 MG TAB             | 1    |                       |</p>
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<td>TARGRETIN 75 MG CAP</td>
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| **TOPOISOMERASE I INHIBITORS**             |      |                       |
| Hycamtin 0.25 mg cap                       | 4 PA S | Specialty Drug        |
| Hycamtin 1 mg cap                          | 4 PA S | Specialty Drug        |

| **URINARY TRACT PROTECTIVE AGENTS**        |      |                       |
| Mesnex 400 mg tab                          | 3 PA |                       |

<p>| <strong>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</strong> |      |                       |
| Inlyta 1 mg tab                              | 4 PA S | Specialty Drug        |
| Inlyta 5 mg tab                              | 4 PA S | Specialty Drug        |
| Lenvima (10 mg daily dose) 10 mg cap thpk    | 4 PA S | Specialty Drug        |
| Lenvima (14 mg daily dose) 10 &amp; 4 mg cap thpk | 4 PA S | Specialty Drug        |
| Lenvima (18 mg daily dose) 10 mg &amp; 2 x 4 mg cap thpk | 4 PA S | Specialty Drug        |
| Lenvima (20 mg daily dose) 2 x 10 mg cap thpk | 4 PA S | Specialty Drug        |
| Lenvima (24 mg daily dose) 2 x 10 mg &amp; 4 mg cap thpk | 4 PA S | Specialty Drug        |
| Lenvima (8 mg daily dose) 2 x 4 mg cap thpk | 4 PA S | Specialty Drug        |</p>
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## PRODUCT DESCRIPTION

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### NONERGOLINE DOPAMINE RECEPTOR AGONISTS

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**QUINOLINONE DERIVATIVES**

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

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### ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<td>digox 125 mcg tab</td>
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<td>ENTRESTO 24-26 MG TAB</td>
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<td><strong>SINUS NODE INHIBITORS</strong></td>
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| CORLANOR 5 MG TAB  
vivabradine hcl | 2    | QL 60 / 30 day(s)     |
| CORLANOR 7.5 MG TAB  
vivabradine hcl | 2    | QL 60 / 30 day(s)     |
| **CEPHALOSPORINS** |      |                       |
| **CEPHALOSPORINS - 1ST GENERATION** |      |                       |
| CEFADROXIL 1 GM TAB  
cefadroxil | 1    |                       |
| cefadroxil 1 gm tab | 1    |                       |
| cefadroxil 250 mg/5ml recon susp | 1    |                       |
| cefadroxil 500 mg cap | 1    |                       |
| cefadroxil 500 mg/5ml recon susp | 1    |                       |
| cephalaxin 125 mg/5ml recon susp | 1    |                       |
| cephalaxin 250 mg cap | 1    |                       |
| CEPHALEXIN 250 MG TAB  
cephalexin | 1    |                       |
| cephalaxin 250 mg/5ml recon susp | 1    |                       |
| cephalaxin 500 mg cap | 1    |                       |
| CEPHALEXIN 500 MG TAB  
cephalexin | 1    |                       |
| cephalaxin 750 mg cap | 1    |                       |
| **CEPHALOSPORINS - 2ND GENERATION** |      |                       |
| CEFACLOR 125 MG/5ML RECON SUSP  
cefaclor | 1    |                       |
| CEFACLOR 250 MG CAP  
cefaclor | 1    | QL 30 / 10 DAYS       |
| cefaclor 250 mg cap | 1    | QL 30 / 10 DAYS       |
| CEFACLOR 250 MG/5ML RECON SUSP  
cefaclor | 1    |                       |
| CEFACLOR 375 MG/5ML RECON SUSP  
cefaclor | 1    |                       |
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<td>CEFACLOR ER 500 MG TAB ER 12H</td>
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<td>Cefixime 200 mg/5ml recon sus</td>
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<td>SUPRAX 100 MG CHEW TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>hailey 24 fe 1-20 mg-mcg(24) tab</td>
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<td>vanoxide-hc 5-0.5 % lotion</td>
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**ACNE PRODUCTS**

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<td>tretinoin 0.025% cream</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin 0.025% gel</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin 0.05% cream</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin 0.05% gel</td>
<td>1</td>
<td>QL 45 / 30 DAYS</td>
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<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>tretinoin 0.1 % cream</td>
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<tr>
<td>tretinoin microsphere 0.04 % gel</td>
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<tr>
<td>tretinoin microsphere 0.1 % gel</td>
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<tr>
<td>tretinoin microsphere pump 0.04 % gel</td>
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<tr>
<td>tretinoin microsphere pump 0.1 % gel</td>
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<tr>
<td>zenatane 10 mg cap</td>
<td>2</td>
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<tr>
<td>zenatane 20 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>zenatane 30 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>zenatane 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</td>
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<tr>
<td>VEREGEN 15 % OINTMENT</td>
<td>3</td>
<td>PA</td>
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<td>sinecatechins</td>
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<tr>
<td>ANTI-INFLAMMATORY AGENTS - TOPICAL</td>
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<tr>
<td>DICLOFENAC EPOLAMINE 1.3 % PATCH</td>
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<tr>
<td>diclofenac epolamine</td>
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<tr>
<td>diclofenac sodium 1 % gel</td>
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<td>QL 500 / 30 DAYS</td>
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<tr>
<td>diclofenac sodium 1.5 % solution</td>
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<td>klofensaid ii 1.5 % solution</td>
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<td>QL 150 / 30 DAYS</td>
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<tr>
<td>ANTIBIOTIC STEROID COMBINATIONS - TOPICAL</td>
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<tr>
<td>CORTISPORIN 1 % OINTMENT</td>
<td>3</td>
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<tr>
<td>bacitracin-polymyxin-neomycin hc</td>
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<tr>
<td>CORTISPORIN 3.5-10000-0.5 CREAM</td>
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<tr>
<td>neomycin-polymyxin-hc</td>
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<tr>
<td>NEO-SYNALAR 0.5-0.025 % CREAM</td>
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<tr>
<td>neomycin sulfate-fluocinolone acetonide</td>
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<td>NEO-SYNALAR 0.5-0.025 % KIT</td>
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<tr>
<td>neomycin-fluocinolone &amp; emollient</td>
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<td>ANTIBIOTICS - TOPICAL</td>
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<tr>
<td>ALTABAX 1 % OINTMENT</td>
<td>3</td>
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<tr>
<td>retapamulin</td>
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<tr>
<td>gentamicin sulfate 0.1 % cream</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>gentamicin sulfate 0.1 % ointment</td>
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<tr>
<td>mupirocin 2 % ointment</td>
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<tr>
<td>mupirocin calcium 2 % cream</td>
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**ANTIFUNGALS - TOPICAL**

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<thead>
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<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ciclo dan 0.77 % cream</td>
<td>1</td>
<td></td>
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<tr>
<td>ciclo dan 8 % solution</td>
<td>1</td>
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</tr>
<tr>
<td>ciclo pirox 0.77 % gel</td>
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<tr>
<td>ciclo pirox 1 % shampoo</td>
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</tr>
<tr>
<td>ciclo pirox 8 % solution</td>
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<td></td>
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<tr>
<td>ciclo pirox olamine 0.77 % cream</td>
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<tr>
<td>ciclo pirox olamine 0.77 % suspension</td>
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**NAFTIFINE HCL 1 % CREAM**

<table>
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<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>naftifine hcl 1 % cream</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>naftifine hcl 1 % gel</td>
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**NAFTIFINE HCL 2 % CREAM**

<table>
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</thead>
<tbody>
<tr>
<td>naftifine hcl 2 % cream</td>
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<td>PA</td>
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**NAFTIN 2 % GEL**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>nyamyc 100000 unit/gm powder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nyata 100000 unit/gm powder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin 100000 unit/gm cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin 100000 unit/gm ointment</td>
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**ANTIFUNGALS - TOPICAL COMBINATIONS**

<table>
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ALA-QUIN 3-0.5 % CREAM</td>
<td>3</td>
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</tr>
<tr>
<td>clotrimazole-betamethasone 1-0.05 % cream</td>
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</tr>
<tr>
<td>clotrimazole-betamethasone 1-0.05 % lotion</td>
<td>1</td>
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</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>dermazene 1-1 % cream</td>
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<tr>
<td>EXODERM 25-1 % LOTION sodium thiosulfate-salicylic acid</td>
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<tr>
<td>hydrocortisone-iodoquinol 1-1 % cream</td>
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<tr>
<td>MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT miconazole-zinc oxide-white petrolatum</td>
<td>2</td>
<td>QL 50 / 30 DAYS</td>
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<tr>
<td>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</td>
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</tr>
<tr>
<td>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RECURA CREAM antifungal combination products, misc.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VUSION 0.25-15-81.35 % OINTMENT miconazole-zinc oxide-white petrolatum</td>
<td>2</td>
<td>QL 50 / 30 DAYS</td>
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**ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALCHLOR 0.016 % GEL mechlorethamine hcl (topical)</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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**ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL**

<table>
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUOROPLEX 1 % CREAM fluorouracil (topical)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>FLUOROURACIL 0.5 % CREAM fluorouracil (topical)</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>fluorouracil 5 % cream</td>
<td>1</td>
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</tr>
<tr>
<td>TOLAK 4 % CREAM fluorouracil (topical)</td>
<td>3</td>
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**ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>diclofenac sodium 3 % gel</td>
<td>1</td>
<td>QL 500 / 30 DAYS</td>
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**ANTINEOPLASTIC RETINOIDS - TOPICAL**

<table>
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>PANRETIN 0.1 % GEL alitretinoin</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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**ANTIPRURITICS - TOPICAL**

<table>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>DOXEPIN HCL 5 % CREAM doxepin hcl (antipruritic)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<tr>
<td><strong>ANTIPSORIATICS</strong></td>
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<tr>
<td>calcipotriene 0.005 % cream</td>
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<td>CALCIPOTRIENE 0.005 % FOAM</td>
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<td>calcipotriene</td>
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<td>calcipotriene 0.005 % ointment</td>
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<td>calcipotriene 0.005 % solution</td>
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<td>calcitrene 0.005 % ointment</td>
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<td>CALCITRIOL 3 MCG/GM OINTMENT</td>
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<td>calcitriol (topical)</td>
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<td>DRITHO-CREME HP 1 % CREAM</td>
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<td>anthralin</td>
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<td>SORILUX 0.005 % FOAM</td>
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<td>calcipotriene</td>
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<td>tazarotene 0.1 % cream</td>
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<td>TAZORAC 0.05 % CREAM</td>
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<td>TAZORAC 0.05 % GEL</td>
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<td>TAZORAC 0.1 % GEL</td>
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<td>ZITHRANOL 1 % SHAMPOO</td>
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<td>anthralin</td>
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<td><strong>ANTIPSORIATICS - SYSTEMIC</strong></td>
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<td>acitretin 10 mg cap</td>
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<td>acitretin 17.5 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<td>acitretin 25 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR</td>
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<td>PA, Specialty Drug</td>
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<td>secukinumab</td>
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<tr>
<td>COSENTYX 150 MG/ML SOLN PRSYR</td>
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<td>PA, Specialty Drug</td>
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<tr>
<td>secukinumab</td>
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<tr>
<td>COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ</td>
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<td>PA, Specialty Drug</td>
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<tr>
<td>secukinumab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>METHOXSALEN RAPID 10 MG CAP methoxsalen rapid</td>
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<td>methoxsalen rapid 10 mg cap</td>
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<td>SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT risankizumab-rzaa</td>
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<td>SKYRIZI 150 MG/ML SOLN A-INJ risankizumab-rzaa</td>
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<td>PA S Specialty Drug</td>
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<td>SKYRIZI 150 MG/ML SOLN PRSYR risankizumab-rzaa</td>
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<td>PA S Specialty Drug</td>
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<td>STELARA 45 MG/0.5ML SOLN PRSYR ustekinumab</td>
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<td>STELARA 45 MG/0.5ML SOLUTION ustekinumab</td>
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<td>STELARA 90 MG/ML SOLN PRSYR ustekinumab</td>
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<td>TALTZ 80 MG/ML SOLN A-INJ ixekizumab</td>
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<td>TALTZ 80 MG/ML SOLN PRSYR ixekizumab</td>
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<td>TREMFYA 100 MG/ML SOLN PEN guselkumab</td>
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<td>TREMFYA 100 MG/ML SOLN PRSYR guselkumab</td>
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<tr>
<td>ANTISEBORRHEIC COMBINATIONS</td>
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<tr>
<td>SODIUM SULFACETAMIDE-BAKUCHIOL 10 % LIQUID sulfacetamide sodium in bakuchiol vehicle</td>
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</table>

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<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<td>ANTISEBORRHEIC PRODUCTS</td>
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<td>OVACE PLUS 10 % CREAM</td>
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<tr>
<td>sulfacetamide sodium</td>
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<td></td>
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<tr>
<td>OVACE PLUS 9.8 % FOAM</td>
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<tr>
<td>sulfacetamide sodium</td>
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<tr>
<td>OVACE PLUS 9.8 % LOTION</td>
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<tr>
<td>seb-prev wash 10 % liquid</td>
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<tr>
<td>selenium sulfide 2.25 % shampoo</td>
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<td>selenium sulfide 2.5 % lotion</td>
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<td>sodium sulfacetamide 10 % shampoo</td>
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<tr>
<td>sodium sulfacetamide wash 10 % liquid</td>
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<tr>
<td>sulfacetamide sodium 10 % (cleans) gel</td>
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<tr>
<td>sulfacetamide sodium 10 % liquid</td>
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<td>ANTIVIRAL TOPICAL COMBINATIONS</td>
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<tr>
<td>XERESE 5-1 % CREAM</td>
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<td>QL 5 / 30 DAYS</td>
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<td>acyclovir-hydrocortisone</td>
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<td>PA</td>
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<td>ANTIVIRALS - TOPICAL</td>
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<tr>
<td>acyclovir 5 % ointment</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<td>DENAVIR 1 % CREAM</td>
<td>3</td>
<td>QL 5 / 30 DAYS</td>
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<td>penciclovir</td>
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</tr>
<tr>
<td>DUPIXENT 200 MG/1.14ML SOLN PRSYR</td>
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<td>PA Specialty Drug</td>
</tr>
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<td>dupilumab</td>
<td></td>
<td>S</td>
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<tr>
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<td>OXISTAT 1 % LOTION oxiconazole nitrate</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>XOLEGEL 2 % GEL ketoconazole (topical)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>imiquimod 5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZYCLARA PUMP 2.5 % CREAM imiquimod</td>
<td>3</td>
<td>QL 56 / 28 DAYS PA</td>
</tr>
</tbody>
</table>

**KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALVAX DUO PLUS 6 &amp; 35 % KIT salicylic acid &amp; urea in lactic acid vehicle</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**KERATOLYTIC/ANTIMITOTIC AGENTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONDYLOX 0.5 % GEL podofilox</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>keralyt 6 % shampoo</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>KERALYT SCALP 6 % KIT salicylic acid</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PODOCON 25 % SOLUTION podophyllum resin</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>podofilox 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salacycl 6 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salacycl 6 % lotion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid 6 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid 6 % foam</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid 6 % gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SALICYLIC ACID 6 % LOTION salicylic acid</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid 6 % lotion</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>salicylic acid 6 % lotion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid 6 % shampoo</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid-cleanser 6 % (cream) kit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salitech forte 6 % lotion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SALVAX 6 % FOAM</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>salicylic acid</td>
<td></td>
<td></td>
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<tr>
<td>LINIMENTS</td>
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</tr>
<tr>
<td>TURPENTINE SPIRIT</td>
<td>3</td>
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</tr>
<tr>
<td>turpentine (topical)</td>
<td></td>
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</tr>
<tr>
<td>LOCAL ANESTHETICS - TOPICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANACAIN 10 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>benzocaine (topical)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cidaleaze 3 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine 5 % ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine 5 % patch</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>lidocaine hcl 3 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal 2 % gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</td>
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</tr>
<tr>
<td>lidocaine hcl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal 2 % prsyr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine pak 5 % ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidopin 3 % cream</td>
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<td></td>
</tr>
<tr>
<td>premium lidocaine 5 % ointment</td>
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<tr>
<td>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</td>
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</tr>
<tr>
<td>pimecrolimus 1 % cream</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>tacrolimus 0.03 % ointment</td>
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<tr>
<td>tacrolimus 0.1 % ointment</td>
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<tr>
<td>MISC. TOPICAL</td>
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<tr>
<td>DRY SOL 20 % SOLUTION</td>
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<tr>
<td>aluminum chloride</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>-------------------------------------------</td>
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<tr>
<td><strong>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</strong></td>
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<tr>
<td><em>tavaborole 5 % solution</em></td>
<td>2</td>
<td><strong>ST</strong> 10 / 30 day(s)</td>
</tr>
<tr>
<td><strong>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</strong></td>
<td></td>
<td></td>
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<tr>
<td><em>EUCRISA 2 % OINTMENT</em></td>
<td>3</td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td><em>crisaborole</em></td>
<td></td>
<td></td>
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<tr>
<td><strong>PROSTAGLANDINS - TOPICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>bimatoprost 0.03 % solution</em></td>
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<tr>
<td><strong>ROSACEA AGENTS</strong></td>
<td></td>
<td></td>
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<tr>
<td><em>azelaic acid 15 % gel</em></td>
<td>1</td>
<td><strong>QL</strong> 50 / 30 DAYS</td>
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<tr>
<td><em>metronidazole 0.75 % cream</em></td>
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<tr>
<td><em>metronidazole 0.75 % gel</em></td>
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<tr>
<td><em>metronidazole 0.75 % lotion</em></td>
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</tr>
<tr>
<td><em>metronidazole 1 % gel</em></td>
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<tr>
<td><em>MIRVASO 0.33 % GEL</em></td>
<td>3</td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td><em>brimonidine tartrate (topical)</em></td>
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<tr>
<td><strong>RHOFADE 1 % CREAM</strong></td>
<td>3</td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td><em>oxymetazoline hcl (topical)</em></td>
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</tr>
<tr>
<td><em>rosadan 0.75 % cream</em></td>
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<tr>
<td><em>rosadan 0.75 % gel</em></td>
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<tr>
<td><strong>SOOLANTRA 1 % CREAM</strong></td>
<td>2</td>
<td><strong>QL</strong> 1 / 1 day(s)</td>
</tr>
<tr>
<td><em>ivermectin (rosacea)</em></td>
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<tr>
<td><strong>SCABICIDES &amp; PEDICULICIDES</strong></td>
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<tr>
<td><em>EURAX 10 % CREAM</em></td>
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<tr>
<td><em>crotamiton</em></td>
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<tr>
<td><strong>LINDANE 1 % SHAMPOO</strong></td>
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<tr>
<td><em>lindane</em></td>
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<tr>
<td><em>malathion 0.5 % lotion</em></td>
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<tr>
<td><strong>OVIDE 0.5 % LOTION</strong></td>
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</tr>
<tr>
<td><em>malathion</em></td>
<td></td>
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<tr>
<td><em>permethrin 5 % cream</em></td>
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<tr>
<td><strong>SPINOSAD 0.9 % SUSPENSION</strong></td>
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<tr>
<td><em>spinosad</em></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>ULESFIA 5 % LOTION</td>
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<tr>
<td><em>benzyl alcohol (pediculicide)</em></td>
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<tr>
<td><strong>SKIN PROTECTANTS</strong></td>
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<tr>
<td>BENZOIN TINCTURE</td>
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<tr>
<td><em>benzoin</em></td>
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<td></td>
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<tr>
<td><em>benzoin compound</em> tincture</td>
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<tr>
<td><strong>STEROID-LOCAL ANESTHETIC COMBINATIONS</strong></td>
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<tr>
<td>CORTANE-B 10-10-1 MG/ML LOTION</td>
<td>3</td>
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<tr>
<td><em>hydrocortisone-pramoxine-chloroxylenol</em></td>
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</tr>
<tr>
<td>EPIFOAM 1-1 % FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>hydrocortisone ace-pramoxine 2.5-1 % cream</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NOVACORT 1-2 % GEL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-1 % CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-1 % LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-1 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-2.5 % LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-2.5 % OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE E 1-2.5 % CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>pramoxine-hc emollient base</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOPICAL ANESTHETIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETACAINE 2-2-14 % AEROSOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>butamben-tetracaine-benzocaine</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>lidocaine-prilocaine 2.5-2.5 % cream</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SYNERA 70-70 MG PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine-tetracaine</em></td>
<td></td>
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</tr>
<tr>
<td><strong>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</strong></td>
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<td></td>
</tr>
<tr>
<td>TARGRETIN 1 % GEL</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><em>bexarotene (topical)</em></td>
<td></td>
<td>Specialty Drug</td>
</tr>
</tbody>
</table>

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## PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>TOPICAL STEROID COMBINATIONS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcipotriene-betameth diprop 0.005-0.064 % suspension</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>SCALACORT DK 2 &amp; 2-2 % KIT hydrocortisone &amp; salicylic acid-sulfur &amp; shampoo</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TACLONEX 0.005-0.064 % SUSPENSION calcipotriene-betamethasone dipropionate</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAVATE X (CREAM) 0.05 &amp; 10 % KIT halobetasol propionate &amp; lactic acid</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAVATE X (OINTMENT) 0.05 &amp; 10 % KIT halobetasol propionate &amp; &amp; lactic acid</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOUND CARE - GROWTH FACTOR AGENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGRANEX 0.01 % GEL becaplermin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOUND CLEANSERS/DECUBITUS ULCER THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAVARE WOUND WASH GEL wound cleansers</td>
</tr>
<tr>
<td>MICROCYN SKIN AND WOUND GEL wound cleansers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIAGNOSTIC PRODUCTS</th>
</tr>
</thead>
</table>

### DIAGNOSTIC DRUGS

| GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN glucagon hcl rdna (diagnostic) | 2    |
| GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN glucagon hcl (diagnostic) | 1    | QL 1 / 30 DAYS |
| PROVOCHOLINE 100 MG RECON SOLN methacholine chloride | 2    |

### DIAGNOSTIC TESTS

<p>| FREESTYLE INSULINX TEST STRIP glucose blood | 2    | QL 150 / 30 DAYS |
| FREESTYLE LITE TEST STRIP glucose blood | 2    | QL 150 / 30 DAYS |
| FREESTYLE TEST STRIP glucose blood | 2    | QL 150 / 30 DAYS |
| ONETOUCH ULTRA STRIP glucose blood | 2    | QL 150 / 30 DAYS |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONETOUCH VERIO STRIP glucose blood</td>
<td>2</td>
<td>QL 150 / 30 DAYS</td>
</tr>
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**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

<table>
<thead>
<tr>
<th>ONETOUCH VERIO STRIP glucose blood</th>
<th>2</th>
<th>QL 150 / 30 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREON 12000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CREON 24000-76000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CREON 3000-9500 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CREON 36000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CREON 6000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>PANCREAZE 10500 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>PANCREAZE 16800 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>PANCREAZE 21000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>PANCREAZE 2600 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>PANCREAZE 4200 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZENPEP 10000-32000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>ZENPEP 15000-47000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>ZENPEP 20000-63000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>ZENPEP 25000-79000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>ZENPEP 3000-14000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>ZENPEP 40000-126000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</td>
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<td>PA</td>
</tr>
<tr>
<td>ZENPEP 5000-24000 UNIT CP DR PART pancrelipase (lipase-protease-amylase)</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>
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<tr>
<td><strong>DIURETICS</strong></td>
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<tr>
<td><strong>CARBONIC ANHYDRASE INHIBITORS</strong></td>
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<tr>
<td>acetazolamide 125 mg tab</td>
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<tr>
<td>acetazolamide 250 mg tab</td>
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<td></td>
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<td>acetazolamide er 500 mg cap er 12h</td>
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<td>BISPHOSPHONATES</td>
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<td><strong>QL 30 / 28 DAYS</strong></td>
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<td><strong>CALCIMIMETIC AGENTS</strong></td>
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<td>cinacalcet hcl 90 mg tab</td>
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<td><strong>CALCITONINS</strong></td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>CARNITINE REPLENISHER - AGENTS</strong></td>
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| CARNITOR SF 1 GM/10ML SOLUTION  
levocarnitine (metabolic modifiers) | 3    |                       |
| levocarnitine 1 gm/10ml solution | 1    |                       |
| levocarnitine 330 mg tab | 1    |                       |
| levocarnitine sf 1 gm/10ml solution | 1    |                       |
| **CORTISOL SYNTHESIS INHIBITORS** |      |                       |
| ISTURISA 1 MG TAB  
osilodrostat phosphate | 4    | Specialty Drug        |
| ISTURISA 10 MG TAB  
osilodrostat phosphate | 4    | Specialty Drug        |
| ISTURISA 5 MG TAB  
osilodrostat phosphate | 4    | Specialty Drug        |
| **DOPAMINE RECEPTOR AGONISTS** |      |                       |
| cabergoline 0.5 mg tab | 1    |                       |
| **GROWTH HORMONE RECEPTOR ANTAGONISTS** |      |                       |
| SOMAVER 10 MG RECON SOLN  
pegvisomant | 4    | Specialty Drug        |
| SOMAVER 15 MG RECON SOLN  
pegvisomant | 4    | Specialty Drug        |
| SOMAVER 20 MG RECON SOLN  
pegvisomant | 4    | Specialty Drug        |
| SOMAVER 25 MG RECON SOLN  
pegvisomant | 4    | Specialty Drug        |
| SOMAVER 30 MG RECON SOLN  
pegvisomant | 4    | Specialty Drug        |
| **GROWTH HORMONE RELEASING HORMONES (GHRH)** |      |                       |
| EGRIFTA 1 MG RECON SOLN  
tesamorelin acetate | 4    | Specialty Drug        |
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
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<td>GENOTROPIN 12 MG RECON SOLN somatropin</td>
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<tr>
<td>GENOTROPIN 5 MG RECON SOLN somatropin</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.2 MG RECON SOLN somatropin</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.4 MG RECON SOLN somatropin</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.6 MG RECON SOLN somatropin</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.8 MG RECON SOLN somatropin</td>
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<tr>
<td>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN somatropin</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>OMNITROPE 10 MG/1.5ML SOLN CART</td>
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<td>leuprolide acetate &amp; norethindrone acetate</td>
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| raloxifene hcl 60 mg tab | 1 | ✓QL 30 / 30 DAYS  
|                      |     | ✓PREV Preventative    |

### SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS

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### SOMATOSTATIC AGENTS

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<tr>
<td>octreotide acetate 1000 mcg/ml solution</td>
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## PRODUCT DESCRIPTION

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**ESTROGENS**

**ESTROGEN & ANDROGEN**

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**ESTROGEN & PROGESTIN**

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<td>GENITOURINARY AGENTS - MISCELLANEOUS</td>
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<td>5-ALPHA REDUCTASE INHIBITORS</td>
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<td>CARDURA XL 4 MG TAB ER 24H</td>
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<td>silodosin 8 mg cap</td>
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<td>ORACIT 490-640 MG/5ML SOLUTION</td>
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<td>sodium citrate &amp; citric acid</td>
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<td>potassium citrate er 15 meq (1620 mg) tab er</td>
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<td><strong>GENITOURINARY IRRIGANTS</strong></td>
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<td>glycine 1.5 % solution</td>
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<td>glycine urologic 1.5 % solution</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>RENACIDIN SOLUTION</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>
<td>TIER</td>
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<td>GRANIX 480 MCG/0.8ML SOLN PRSYR tbo-filgrastim</td>
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### PRODUCT DESCRIPTION

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| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC  
insulin syringe/needle u-100 | 1 |  |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC  
insulin syringe/needle u-500 | 1 |  |
| BD KLATSKIN BIOPSY NEEDLE 16G X 4" MISC  
needle (disp) 16 g | 2 |  |
| BD OSGOOD BIOPSY NEEDLE 16G X 1-5/16" MISC  
needle (disp) 16 g | 2 |  |
| BD OSGOOD BIOPSY NEEDLE 18G X 1" MISC  
needle (reusable) 18 g | 2 |  |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC  
insulin pen needle | 1 |  |
| BD ROSENTHAL BIOPSY NEEDLE 16G X 1-5/16" MISC  
needle (disp) 16 g | 2 |  |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC  
insulin syringe/needle u-100 | 1 |  |
| CEQUR SIMPLICITY INTEGRATOR  MISC  
injection device for insulin | 2 |  |
| CEQUR SIMPLICITY STARTER  KIT  
injection device for insulin | 2 |  |
| DROPLET PEN NEEDLES 30G X 8 MM MISC  
insulin pen needle | 1 |  |
| J-TIP KIT W/VIAL ADAPTERS  KIT  
injection device | 2 |  |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC  
insulin syringe/needle u-100 | 1 |  |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC  
insulin syringe/needle u-100 | 1 |  |
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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<td>16 / 30 DAYS</td>
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<td>Diclofenac potassium (migraine)</td>
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### PRODUCT DESCRIPTION

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<th>TIER LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tbody>
<tr>
<td>TREXIMET 10-60 MG TAB</td>
<td>3</td>
<td>QL 9 / 30 DAYS</td>
</tr>
<tr>
<td>sumatriptan-naproxen sodium</td>
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<td>PA</td>
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### SELECTIVE SEROTONIN AGONISTS 5-HT(1)

<table>
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<td>almotriptan malate 6.25 mg tab</td>
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<tr>
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<tr>
<td>frovatriptan succinate 2.5 mg tab</td>
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<td>QL 9 / 28 DAYS</td>
</tr>
<tr>
<td>naratriptan hcl 1 mg tab</td>
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<tr>
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<tr>
<td>rizatriptan benzoate 5 mg tab</td>
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<td>rizatriptan benzoate 5 mg tab disp</td>
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</tr>
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</tr>
<tr>
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<td>sumatriptan succinate 4 mg/0.5ml soln a-inj</td>
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<td>sumatriptan succinate 50 mg tab</td>
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</tr>
<tr>
<td>sumatriptan succinate 6 mg/0.5ml soln a-inj</td>
<td>2</td>
<td>QL 2 / 28 day(s)</td>
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<tr>
<td>SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR</td>
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<td>sumatriptan succinate</td>
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<tr>
<td>sumatriptan succinate 6 mg/0.5ml solution</td>
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<td>ZOLMITRIPTAN 2.5 MG SOLUTION</td>
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<tr>
<td>REYVOW 100 MG TAB</td>
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<td>QL 4 / 30 day(s)</td>
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<td>lasmiditan succinate</td>
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<td>REYVOW 50 MG TAB</td>
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<tr>
<td>sodium bicarbonate</td>
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<tr>
<td>sodium bicarbonate 8.4 % solution</td>
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<td>fluoritab 0.55 (0.25 f) mg chew tab</td>
<td>1</td>
<td>PREV Preventative</td>
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<tr>
<td>fluoritab 1.1 (0.5 f) mg chew tab</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>fluoritab 2.2 (1 f) mg chew tab</td>
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<td>PREV Preventative</td>
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<tr>
<td>FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION</td>
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<td>PREV Preventative</td>
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<tr>
<td>sodium fluoride</td>
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<td>ludent 0.55 (0.25 f) mg chew tab</td>
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<tr>
<td>ludent 1.1 (0.5 f) mg chew tab</td>
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<td>PREV Preventative</td>
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<td>nafrinse 2.2 (1 f) mg chew tab</td>
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<td>sodium fluoride 0.55 (0.25 f) mg chew tab</td>
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<td>sodium fluoride 1.1 (0.5 f) mg chew tab</td>
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<td>sodium fluoride 2.2 (1 f) mg chew tab</td>
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<td>PREV Preventative</td>
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</tbody>
</table>

**MAGNESIUM COMBINATIONS**

| MAGNEBIND 400 400-200-1 MG TAB  | 3    |
| magnesium-calcium-folic acid      |      |

**PHOSPHATE**

| K-PHOS 500 MG TAB  | 2    |
| potassium phosphate monobasic     |      |

| phospha 250 neutral 155-852-130 mg tab | 1    |
| phospha-trin 250 neutral 155-852-130 mg tab | 1    |
| phosphorous 155-852-130 mg tab         | 1    |
| phospha 250 neutral 155-852-130 mg tab | 1    |

**POTASSIUM**

| effer-k 25 meq effer tab | 1    |
| k-effervescent 25 meq effer tab | 1    |
| k-prime 25 meq effer tab   | 1    |

| K-TAB 10 MEQ TAB ER  | 1    |
| potassium chloride      |      |

<p>| k-vescent 25 meq effer tab | 1    |
| klor-con 10 10 meq tab er  | 1    |
| klor-con 20 meq packet     | 2    |
| klor-con 8 meq tab er      | 2    |
| klor-con m10 10 meq tab er | 1    |
| klor-con m20 20 meq tab er | 1    |
| klor-con sprinkle 10 meq cap er | 1    |
| klor-con sprinkle 8 meq cap er | 1    |
| klor-con ef 25 meq effer tab | 1    |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>potassium bicarbonate 25 meq effer tab</td>
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<tr>
<td>potassium chloride 10 % solution</td>
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<tr>
<td>potassium chloride 20 meq packet</td>
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<tr>
<td>potassium chloride 20 meq/15ml (10%) solution</td>
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</tr>
<tr>
<td>potassium chloride crys er 10 meq tab er</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride crys er 20 meq tab er</td>
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</tr>
<tr>
<td>potassium chloride er 10 meq cap er</td>
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<tr>
<td>potassium chloride er 10 meq tab er</td>
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<tr>
<td>potassium chloride er 20 meq tab er</td>
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<td>POTASSIUM CHLORIDE ER 8 MEQ TAB ER</td>
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<td>sodium chloride (pf) 0.9 % solution</td>
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<td>THALOMID 100 MG CAP</td>
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<tr>
<td>THALOMID 50 MG CAP</td>
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<td>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</td>
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<tr>
<td>BENLYSTA 120 MG RECON SOLN</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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<tr>
<td>BENLYSTA 200 MG/ML SOLN A-INJ&lt;br&gt;belimumab</td>
<td>4</td>
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<tr>
<td>BENLYSTA 200 MG/ML SOLN PRSYR&lt;br&gt;belimumab</td>
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<tr>
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<td>penicillamine 250 mg tab</td>
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<td><strong>ENZYMES</strong></td>
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<tr>
<td>Product Description</td>
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<td>Limits &amp; Restrictions</td>
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<td>3</td>
<td>PA</td>
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<td>ASTAGRAF XL 1 MG CAP ER 24H \ntacrolimus</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>ENVARSUS XR 1 MG TAB ER 24H</td>
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<td>ENVARSUS XR 4 MG TAB ER 24H</td>
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<td>sirolimus 1 mg tab</td>
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<td>4</td>
<td>AL1 Up to 8 yrs old</td>
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<td>S Specialty Drug</td>
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<td>ENSPRYNG 120 MG/ML SOLN PRSYR</td>
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<td>1</td>
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<tr>
<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong></td>
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<tr>
<td>flucaine 0.25-0.5 % solution</td>
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<tr>
<td><strong>OPHTHALMIC IMMUNOMODULATORS</strong></td>
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<tr>
<td>RESTASIS 0.05 % EMULSION</td>
<td>2</td>
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<tr>
<td>cyclosporine (ophth)</td>
<td></td>
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<td>RESTASIS MULTIDOSE 0.05 % EMULSION</td>
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<td>cyclosporine (ophth)</td>
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<td><strong>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</strong></td>
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<tr>
<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
<td>3</td>
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<tr>
<td>netarsudil dimesylate-latanoprost</td>
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<tr>
<td><strong>OPHTHALMIC LOCAL ANESTHETICS</strong></td>
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<td></td>
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<tr>
<td>AKTEN 3.5 % GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (ophth)</td>
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<tr>
<td>altacaine 0.5 % solution</td>
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</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>altacaine 0.5 % solution</td>
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<tr>
<td>proparacaine hcl 0.5 % solution</td>
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<tr>
<td>tetracaine hcl 0.5 % solution</td>
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<tr>
<td>ACUVAIL 0.45 % SOLUTION</td>
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<td>ketorolac tromethamine (ophth)</td>
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<tr>
<td>bromfenac sodium (once-daily) 0.09 % solution</td>
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<td>diclofenac sodium 0.1 % solution</td>
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<tr>
<td>flurbiprofen sodium</td>
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<td>ILEVRO 0.3 % SUSPENSION</td>
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<tr>
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<tr>
<td>ketorolac tromethamine 0.5 % solution</td>
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<td>NEVANAC 0.1 % SUSPENSION</td>
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<tr>
<td>nepafenac</td>
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<td>PROLENSA 0.07 % SOLUTION</td>
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<td>RHOPRESSA 0.02 % SOLUTION</td>
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<td>netarsudil dimesylate</td>
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<td>ALPHAGAN P 0.1 % SOLUTION</td>
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<tr>
<td>brimonidine tartrate</td>
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<tr>
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<tr>
<td>IOPIDINE 1 % SOLUTION</td>
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<tr>
<td>apraclonidine hcl</td>
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<td><strong>OPHTHALMIC STEROID COMBINATIONS</strong></td>
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<tr>
<td>bacitra-neomycin-polymyxin-hc 1 % ointment</td>
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<tr>
<td>BLEPHAMIDE 10-0.2 % SUSPENSION</td>
<td>3</td>
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<tr>
<td>sulfacetamide sod-prednisolone</td>
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<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT</td>
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<tr>
<td>sulfacetamide sod-prednisolone</td>
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<td>neo-polycin hc 1 % ointment</td>
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<td>neomycin-polyoxymyxin-hc (ophth)</td>
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<td>PRED-G 0.3-1 % SUSPENSION</td>
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<td>gentamicin-prednisolone acetate</td>
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<td>gentamicin-prednisolone acetate</td>
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<td>SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION</td>
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<td>sulfacetamide sod-prednisolone</td>
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<tr>
<td>TOBRADEX 0.3-0.1 % OINTMENT</td>
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<tr>
<td>tobramycin-dexamethasone</td>
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<td>TOBRADEX ST 0.3-0.05 % SUSPENSION</td>
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<td>QL 5 / 30 DAYS</td>
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<td>tobramycin-dexamethasone</td>
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<tr>
<td>ZYLET 0.5-0.3 % SUSPENSION</td>
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<tr>
<td>loteprednol etabonate-tobramycin</td>
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**OPHTHALMIC STEROIDS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>ALREX 0.2 % SUSPENSION</td>
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<td>loteprednol etabonate</td>
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<tr>
<td>DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION</td>
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<td>dexamethasone sodium phosphate (ophth)</td>
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<td>DUREZOL 0.05 % EMULSION</td>
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<td>QL 5 / 30 DAYS</td>
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<tr>
<td>difluprednate</td>
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<td>FLAREX 0.1 % SUSPENSION</td>
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<tr>
<td>fluorometholone acetate</td>
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<td>fluorometholone 0.1 % suspension</td>
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<td>FML 0.1 % OINTMENT</td>
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<td>fluorometholone (ophth)</td>
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<td>FML FORTE 0.25 % SUSPENSION</td>
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<td>fluorometholone (ophth)</td>
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<td>LOTEMAX 0.5 % OINTMENT</td>
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<td>ST</td>
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<tr>
<td>loteprednol etabonate</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
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<td>loteprednol etabonate 0.5 % gel</td>
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<td>loteprednol etabonate 0.5 % suspension</td>
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<tr>
<td>MAXIDEX 0.1 % SUSPENSION dexamethasone (ophth)</td>
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<td>OMNIPRED 1 % SUSPENSION prednisolone acetate (ophth)</td>
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<td>QL 10 / 30 DAYS</td>
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<tr>
<td>PRED FORTE 1 % SUSPENSION prednisolone acetate (ophth)</td>
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<td>QL 10 / 30 DAYS</td>
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<tr>
<td>PRED MILD 0.12 % SUSPENSION prednisolone acetate (ophth)</td>
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<tr>
<td>PREDNISOLONE ACETATE 1 % SUSPENSION prednisolone acetate (ophth)</td>
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<td>QL 10 / 30 DAYS</td>
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<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION precnisolone sodium phosphate (ophth)</td>
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**OPHTHALMIC SULFONAMIDES**

| SULFACETAMIDE SODIUM 10 % OINTMENT sulfacetamide sodium (ophth) | 1    |                       |
| sulfacetamide sodium 10 % solution                             | 1    |                       |

**OPHTHALMICS - CYSTINOSIS AGENTS**

| CYSTADROPS 0.37 % SOLUTION cysteamine hcl                     | 4    | PA S Specialty Drug   |
| CYSTARAN 0.44 % SOLUTION cysteamine hcl                       | 4    | PA S Specialty Drug   |

**PROSTAGLANDINS - OPHTHALMIC**

<p>| bimatoprost 0.03 % solution                                   | 1    |                       |
| latanoprost 0.005 % solution                                  | 1    | QL 5 / 30 DAYS        |
| LUMIGAN 0.01 % SOLUTION bimatoprost                           | 2    | QL 7 / 30 DAYS        |
| travoprost (bak free) 0.004 % solution                       | 2    | QL 5 / 30 day(s)      |
| ZIOPTAN 0.0015 % SOLUTION tafluprost                          | 3    |                       |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>OTIC AGENTS</td>
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<tr>
<td>OTIC AGENTS - MISCELLANEOUS</td>
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<td>acetic acid 2 % solution</td>
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<tr>
<td>OTIC ANTI-INFECTIVES</td>
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<tr>
<td>CIPROFLOXACIN HCL 0.2 % SOLUTION</td>
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<tr>
<td>ciprofloxacin hcl (otic)</td>
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<tr>
<td>ofloxacin 0.3 % solution</td>
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<td>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</td>
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<tr>
<td>CIPRO HC 0.2-1 % SUSPENSION</td>
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<tr>
<td>ciprofloxacin-hydrocortisone</td>
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<tr>
<td>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</td>
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<tr>
<td>COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION</td>
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<td>neomycin-colistin-hc-thonzonium</td>
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<td>CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION</td>
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<tr>
<td>neomycin-colistin-hc-thonzonium</td>
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<tr>
<td>neomycin-polymyxin-hc 1 % solution</td>
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<tr>
<td>neomycin-polymyxin-hc 3.5-10000-1 solution</td>
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<td>neomycin-polymyxin-hc 3.5-10000-1 suspension</td>
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<tr>
<td>OTIC STEROIDS</td>
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<tr>
<td>acetasol hc 2-1 % solution</td>
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<tr>
<td>flac 0.01 % oil</td>
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<td>fluocinolone acetonide 0.01 % oil</td>
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<tr>
<td>hydrocortisone-acetic acid 1-2 % solution</td>
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<td>OXYTOCICS</td>
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<td>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</td>
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<tr>
<td>CERVIDIL 10 MG INSERT</td>
<td>4</td>
<td>PA Specialty Drug</td>
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<td>dinoprostone</td>
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<td>PROSTIN E2 20 MG SUPPOS</td>
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<tr>
<td>methergine 0.2 mg tab</td>
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<td>QL 28 / 30 DAYS</td>
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<tr>
<td>methylergonovine maleate 0.2 mg tab</td>
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<td>QL 28 / 30 DAYS</td>
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<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<td><strong>PASSIVE IMMUNIZING AND TREATMENT AGENTS</strong></td>
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<tr>
<td><strong>ANTIVIRAL MONOCLONAL ANTIBODIES</strong></td>
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</table>
| SYNAGIS 100 MG/ML SOLUTION  
apalivizumab | 4    | PA S Specialty Drug   |
| SYNAGIS 50 MG/0.5ML SOLUTION  
apalivizumab | 4    | PA S Specialty Drug   |
| **IMMUNE SERUMS** |      |                       |
| HIZENTRA 1 GM/5ML SOLN PRSYR  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 1 GM/5ML SOLUTION  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 10 GM/50ML SOLUTION  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 2 GM/10ML SOLN PRSYR  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 2 GM/10ML SOLUTION  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 4 GM/20ML SOLN PRSYR  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| HIZENTRA 4 GM/20ML SOLUTION  
immune globulin (human) subcutaneous | 4    | PA S Specialty Drug   |
| **PASSIVE IMMUNIZING AGENTS - COMBINATIONS** |      |                       |
| HYQVIA 10 GM/100ML KIT  
immune globulin (human)-hyaluronidase (human recombinant) | 4    | PA S Specialty Drug   |
| HYQVIA 2.5 GM/25ML KIT  
immune globulin (human)-hyaluronidase (human recombinant) | 4    | PA S Specialty Drug   |
| HYQVIA 20 GM/200ML KIT  
immune globulin (human)-hyaluronidase (human recombinant) | 4    | PA S Specialty Drug   |
| HYQVIA 30 GM/300ML KIT  
immune globulin (human)-hyaluronidase (human recombinant) | 4    | PA S Specialty Drug   |
<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
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<td>HYQVIA 5 GM/50ML KIT</td>
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<tr>
<td>immune globulin (human)-hyaluronidase (human recombinant)</td>
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<td>Specialty Drug</td>
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### PENICILLINS

#### AMINOPENICILLINS

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<thead>
<tr>
<th>AMOXICILLIN 125 MG CHEW TAB</th>
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<tr>
<td>amoxicillin 125 mg/5ml recon susp</td>
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<tr>
<td>amoxicillin 200 mg/5ml recon susp</td>
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<tr>
<td>amoxicillin 250 mg cap</td>
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<tr>
<td>AMOXICILLIN 250 MG CHEW TAB</td>
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<td>amoxicillin</td>
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<tr>
<td>amoxicillin 250 mg/5ml recon susp</td>
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<td>amoxicillin 400 mg/5ml recon susp</td>
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<td>amoxicillin 500 mg cap</td>
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<td>amoxicillin 875 mg tab</td>
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<td>ampicillin 250 mg cap</td>
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<td>AMPICILLIN 500 MG CAP</td>
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<td>ampicillin</td>
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<td>NATURAL PENICILLINS</td>
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#### PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN

| penicillin v potassium                     | 1    |                       |
| penicillin v potassium 250 mg tab          | 1    |                       |
| PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN | 1  |                       |
| penicillin v potassium 500 mg tab          | 1    |                       |

#### PENICILLIN COMBINATIONS

<p>| AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB | 1    |                       |
| amoxicillin &amp; pot clavulanate                 |      |                       |
| amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp | 1  |                       |
| amoxicillin-pot clavulanate 250-125 mg tab     | 1    |                       |
| amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp | 1  |                       |</p>
<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
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<td>ANTIDEMENTIA AGENT COMBINATIONS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>NAMZARIC 7-10 MG CAP ER 24H</td>
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**BENZODIAZEPINES & TRICYCLIC AGENTS**

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**CHOLINOMIMETICS - ACHE INHIBITORS**

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<td>donepezil hcl 10 mg tab</td>
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<tr>
<td>donepezil hcl 23 mg tab</td>
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<td>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</td>
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<td>galantamine hydrobromide er 16 mg cap er 24h</td>
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<td>rivastigmine 13.3 mg/24hr patch 24hr</td>
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<td>rivastigmine 4.6 mg/24hr patch 24hr</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>FIBROMYALGIA AGENT - SNRIS</td>
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<td>SAVELLA 12.5 MG TAB milnacipran hcl</td>
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<td>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</td>
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<tr>
<td>AUBAGIO 14 MG TAB teriflunomide</td>
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<td>MULTIPLE SCLEROSIS AGENTS</td>
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<tr>
<td>glatiramer acetate 20 mg/ml soln prsyr</td>
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<td>glatiramer acetate 40 mg/ml soln prsyr</td>
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<td><strong>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</strong></td>
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<td>AVONEX 30 MCG KIT interferon beta-1a</td>
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<td>AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT interferon beta-1a</td>
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<td>BETASERON 0.3 MG KIT interferon beta-1b</td>
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<td>EXTAVIA 0.3 MG KIT interferon beta-1b</td>
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<td>PLEGRIDY 125 MCG/0.5ML SOLN PRSYR peginterferon beta-1a</td>
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<td>KESIMPTA 20 MG/0.4ML SOLN A-INJ</td>
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<tr>
<td>VUMERITY (STARTER) 231 MG CAP DR</td>
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<td>diroximel fumarate</td>
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<tr>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<td>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl er 7 mg cap er 24h</td>
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<tr>
<td>NAMENDA XR TITRATION PACK 7 &amp; 14 &amp; 21 &amp; 28 MG CAP ER 24H</td>
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<td>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</td>
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<td>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</td>
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<td>pregabalin er 165 mg tab er 24h</td>
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<td>pregabalin er 330 mg tab er 24h</td>
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</tr>
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<td>pregabalin er 82.5 mg tab er 24h</td>
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<td>PA</td>
</tr>
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<td>SYMDEKO 100-150 &amp; 150 MG TAB THPK</td>
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<td>SYMDEKO 50-75 &amp; 75 MG TAB THPK</td>
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| PULMONARY FIBROSIS AGENTS                        |      |                       |
| ESBRIET 267 MG CAP pirfenidone                  | 4    | PA S Specialty Drug   |
| ESBRIET 267 MG TAB pirfenidone                  | 4    | PA S Specialty Drug   |
| ESBRIET 801 MG TAB pirfenidone                  | 4    | PA S Specialty Drug   |

| PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS   |      |                       |
| OFEV 100 MG CAP nintedanib esylate              | 4    | PA S Specialty Drug   |
| OFEV 150 MG CAP nintedanib esylate              | 4    | PA S Specialty Drug   |

| SULFONAMIDES                                    |      |                       |
| SULFADIAZINE 500 MG TAB sulfadiazine            | 1    |                       |

<p>| TETRACYCLINES                                   |      |                       |
| avidoxy 100 mg tab                              | 1    |                       |
| coremino 135 mg tab er 24h                      | 2    | QL 30 / 30 DAYS       |
| coremino 45 mg tab er 24h                       | 2    | QL 30 / 30 DAYS       |
| coremino 90 mg tab er 24h                       | 2    | QL 30 / 30 DAYS       |
| demeclocycline hcl 150 mg tab                   | 1    |                       |
| demeclocycline hcl 300 mg tab                   | 1    |                       |
| doxycycline hyclate 100 mg cap                  | 1    |                       |
| doxycycline hyclate 100 mg tab                  | 1    |                       |
| doxycycline hyclate 100 mg tab dr               | 2    |                       |
| doxycycline hyclate 150 mg tab dr               | 2    |                       |</p>
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<td>PRODUCT DESCRIPTION</td>
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<td>GARDASIL 9 SUSPENSION</td>
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<td>HAVRIX 1440 EL U/ML SUSPENSION</td>
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<td>HAVRIX 720 EL U/0.5ML SUSPENSION</td>
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<td>JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION</td>
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<td>RECOMBIVAX HB 10 MCG/ML SUSPENSION</td>
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<td>rotavirus vaccine, live oral</td>
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<td>rotavirus vaccine, live oral pentavalent</td>
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<td>SHINGRIX 50 MCG/0.5ML RECON SUSP</td>
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<td>AL1 At least 50 yrs old</td>
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<td>zoster vaccine recombinant adjuvanted</td>
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<td>VAQTA 25 UNIT/0.5ML SUSPENSION</td>
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<td>ZOSTAVAX 19400 UNT/0.65ML RECON SUSP</td>
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VAGINAL AND RELATED PRODUCTS

IMIDAZOLE-RELATED ANTIFUNGALS

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<td>GYNAZOLE-1 2 % CREAM</td>
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<td>butoconazole nitrate (one dose)</td>
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<td>terconazole 0.4 % cream</td>
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<td>terconazole 0.8 % cream</td>
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<td>terconazole 80 mg suppos</td>
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<td>AVC VAGINAL 15 % CREAM</td>
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<td>sulfanilamide vaginal</td>
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<td>CLEOCIN 100 MG SUPPOS</td>
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<td>clindamycin phosphate vaginal</td>
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<td>metronidazole 0.75 % gel</td>
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<td>NUVESSA 1.3 % GEL metronidazole vaginal</td>
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<td>ESTRING 2 MG RING estradiol vaginal</td>
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<td>FEMRING 0.05 MG/24HR RING estradiol acetate vaginal</td>
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<td>FEMRING 0.1 MG/24HR RING estradiol acetate vaginal</td>
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<td>PREMARIN 0.625 MG/GM CREAM estrogens, conjugated vaginal</td>
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<td>yuvaferm 10 mcg tab</td>
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<td>CRINONE 8 % GEL progesterone (vaginal)</td>
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